

The London Borough of Hillingdon

Colham Road

Inspection report

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Contact-details-for-3-Colham-Road

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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

Colham Road is a care home that provides accommodation for up to 13 people who have learning and/or physical disabilities. The service comprises of four lodges all linked by a communal main entrance. People can move about between the different lodges. There were thirteen people using the service at the time of the inspection with two people in hospital.

The inspection took place on 9 and 10 September 2015 and the first day was unannounced. The last inspection took place on 4 January 2014 and the provider had met the regulations we checked.

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

Summary of findings

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.

Staff were trained to administer medicines to people. There were also systems in place to record medicines being supplied to the service. However, we found that for some medicines delivered to the service the amount received had not been recorded so it was not possible to carry out an accurate check to ensure people had received their medicines correctly.

People told us they were happy living in the service and feedback from relatives was positive about the staff and the care people received. We observed that people were cared for in a kind and respectful way. Staff engaged with people and offered support to promote people's independence. People's choices and wishes were respected by staff and recorded in an individual person centred care plan.

The health needs of people were assessed and were being met. Staff had received support from healthcare professionals and worked together with them to ensure people's individual needs were being managed. We received complimentary comments from the social care and healthcare professionals about the service and staff team.

There were innovative systems in place involving the detailed and timely sharing of information between health and social professionals to support people who had varied and sometimes complex health needs.

Any risks people might encounter in their daily lives were assessed by the staff and actions taken to minimise any harm to them. Staff had been trained in safeguarding issues and knew how to recognise and report any abuse.

There were enough staff to meet people's needs in a timely way, and to support people to have a good quality of life. Any new staff were carefully checked to make sure they were suitable for working with vulnerable people.

People had access to a range of activities and events according to their wishes. The home had a welcoming and relaxed atmosphere.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager recognised there were some additional restrictions within the service and that these would be assessed to ensure people were supported safely and within the law. Where necessary, people's capacity to make decisions about their lives was assessed and those people involved in the person's life had their views considered.

There was an established and experienced staff team who had a good knowledge of people's needs and preferences. Staff had received support including, training, regular meetings and one to one supervision.

People knew how to make a complaint if required. The management team sought feedback from people and their relatives and was striving to further improve the quality of the service.

The service was well-managed. There was a culture of openness and the views of people, their representatives and staff were taken seriously. Systems were in place for auditing the quality of the service and for making improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the accurate recording of medicines in the service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. We found the provider did not have suitable arrangements to protect people against the risks associated with the management and recording of medicines.

There were safeguarding procedures in place and the different staff members understood what abuse was and knew how to report it.

There were enough staff to care for and support people.

Risks were identified and appropriate steps taken to keep people safe and minimise the risks they might face.

Requires improvement



Is the service effective?

The service was effective. People said staff supported them well and their needs were met.

Staff were experienced, well-trained and had the skills they needed to provide effective care. Staff received appropriate supervision and appraisal of their work.

The provider had acted in accordance with their legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards.

People's specialist dietary needs were fully understood and they were supported to have a safe and healthy diet.

People's healthcare needs were identified and were being met.

Good



Is the service caring?

The service was caring. Relatives described the care as very good saying "staff went the extra mile". We observed positive and caring interactions between the registered manager, staff and the people using the service.

Staff respected people's privacy and dignity at all times.

There were innovative systems in place to support people through staff showing a clear understanding of people's needs and rights and by developing good working relationships with healthcare professionals.

The registered manager and staff were considerate and treated people with respect. They showed an understanding of the people they supported.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their individual needs.

Good



Summary of findings

People were supported if they were able to make a complaint. They also had support from advocates and relatives who could represent their views and raise any concerns.

Is the service well-led?

People benefited from a service that was well led. People's views were sought to improve the quality of the service.

Staff said the registered manager was approachable and supportive. Social and healthcare professionals were also complimentary about the management in the service.

Systems were in place for checking the quality of the service and making improvements.

Good



Colham Road

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 checked 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.

This inspection took place on 9 and 10 September 2015 and the first day was unannounced.

The inspection was carried out by one inspector. Before the inspection we looked at all the information we held about the provider, including notifications of significant incidents and the last inspection report.

We used different methods to obtain information about the service. This included talking with people using the service and their relatives and meeting with staff. As some people were not able to contribute their views to this inspection, we carried out a Short Observational Framework

Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection, we spoke with two people who used the service, the registered manager, a team leader, five care staff and a massage therapist who also provided one to one support for a person once a week so they could access the community. We also looked at the care records for three people using the service, three staff records and other records relating to the management of the service, including audits carried out by the registered manager and care staff.

Following the inspection, we received feedback from two healthcare professionals, a social care professional, two relatives and a friend of a person who used the service.

Is the service safe?

