

Avenues London

# 1-3 Emerton Close

## Inspection report

1-3 Emerton Close  
Bexleyheath  
Kent  
DA6 8DW

Website: [www.avenuesgroup.org.uk](http://www.avenuesgroup.org.uk)






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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This announced inspection took place on 18 and 19 October 2017. 1-3 Emerton Close provides accommodation for people who require nursing or personal care for up to 10 adults who have a range of needs including learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. There were 10 people across three separate units, each of which have separate adapted facilities at the time of our inspection.

At our previous inspection on 23 and 25 November 2016 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found some aspects of the arrangements for the safe management of medicines for people using the service were not robust. The provider had not taken timely action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. Some aspects of the quality assurance systems were not effective. Following that inspection the provider sent us an action plan showing how they planned to make improvements.

At this inspection we found that the provider had made improvements. Relatives commented positively about staff and the service. Staff felt supported by the acting manager. The service had worked effectively in partnership with health and social care professionals. Visiting health and social care professional spoke positively about the service and the staff. The service had made improvements in the systems used by the provider to assess and monitor the quality of the care people received. These included regular residents meeting, staff meetings, area manager's audits and acting manager's checks. As a result of these checks the service made improvements.

Although the provider had made improvements since the November 2016 inspection, at this inspection we identified some further improvement was required in specific areas of medicines recording and audits. Whilst there were safeguards in place Medicines administration record (MAR) were not completed correctly. Some of the PRN (as required) medicine protocols did not have sufficient information included for staff to ensure that they were only given when they were required. The medicines audit carried out in the house had not identified the issues we have found.

In response to the inspection feedback, the area manager told us that they would oversee all the future checks carried out by the acting manager and revalidate them to avoid any errors.

The above issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the back of the full version of this report.

People had received their medicines as prescribed. We observed a medicines round and found that staff followed safe procedures of administration medicines and completed the medicines administration records (MAR) charts. Staff received medicines management training and their competency was checked. All medicines were stored safely. The liquid medicines were labelled and dated when opened. However, we saw there was an inconsistent approach to medicines recording within the service and this required improvement.

Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. The provider had completed the monitoring forms for the 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations.

The service did not have a registered manager in post. The previous registered manager left the service in July 2017. In the interim, the service had the deputy manager working in the capacity of an acting manager, supported by the provider's another home's registered manager for two days a week and by the area service manager for two days a week. The area service manager told us that the provider's other home registered manager would be a full time manager for Emerton close from January 2018 and that they had already made an application to CQC to become a registered manager.

Relatives of people who use the service told us they felt safe and that staff and the manager treated their loved ones' well. The service had clear procedures to support staff to recognise and respond to abuse. The acting manager and staff completed safeguarding training.

Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was an effective system to manage accidents and incidents, and to reduce the likelihood of them happening again. The service had arrangements in place to deal with emergencies.

People's consent was sought before care was provided. The service had worked with their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their best interests and had maintained a record to reflect the same in line with the MCA.

The service provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role. The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. Staff felt supported by the provider.

The area manager told us the service used staff induction and training to explain their values to staff. We observed people and staff were comfortable approaching the acting manager and their conversations were friendly and open.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

Staff involved relatives of people who used the service in day to day life of their loved ones. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, respectful and encouraged them to maintain their independence. Staff also protected people's privacy and dignity, and human rights.

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. Relatives knew how to complain and told us they would do so if necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

One aspect of the service was not safe.

People had received their medicines as prescribed but the recording of medicines required improvement.

Relatives of people who use the service told us they felt safe and that staff and the acting manager treated their loved ones well.

The service had a policy and procedure for safeguarding adults from abuse, which the staff understood.

Staff completed risk assessments for each person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started work at the service.

### Is the service effective?

**Good** ●

The service was effective.

Relatives told us they were satisfied with the way staff looked after their family members.

The service supported staff through training, supervision and appraisal.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

The acting manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed.

### Is the service caring?

Good ●

The service was caring.

