Eldercare (Halifax) Limited

Oakhaven Care Home

Inspection report

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Date of inspection visit:
11 January 2017
17 January 2017

Date of publication:
14 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 11 and 17 January 2017. At the last inspection in February 2014 we rated the home as requires improvement but found the provider met the regulations we looked at.

Oakhaven Care Home is a large detached property situated in Oakwood on the outskirts of Leeds. The service offers accommodation for up to 24 older people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.
At this inspection we found some aspects of medicines management were not always safe or in line with the provider's policy. We could not be sure people had received their medicines as prescribed.

Overall we found there were enough staff to make sure people received appropriate care and support. However, there were times when people were not supervised which put their safety at risk. We have made a recommendation about this in the safe section of this report. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people.

Staff knew how to keep people safe from the risk of harm and abuse; they had received relevant safeguarding training and knew how to report issues of concern.

Our inspection of the building showed it was a safe environment in which to care for people. Equipment, such as hoists, bathing aids and pressure relieving mattresses were available in the home and these helped promote people's safety and comfort.

We found people's health care needs were met and relevant referrals to health professionals were made when needed.

People's nutritional needs were met. There were choices available on the menus and alternatives if people didn't like what was on offer. Nutritional risk was assessed and people's weight was monitored.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived.

When people were assessed as lacking capacity, staff acted within the principles of the MCA and ensured important decisions were made within best interest decision making processes.

Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

People told us they were treated with kindness and compassion. Our observations of care and support confirmed this. People told us they were happy with the care provided.

People's needs were assessed prior to admission and this was kept under review and updated when there was any significant change. People had detailed person centred care plans which provided staff with guidance in how to look after them.

A range of activities were offered for people to participate in and people told us they enjoyed these.

There were systems in place to ensure complaints and concerns were fully investigated. The registered manager had dealt appropriately with any complaints received.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were safe and effective. These checks had failed to identify the issues we noted around the management of medicines. Improvements were required to some of these processes to ensure they were effective in identifying and responding efficiently to issues.

We found the registered manager was approachable and people who used the service and their relatives were listened to.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the Safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

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

The service was not always safe.

People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.

Overall there were sufficient staff to meet people's needs although there were times when communal areas were not always supervised.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Is the service effective?

Good

The service was effective.

When people were assessed as lacking capacity to make their own
decisions or when their liberty was restricted, the registered provider acted within the law to ensure people's rights were respected.

Staff had access to training, support, supervision and appraisal to help them feel confident in supporting people.

People's health care needs including their nutritional needs were met. There was a range of health care professionals who provided treatment and advice when required.

Is the service caring?

Good

The service was caring.

People spoke highly of the staff and said they were treated with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered.

Is the service responsive?

Good

The service was responsive

Staff had a good understanding of people's needs and delivered individualised, person centred care.

People felt able to make complaints and they were clear about who they would report concerns to.

There were activities for people to participate in, which provided them with opportunities to socialise and follow their interests.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were safe and effective. These checks had however, failed to identify the issues we noted around the management of medicines.

Staff we spoke with told us the management team were approachable and supportive.

Oakhaven Care Home

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 our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed 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.

At the time of our inspection there were 17 people living at the service. During our visit we spoke with six people who used the service, four relatives, six members of staff which included the registered manager and regional manager. We observed how people were being cared for, and looked around areas of the home which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans.

The inspection was carried out on the first day by one adult social care inspector and an expert-by-experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection one adult social care inspector attended.

Requires Improvement

Is the service safe?

Our findings

People who used the service said they felt safe and well cared for. One person said that they felt safe because there was always someone about. They said, "If I need help there is staff here to help me." They also said, "They look after me make me feel safe." Another person told us they felt very safe living at the service. They told us that they couldn't leave their room without support but they had a buzzer in their room. They said, "I just press my button and someone comes. They ask what I want and deal with it for me. I can't knock this place. I am well looked after and I feel safe because of this." Our observations showed this person was responded to well whenever they requested any assistance from staff.

We saw people were not always given their medicines safely. When we compared the stock of medicines in the home with the records we found we could not be sure some medicines had been given because the stock levels were higher than expected for some medicines and stock levels were lower than expected for other medicines, which meant that not all medication could be accounted for. For example, one person was prescribed warfarin, a medication prescribed to thin the blood. Their 3mg dose of warfarin showed there to be 24 surplus tablets in stock. Another person was prescribed digoxin; a medication prescribed to treat heart conditions. Records we looked at indicated a dose had been signed as given but there was a surplus of stock which meant we could not be certain this medication had been given as prescribed. This placed people's health at risk of harm.