Relatives of people who used the service told us they were happy with the service. They said staff were kind and treated their family members with respect.

People were involved in decisions about their care.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

### Is the service responsive?

Good ●

The service was responsive.

Staff met people's need for stimulation and social interaction.

Staff assessed people's needs and developed care plans which included details of people's views and preferences.

Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Relatives knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service had systems and processes to assess and monitor the quality of the care people received. Staff used learning from audits to identify areas in which the service could improve. However, the concerns we found in relation to recording and audits of medicines were not picked up in as part of the quality monitoring of the service, and this required improvement.

Relatives of people who used the service commented positively about the acting manager and staff.

# 1-3 Emerton Close

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 18 and 19 October 2017 and was unannounced. The service was inspected by two adult social care inspectors and an expert by experience accompanied the inspectors on 19 October 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with one person who used the service, as the other nine people did not communicate verbally so we spent time observing them. We also spoke with three relatives, seven members of staff, the acting manager, the area manager, and three visiting health and social care professionals. We looked at six people's care records and seven staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance.

# Is the service safe?

## Our findings

At our last inspection we found medicines were not always managed safely. Following that inspection the provider sent us an action plan showing how they planned to make improvements.

Although the provider had made improvements, at this inspection we identified some further improvement was required in specific areas of recording. The prescribed medicine was given to a person but their medicine administration record (MAR) was not completed correctly on three occasions for a tablet and this required improvement.

Each person had individual PRN (as required) medicine protocols in place for any medicines that they were prescribed but did not need routinely. PRN protocols gave an explanation of when medicines should be given, signs to look out for in the person which meant they would need the medicine, the required dosage and how often the dose should be repeated. However, two people's PRN protocols did not have sufficient information included for staff. For example, one person who was prescribed dioralyte sachets, there was a PRN protocol in place however it did not say what does should be given, or how often the dose could be completed although it did say that the maximum number of sachets in a 24 hour period should be eight.

We saw improvements and some good practices around management of medicines since our previous inspection. People had received their medicines as prescribed. One relative told us, "Staff can do all the drugs, when they administer the drugs two of them are present." Another relative said, "There was never any problem, no stranger has given the medicine to my loved one." We observed a medicines round and found that staff followed safe procedures of administration of medicines and completed the medicine administration records (MAR) charts. We saw where one person self-administered their medicine this had been risk assessed and a protocol had been developed to support them and staff to enable them to do this safely. Staff told us as some people lacked capacity to take their medicines; the service had completed covert medicine forms which had been signed by people's GPs. The service had detailed why the medicine should be given covertly and how it would be given for example via peg feed or mixed with yoghurt.

Permanent and bank staff received medicines management training and had their competency checked by the acting manager. All staff including bank staff confirmed they had received medicines training and the training records reflected this. Staff also received training in how to administer specific medicines where required. The service ensured that there was always a trained member of staff on shift who was trained to be able to administer the specific medicines.

All medicines were stored in securely in each unit with a separate locked storage unit in fridges for medicines that needed to be stored in the fridge. Controlled drugs were kept in line with legal requirements. The home used a monitored dosage system for most medicines and liquid medicines were labelled and dated when opened.

The service had a system where medicines were witnessed when they were given and then both staff signed a witness sheet to confirm that the medicine had been administered.



Relatives of people who used the service told us they felt their family members were safe and that staff and the manager treated them well. One relative told us, "My [loved one] is extremely safe." Another relative said, "Yes, 100 percent absolutely, my [loved one] is safe because of the staff they [service] employ."

The service had a policy and procedure for safeguarding adults from abuse. The acting manager and staff understood the types of abuse that could occur, and the signs to look for. For example, one member of staff told us, "Safeguarding is about protecting people from abuse, not neglecting them and having patience with them." Another member of staff said, "Safeguarding is about protecting people from abuse like financial, physical, sexual or neglecting." Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the acting manager, the local authority safeguarding team, and the Care Quality Commission (CQC) if needed. The area manager told us that they had no safeguarding concerns since our previous inspection in November 2016. The records we saw further confirmed this. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to include reporting to senior manager and external agencies if required. They also told us that they were confident that their manager would take actions if any concerns were reported to them but there had been none so far.