On the day of our visit, medication for two people who used the service had been left out in two unmarked pots in the treatment room for night staff to administer. The medication had been removed from its original packaging and was therefore not able to be identified or checked prior to administration. We brought this to the immediate attention of the registered manager who had not been aware of this unsafe practice and confirmed this was not in line with the provider's policy. The registered manager and regional manager made immediate arrangements to ensure this practice ceased and there was a staff member on night duty who was trained and competency checked in medication administration. The unidentified medication was removed and recorded as a return to the pharmacist.

We looked at medication storage. We found the storage cupboards were secure, clean and well organised. Medicine fridge temperatures were taken daily and recorded. The treatment room was locked when not in use. However, some medicines we looked at were in a foil packet and the dose the person received was half a tablet. The other half of the tablet was stored in the packet for the next administration, wrapped back up in the torn foil. This was not suitable storage for this medication. We advised the registered manager and they made immediate arrangements to rectify this.

Controlled drugs (medicines liable to misuse) were locked securely in a metal cupboard and the controlled drugs log was completed. However, the controlled drugs log did not correctly reflect the contents of the controlled drugs in use. The log book indicated there were 56 morphine sulphate tablets in the cupboard. The notes in the log book stated this medication had been discontinued for the person in July 2016. The staff member said they were certain this unused medication had been returned to the pharmacy; however, the records did not state this. We therefore could not be sure this medication had been returned and it was

therefore unaccounted for. On the second day of our visit we were provided with evidence gained from the community pharmacist that this medication had been returned to the pharmacist in July 2016. The registered manager agreed the record in the home had not reflected this.

Some people were prescribed medication to be given 'when required'. We saw there were some protocols in place giving guidance for staff and indicating the reason the medication was given and why. However, we saw for one person they had a protocol in place for paracetamol but were no longer prescribed this medication. The staff member said this protocol had been left in the medication file in error. We saw that instructions for medications to be used 'as directed' were not in place. For example, a cream was prescribed to be applied to a person's legs. However, the frequency of application and indications for its use were not documented to guide staff.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map. However, we found these records did not indicate people had received their topical medications safely. One person was prescribed a cream to be applied once daily; the TMAR showed this was applied more frequently. The instructions on the TMAR also advised the use of another cream that was not prescribed for the person as it was not on the TMAR. We also found there were frequent gaps on the TMAR where medication had not been signed as administered.

Some people were prescribed thickeners to make sure they could have drinks without choking. We found staff who prepared and served drinks had written guidance as to how to thicken people's drinks to the correct thickness. However, care staff told us that they did not make any records when they thickened people's drinks. The registered manager said there was no system in place to record administration of prescribed thickeners.

We found medicines were not managed safely and people were not protected against the risk of not receiving their medication as prescribed. This was a breach of Regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they were happy with how their medication was managed for them and said they always got pain relief if they needed it. One person told us how they were supported to be as independent as possible in managing their own medication. We saw risk assessments had been undertaken to ensure this was safe for the person.

We saw positive interaction throughout our visit and the people who used the service appeared relaxed and comfortable with the staff. There were overall sufficient staff to meet people's needs. The registered manager told us there was one senior carer and two carers on duty 8am until 8pm each day, and an additional carer 8am until 1pm each day and two carers available 8pm until 8am. They also said staffing levels could be provided more flexibly according to people's needs and anything that was happening in the service such as activities or appointments. In addition to care staff there was a range of ancillary staff on duty each day such as maintenance, administration, catering and domestic staff which helped care staff to be able to focus on care tasks.

However, we did observe that on occasions staff were over stretched. For example; on one occasion we saw a person was in an undignified position having pulled their skirt up and staff were not present in the communal room. As they passed they noticed the situation and began to attend to the person; talking with them to reduce their agitation and anxiety. At the same time another person began to stand up and lost their balance. The staff member had to leave the person they were with to then attend to the other person to

prevent them from falling and assist them to the toilet. The person they had been with was shouting out for help. It was a short time before another member of staff came to help. We also saw throughout the afternoon people were left unattended in the dining room and lounge for periods at a time. Staff did look in to see if people were alright but were not able to stay and engage in any meaningful activity or interaction.

One person who used the service said, "Sometimes there doesn't seem to be enough staff they can be run of their feet sometimes. " They also said, "They could do with more staff."

The registered manager told us they used a dependency tool to calculate the staffing requirements of the home. They said this was based on individual needs of people who used the service. We recommend that the registered manager keeps staffing levels under review to ensure there are sufficient staff deployed as the home's occupancy increases. Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels.

Risks to people who used the service were appropriately assessed, managed and reviewed. These included risks of falls, pressure ulcers and malnutrition. In the PIR, the registered manager stated, 'Risk assessments are in place for residents who require them and the least restrictive options used for them whilst promoting their choices.' We saw risk management plans promoted people's choice and independence.

There were effective recruitment and selection processes in place, which included people who used the service on the interview panel. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any concerns. Staff showed they were aware of the action to take should they suspect that someone was being abused and they were aware of the provider's whistleblowing policy.

We completed a tour of the premises as part of our inspection. We looked at people's bedrooms, bath and shower rooms and various communal living spaces. There were no malodours and all equipment we looked at was clean and fit for use. We saw there were systems in place to make sure equipment was maintained and serviced as required. We saw up to date maintenance certificates were in place. In the PIR, the registered manager said, 'Weekly and monthly health and safety checks are completed around the home to ensure that the premises and equipment are fully compliant to health and safety regulations.'

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived and advice had been sought from the appropriate authorities when there was any doubt regarding the issue of fluctuating capacity. This ensured people's rights were respected.

Care plans contained assessments of people's capacity to make decisions, however it was not always clear what decision was being assessed. Some assessments were not decision specific which meant people may not always be supported to make decisions in the appropriate way. The registered manager had already identified this and was working on a review of MCA assessments to ensure they were decision specific. We saw one had recently been completed and was decision specific, supported by a best interest decision and referred back to the person's known wishes around their care needs when they did have capacity.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff we spoke with confirmed they had received training on the MCA. In the PIR, the registered manager said, 'Residents given choices in all aspects of their daily living, their preferences are respected and the least restrictive option used where necessary.'

We saw people's right to give consent and make decisions for themselves was encouraged and staff sought people's consent before providing them with care and support. For example, when a person was in the bathroom and it became apparent they needed some support a staff member said, "Do you need some help can I come in to help you." The staff member knocked on the door waited for permission to enter. When this was given they entered to assist the person.

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. One staff member said, "It's so important for people to make their own decisions; we give people plenty of time to express themselves."

People's wellbeing was supported through regular contact with health professionals. Records we looked at showed arrangements were in place that made sure people's health needs were met. Visits by health and

social care professionals were recorded in people's care records, together with notes relating to advice or instructions given. People's relatives told us the staff were very prompt in getting medical attention for their family members and said they were always informed of anything that affected their family member's welfare.

People who used the service told us they liked the meals. Comments included; "I am quite satisfied I eat everything" and "I enjoyed my food today I don't eat a lot I had ham and chips today it was nice." People told us there was enough choice and they could have alternatives if they didn't want what was on the menu. A staff member said, "One lady doesn't like fish so she can have anything she wants. If she came and asked for an omelette she would have it." Relatives told us the food in the home always looked nice and their family members enjoyed their meals.

We observed the lunch time and tea time meal in the home. The dining room was light and airy with large windows looking onto the garden. Staff chatted and interacted with people who used the service asking if they wanted drinks with their meals. We saw there was a choice of drinks available. Menus were displayed in the dining room and lounge and staff told us the menus were put up every morning and were reviewed on a four week cycle. We saw there was a choice of two courses for main course and two pudding choices. We were informed that one person was a vegetarian told us they decided on a daily basis what they would like to eat. They said, "Just like at home I decide on the day. The food is smashing I love it."

The food was well presented, looked appetising and was hot. Some people chose to sit at the dining table, others chose to sit in the lounge for their meal and some people chose to have their meals in their rooms. The food was served plated up from the kitchen and delivered by staff individually to people. People were given support and encouragement to eat their meals.

Records showed people who were nutritionally at risk had their food and drink intake monitored and enriched by the use of supplements. Weights were also monitored to ensure people's nutritional needs were met.

Records showed staff had access to a range of training to enable them to complete their roles. The training record was monitored and updates arranged at intervals. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and do their job well. Staff told us the registered manager was very keen to ensure staff were well trained.

Staff told us they felt well supported and had supervision meetings with the registered manager to discuss issues and training needs. Records we looked at showed this to be the case.

Good

Is the service caring?