Assessments were undertaken to assess any risks to people and guidance was available for staff to reduce these risks. People's care records contained a set of risk assessments. These included, for example, evacuation in the event of fire, moving and handling, the use of bed rails, nutrition and risk of choking. We reviewed six people's risk assessments and found these all were up to date with detailed guidance for staff on how to reduce identified risks. These assessments identified the hazards that people may face and support they needed to receive from staff to prevent or appropriately manage these risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example there was staff guidance in place explaining how to support people where a swallowing difficulty had been identified. Later we observed staff followed this guidance during mealtimes.

The service had arrangements to deal with emergencies. The service carried out regular fire drills. Records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person which included contact numbers for emergency services and provided guidance for staff on what to do in a range of possible emergency situations. Records confirmed staff had completed first aid and fire awareness training so that they could support people safely in an emergency.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted staff roles were changed when a member of staff got hurt pushing a person's wheelchair in the community. Records also showed that actions to reduce future risks were also discussed with staff.

There were sufficient numbers of staff on duty to meet people's needs. A relative told us, "Yes, there are enough staff on duty." Another relative said, "There are enough staff, if someone goes sick the bank staff used now are very good." The area manager told us that staffing levels were determined by the number of people using the service and their needs. During the two days of our inspection we saw there were enough staff to support people when accessing the local community. Where people stayed at the service staff were always visible and on hand to meet their needs. The service had a 24 hour on call manager system to ensure adequate support was available to staff on duty when the manager was not working. The staffing rota we looked at showed that staffing levels were consistently maintained. Staff told us there were enough staff on

all shifts to meet people's needs.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included completed application forms, references, qualification and previous experience, employment history, criminal records checks, and proof of identification. Staff we spoke with told us that pre-employment checks including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

## Is the service effective?

### Our findings

At our last inspection we found the provider had not made applications for DoLS authorisations in a timely manner when people's existing authorisations had lapsed. Following that inspection the provider sent us an action plan showing how they planned to make improvements.

At this inspection we found the service had made improvements. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The acting manager knew the conditions under which an application may be required to deprive a person of their liberty in their best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. The provider had completed the monitoring forms for the 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations.

Staff asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

Records showed where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, about administration of covert medicines, PEG feed (to provide a means of feeding when oral intake is not adequate), use of wheelchair straps and belts, and dental treatment. These assessments had been completed in accordance with the requirements of the MCA.

People received support from staff that had been appropriately trained. Relatives told us they were satisfied with the way staff looked after their family members. For example, one relative told us, "Staff are trained and know what to do for example, how to position someone, to feed them properly and to do the medicines." Staff knew people very well and understood their individual needs. Staff told us they completed an induction when they started work and they were up to date with their mandatory training. This included training on safeguarding adults, food hygiene, mental capacity, equality and diversity, health and safety, epilepsy, first aid, and administration of medicine. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff told us they felt training programmes

were useful and enabled them deliver care and support people needed. For example, one member of staff told us, "The training they [service] give enables us to care for the people better." We saw staff followed moving and handling guidance whilst people were being hoisted in a safe manner. Staff were supported through monthly supervision, yearly appraisal and they attended regular staff handover and team meetings. Staff told us they felt able to approach their line manager at any time for support.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff sought advice from the Speech and Language Team (SALT) where people had been identified as having swallowing difficulties. We observed a mealtime and found staff followed SALT guidelines. Staff ensured food in the fridge was date marked so it was only used when it was safe to eat.

We carried out observations at lunch time. We saw positive staff interactions with people. The dining room atmosphere was relaxed and not rushed. We saw staff provide appropriate support to people who needed help to eat and drink. During meals staff took time to sit and engage with people in a kind and friendly way whilst the music was being played. People appeared relaxed and completed their meals without any difficulty.