Our findings

People who used the service were positive in their comments about staff and their caring approach. One person told us the staff were "lovely". They also said, "They are not bossy." Another person said they were pleased with the support they received. They said, "The staff are very good If I shout them what I want they will do it for me." Most people said they were happy living at the home and staff treated them well. One person was not happy at the home and we saw there were plans in place to review the placement with a social care professional to ensure their needs were fully met. A relative said, "I feel confident [name of family member] is well looked after, safe and never alone."

The registered manager told us they monitored the quality of care people received to ensure standards were high. They said they maintained a good presence in the home to ensure they could do this. In the PIR they said, 'Manager observes staff to make sure that standards and delivery of care are high.'

We observed people were treated with dignity and respect. We saw when staff entered a person's room they knocked before entering the bedroom and bathroom and waited to be invited in. There was help and support when people requested it and the staff spoke kindly with people and knew them all by name. A staff member told us that one person didn't liked to be called by their full name but wanted to be called by a different name this was taken on board by them and the person's wishes were respected. We also saw domestic and administration staff were chatty with people as they went about their jobs in the home; enquiring how people were and asking if they had enjoyed activities. This also demonstrated people were supported in a caring and compassionate manner.

Staff were very clear about how they supported people to maintain independence and how they promoted privacy and dignity. One staff member said, "I always treat people in the way I would wish myself or my family to be treated." Another staff member said, "Very important to give people time to do what they can, keep doors closed, voices down and listen to people."

A person told us they liked their room; they said it was very light and they could see out of the window. We saw they had controls for their television and other equipment so said they felt they had some independence.

In the PIR, the registered manager said, 'All residents are encouraged to do as much as possible for themselves however little it maybe, thus empowering them and encouraging active participation.'

Throughout our inspection staff demonstrated to us they knew people well and were aware of their likes and dislikes. People looked well cared for which is achieved through good care standards. People were clean, tidy, dressed with thought for their individual needs and had their hair nicely styled. People who used the service enjoyed the relaxed, friendly communication from staff.

People told us they felt involved in their care. Some people we spoke with knew they had a care plan. One person said "Yes I know about my care plan but I don't get involved. If any changes are made I am asked

about it first before things are changed. I don't bother because my needs are met and I am well looked after." Another person said, "They discuss everything with me, it's marvellous."

Another person didn't know they had a care plan but said it didn't matter. They said, "I am fortunate that I can get about and I am quite mobile." They told us they felt independent and could go out when they wanted. They said, "I don't need much supervision."

Records we looked at showed people who used the service or their relatives were involved in a number of different ways with planning of care. Some people regularly took part in a monthly review of the care plan; others were involved with annual reviews. Where possible people who used the service had signed care records to show their involvement. In the PIR, the registered manager said they undertook person centred planning with full involvement and participation of people who used the service where possible. Records we looked at showed this. Relatives we spoke with said they felt fully involved in the care of their family member.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. We saw one person was supported to follow their religious and cultural beliefs by the provision of a Hal al diet. Signage in the home was in English and Urdu to assist a person with their orientation in the home. A daily paper in Urdu language was also sourced for a person.

The registered manager told us that no one who lived in the home currently had an advocate. They were however, aware of how to assist people to use this service and spoke of how they had done so in the past.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs and they thought there were sufficient activities for people to do. One relative said, "There's always something going off; bingo, quizzes, singing or just chatting." We saw there had been a reminiscence café introduced at the home which ran two afternoons per week. The room was decorated with reminiscence style posters, bunting and attractively set out tables. On the second day of our visit, we saw this was a popular activity; people spent time in the café, chatting over drinks and cakes and generally interacting with each other and staff. A therapist in hand massage also visited and people were able to participate in this if they wished.

We were informed there was no activities organiser at the service and the registered manager was organising events with the help of the staff. The registered manager said they had not yet been able to recruit the right person for this role and their efforts continued. Staff told us they had time to be involved in activities but said some staff were not as enthusiastic as others. One staff member said, "It can be difficult for the more shy or reserved staff."

On the morning of the first day of our inspection there was an exercise class run by a local organisation. This involved chair exercises and limb rotation and soft ball exercises. People who took part said they enjoyed it. One person said, "I enjoyed it very much." Staff spoke highly of this activity, they said, "He is very good he knows the name of all the residents and encourages everyone to join in." A person who used the service said they enjoyed all the activities in the home and it was good to get exercise. They also told us they had 'big plans' for gardening in the spring and told us bulbs had already been planted.

We saw from records that people were frequently asked to join in on activities. Most people took part and enjoyed the activities on offer. This had all been documented in the activity file. Some people had declined and records showed they preferred activity such as reading their paper. There were a number of photographs in a scrap book in the home showing the activities people were involved in. This included gardening, animal handling, guest singers and baking.