Staff supported people to access healthcare services. We saw the contact details of external healthcare professionals, such as GP, dentist, dietician, hospital, optician, and chiropody in every person's care record. Staff completed health action plans for everyone and monitored their healthcare appointments. Staff completed hospital passports for every person which outlined their health needs for healthcare professionals to know when they attended the hospital. The staff attended healthcare appointments with people to support them where needed for example in relation to dental treatment and hospital appointments.

## Is the service caring?

### Our findings

Relatives told us they were happy with the service and that staff were kind and treated their family members with respect. One relative told us, "Yes, they're [staff] top notch, staff don't discuss things in front of people, they do things in private, always." We observed staff treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when supporting them. For example, this included a member of staff coming down to the eye level of a person (a smile between the two of them) during the meal times and another member of staff encouraged people to participate in an arts and crafts activity session and explained what's going on.

Staff involved relatives in the assessment, planning and review of their family members care. One relative told us, "Yes, my loved one has a care plan, we have an annual review, and we go through it all. We do get to input to the care plan." Another relative said, "There is an annual review of care, I don't feel the need to say anything but will say if there is something to add." Staff explained and it was clear from discussions we had with care staff that they knew people's personal histories, preferences and needs well and that people's care was personalised to meet their individual needs. Relatives told us there were no restrictions on visitor times and that they were all made welcome.

Staff respected people's privacy and dignity. One relative told us, "They [staff] treat my loved one with dignity and respect." Training records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Staff felt they had developed good communication with people they cared for. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and ensure that they were respected.

Staff encouraged people to maintain their independence. Staff prompted people where necessary to maintain their personal hygiene, dress and undress, eat and drink, and participate in shopping. Staff told us, they supported people to be independent in areas they were capable of by encouraging them to do as much as they could. For example, we saw staff supported and encouraged a person to eat independently during meal times.

Staff showed an understanding of equality and diversity. Staff completed care records for every person which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability or gender. For example, we saw people received support from staff of same gender, the lounges in each house had a ceiling hoist, each bedroom was personalised, there were ceiling track hoists in every bedroom with an adjustable bed and the bathrooms had specialists baths with ceiling hoists. There was plenty of space around the baths for wheelchair access and staff to support people in a caring way.

## Is the service responsive?

### Our findings

Relatives told us the service was consistently responsive to people's needs. One relative told us, "My loved one goes to the day centre five days a week. They went away to Potters the other week, in the last few weeks they had been to the theatre and cinema. They have a wheel chair accessible vehicle to take them for appointments. Staff are proactive and suggest things." Another relative said, "My loved one's key worker is really fantastic, they take my loved one out a lot into the community. They make my loved one laugh and interact well."

Staff supported people to follow their interests and take part in activities they enjoyed. Each person had an activity planner, which included day centre attendance, accessing the local community, meeting family and friends, shopping and in-house activities. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. During the inspection we observed an in house musical activity and an art and craft session run by external professionals. We saw staff encouraged people to participate and they have enjoyed both the activities.

Staff carried out an assessment of each person and where appropriate they involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These care plans contained information about people's preferences, personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals to contact them when required. They also included the level of support people needed and what they could manage to do by themselves. The acting manager updated care plans when people's needs changed and included clear guidance for staff. Care plans we saw all were up to date.

Staff completed care records to show what support and care they provided to each person. They also completed a diary which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed the changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. The service used a communication log to record key events such as health and safety and healthcare appointments for people.

Relatives told us they knew how to complain and would do so if necessary. For example, one relative told us, "Yes, they [service] would know if I had any concerns, I know how to go about complaining. I have no complaints in this home." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The area manager told us they had not received any complaints since their previous inspection in November 2016 and the records we saw confirmed this.