We saw staff delivered care to people that was individualised. When we spoke with staff, it was clear they knew people's needs well and interactions between staff and people who used the service were very positive. People's needs were assessed and care plans put in place to ensure their needs were met. These were reviewed on a monthly basis to ensure they remained relevant and up to date. This included information relating to people's preferences.

In the PIR, the registered manager said they maintained a person centred service by undertaking person centred care planning with full involvement and participation of people who used the service and their relatives. We looked at care records and saw staff were provided with clear guidance on how to support people as they wished. Staff told us they found the care records gave them good information on people's care needs and past histories. One staff member said, "They are really good; help you to get to know people well." Another staff member said, "It makes you appreciate and aware of the good lives people have had."

People we spoke to were happy with the service and were happy with the staff. They felt if they had a problem they would be listened to and action would be taken. They knew who to go to if they needed to. One person said, "I do know the manager would listen to me and action would be taken." In the PIR, the registered manager said, 'Staff sit and talk to residents on a one to one so they are allowed to express their feeling and any concerns they may have. Concerns and complaints are acted upon with immediate effect by the manager and all reiterated to staff in handovers and they are also audited every month.' We saw that where complaints had been received they had been investigated and responded to. A relative told us they had no complaints but had every confidence that if they needed to raise concerns they would be addressed.

The service had received a number of compliments from relatives of people that used the service. These related to the kindness and care in response to people's needs that staff had provided for people.

We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues. Staff told us they were always informed of any important issues that affected the service. One staff member said, "Communication here is very good."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team of senior care and care staff. People who used the service told us they thought the service was well run. Relatives told us the home was very well managed and they had recommended the service to others. People and their relatives all knew who the registered manager was and they told us they were approachable.

Staff told us the registered manager was enthusiastic and committed to providing a good standard of care for people who used the service. One staff member said, "[Name of registered manager] is very good; brilliant, supports staff and residents." Another staff member said, "[Name of registered manager] is always visible in the home, comes in to handovers, keeps us up to date and gives us feedback on any improvements needed." A third staff member said, "This is a well-managed home, [name of registered manager] is always around and so approachable. Can talk to them about anything that you need to."

Staff also told us they enjoyed their role and felt well supported. One staff member said, "I feel we are listened to." Other comments from staff included; "I love working here, love the people, the staff team, it's a happy place to be" and "It's so homely for the residents, as it should be." We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

The registered manager understood the requirements of their role and notified the Care Quality Commission of incidents as required. They told us they were supported in their role and received regular audit and support visits from their regional manager and the provider. The registered manager carried out weekly and monthly audits at the service to ensure they continued to assess the quality of care they provided to people. These covered a number of areas such as medication, care records, people's health and welfare and premises checks. However, the monthly medication audits we looked at were not fully effective and had not identified the concerns we found at this inspection. Weekly medication checks carried out by the registered manager were not documented so it was not possible to see what was looked at on these checks.

The registered manager told us the provider visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the registered manager during these visits. No reports or action plans were completed following these visits to show how the service had improved. The regional manager carried out at least quarterly visits to the home. They said the visits also included audits and checks on the registered manager's audits and action plans. A written report was completed following the visits and any issues identified were developed into an action plan for the registered manager. We saw action plans were in place and regularly reviewed when actions were completed to show improvements in the service. However, this system of audit had also failed to identify the concerns we found with the medication system.

People who used the service and their relatives were asked for their views about the care and support the service offered. Quality assurance surveys were sent out to people who used the service and their relatives on an annual basis. We looked at the results of the latest survey completed in June 2016 and saw there was a high degree of satisfaction with people rating the service as good or excellent in a number of areas. These

included; cleanliness, laundry service, activities, management and staff and food choices.

We saw records that showed the service held 'residents and relatives' meetings to ensure people could comment on the service provided. The registered manager had developed a 'You asked, we did' board in the entrance of the home in response to ideas and suggestions gained from these meetings. This included bulbs to be planted in the garden, a seasonal menu to be introduced, raised planting beds for the garden and two weekly visits from the hand massage therapist. We saw all of these suggestions had been acted upon which showed the registered manager used the feedback to develop and improve the service.

In the PIR, the registered manager said, 'Regular residents and relatives meeting are conducted by the manager and are advertised on the notice boards for all to attend, this is to encourage open communication, any changes that are required, to address positive and negative feedback.'

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.