## Is the service well-led?

### Our findings

At our last unannounced inspection we found some aspects of the quality assurance systems were not effective. Following that inspection the provider sent us an action plan showing how they planned to make improvements.

Although the provider had made improvements, at this inspection we identified some further improvement was required in specific areas of medicine audits. We found that each unit had their own folder for medicine administration record (MAR) and there was inconsistency between the MAR charts were organised for example in house 1, the dividers between MAR charts only contained the person's photograph and did not have a name or any additional details such as allergies on, however in house three, the dividers contained full information about the person including GP details and allergies.

Medicines administration record (MAR) were not completed correctly. For example, one person's MAR chart had three gaps on the current cycle for a prescribed medicine which appeared to show that the medicine had not been given. The medication was checked and it was not in the blister pack and the member of staff spoken with confirmed that it had been given that morning. We checked the medication witness form which had recorded that the medicine had been given. Although there were safeguards in place such as using the monitored dosage system and completing the medicine witness forms, the medicines audits have not identified these gaps.

Some of the PRN (as required) medicine protocols did not have sufficient information included for staff to ensure that they were given safely and only given when they were required. Weekly medicines audits were carried out which covered supply, storage, administration and recording. However, the most recent audit carried out in the house where there had been inaccurate recording of fridge temperatures had been completed five days before the inspection and the inaccurate records began two weeks prior to the audit.

The above issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to the inspection feedback, the area manager told us that they would oversee all the future checks carried out by the acting manager and revalidate them to avoid any errors.

At this inspection we also saw some areas of good practice about the quality assurance system and process to assess and monitor the quality of the care people received. One relative told us, "The area manager has a great way of putting things in place for example; there is a meeting at 11:30 on a Saturday where all the relatives can attend. There is a way about her that is good, very professional, is how I'd have to put it." Another relative said, "They [management] are approachable all the time, there's a very open culture. The new manager is 'sensational' and the deputy manager is 'fantastic'. The change is fantastic, I can't say enough, just superb, they see to the clients whereas the previous management wouldn't." A third relative commented "The current manager is the best they've had in eight years. The staff are happier than I've ever seen them before." One member of staff told us "It's a good place to work because we work as a team and

there is passion for people in this home." Another member of staff said, "Avenues has been the best company I have worked for, I love it here."

The service had system and process to assess and monitor the quality of the care people received. These included regular residents meetings, area manager's audits and acting manager's checks covering areas such as administration of medicine, health and safety, care plans and risk assessments, house maintenance issues, staff training and development, tenants' finances and any concerns about people..

As a result of these checks the service had made improvements. For example, staff did not rush but took time to administer medicines and a second member of staff witness medicine being administered and during shift handover staff recheck medicines and MAR charts, staff read and signed the care plans and risk assessments and they being brought up to date, people's bedrooms were redecorated and personalised. Issue identified from the health and safety checks for example, security lights, doors and locks had been repaired.

The service held regular staff meetings. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, staff shared learning and good practice so they understood what was expected of them at all levels and any changes or developments within the service.

The area manager told us the service used staff induction and training to explain their values to staff. For example, the service had positive culture, where relatives and staff felt the service cared about their opinions and included them in decisions. We observed people and staff were comfortable approaching the acting manager and their conversations were friendly and open.

The service had worked effectively in partnership with health and social care professionals. For example, one visiting social care professional told us, that the staff seem to be very caring and that they were communicating well with the people. A visiting healthcare professional said, staff seems knew their patients well and they were monitoring for any bedsores, there are actual no wounds, so the staff are on top of it. This ensured people's needs were met.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous registered manager left the service in July 2017. In the interim, the service had the deputy manager working in the capacity of an acting manager, supported by the registered manager from another of the provider's services for two days a week and by the area service manager for two days a week. The area service manager told us that the provider's other home registered manager would be a full time manager for Emerton Close from January 2018 and that they had already made an application to CQC to become a registered manager. The provider had notified CQC of these changes.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken sufficient action to improve the quality of the service in relation to the quality assurance system and process.</p>