Our findings

The majority of medicines were supplied in a seven day monitored dosage system. We carried out an audit of boxed medicines. In some cases the amount of tablets received into the service had not been recorded on the medicine administration records (MARs), so it was difficult to tally the number of tablets supplied with the number given and therefore we could not accurately audit these medicines. For one medicine thirty tablets had been supplied, twelve had been signed for as having been given, however there were twenty one tablets still in the box. The administration records spanning previous MARs showed there was no amount recorded to show how many tablets had been carried forward onto the current MAR. Therefore it was not possible to identify if the correct number of tablets had been administered.

On the next day of the inspection we checked the medicines which were given when required, for example, pain control tablets. We saw that people who were prescribed Sodium Valporate had their medicines counted daily and the numbers in stock were correct. However, for one person it was noted there should have been ten paracetamol left in the box that only contained six tablets. Therefore four tablets were unaccounted for. This particular medicine had last been checked in June 2015 where no errors were noted by the member of staff. The dispensing pharmacist had carried out audits with the last record available to view was from 2012 and the last audit carried out by the registered manager had been in May 2015. The registered manager showed us a new medicine audit tool they had developed and said they would now be using this to check the medicines on a monthly basis.

Overall, we identified that there were errors with some of the record keeping of medicines kept in the service which could place people at risk of harm.

The above relates to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person who used the service told us they were “happy” and felt “ok” living in the service. Comments from a friend of a person and relatives were positive and included that

their family member was “definitely” safe in the service whilst another said they “had no concerns.” One relative confirmed they also felt their family member was “well looked after.”

Staff had been given training in the safe handling of medicines, and team leaders who had the main responsibility of carrying out the task of administering medicines had more in depth training provided to them. Systems were in place for the ordering, storage and disposal of medicines. We saw that medicine administration records had all been signed. No-one managed their own medicines and there were no medicines being given in a covert way (hiding medicines in food/drinks or crushing medicines to hide them).

For people who had limited speech or could not verbally communicate we saw a communication sheet which noted how the person usually communicated their likes and dislikes. This also included showing if they were in pain and required medicines to help with their symptoms. We also viewed evidence of previous work the staff had been involved with to support a person with their end of life care. This included considering how they communicated if they were requiring extra assistance, such as needing pain relief medicines.

People were protected from the risk of abuse. Staff told us they would document concerns and report them to the team leader or registered manager. If the registered manager was not available or they felt appropriate action had not been taken staff confirmed they would raise the concern with the local authority. Staff were aware of external agencies they could go to such as the Police or the Care Quality Commission. They were familiar with the concept of whistleblowing (exposing poor practice) and said they would report any abuse or bad practice they observed.

We saw available the PAN London safeguarding policy and procedure and staff confirmed they received training on this subject, which training records confirmed. A relative told us “If I had any worries I would talk with the manager.” The registered manager told us there had been no safeguarding incidents at the service and our records confirmed this.

Risk assessments had been carried out and were reviewed every three months or sooner if people’s needs changed. These outlined the identified risk and appropriate

Is the service safe?

interventions were recorded to minimise the risks whilst promoting people's independence. Risk assessments covered different areas of a person's life, including moving and handling, receiving personal care and receiving their medicines.

The provider had a system in place for accidents and incidents to be recorded and analysed, to see if lessons could be learnt. The registered manager informed us that no accidents or incidents had taken place in the previous twelve months.

Systems were in place to ensure the safety of the building. These included regular checks of fire systems and equipment and hot water systems. Any issues noted were reported to the relevant company. There were plans for emergency situations, including the need to evacuate the building. The last full evacuation practice had been in December 2014 and regular fire drills also took place with the last one held August 2015. If there was an emergency out of hours the registered manager confirmed staff could telephone either them or another manager if they needed advice. Staff had a list of all emergency contacts if there were problems with the gas, electric or water supply.

We viewed the staff rota for September 2015. We saw there was always a team leader on shift and there was a minimum number of care staff working in each of the four lodges within the service. Additional staff also worked depending on appointments and activities. Feedback from the friend of a person and a relative said they felt there were sufficient numbers of staff working in the service. One

commented that people benefited when there were students on placement from the college or university as they were able to provide extra assistance in going out with people into the community.

We met two agency staff who confirmed they had worked intermittently in the service for several months. Where possible, the same agency staff were used for consistency and continuity of care. The registered manager confirmed that should staff request to swap shifts then they were aware that they could only swap with a staff member of the same gender as there were always female staff working on a shift to ensure those people who expressed or showed a preference for a female member of staff could have their needs met.

The recruitment information was all held centrally at the provider's head office. The registered manager confirmed they viewed the information applicants completed, such as an application form which contained their employment and education history. The registered manager held some information also within the service, such as references and proof of identity. The three staff records we viewed showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. The registered manager told us that the agency carried out their own recruitment checks on agency staff and there was a team within the local authority that carried out spot checks on the agency to ensure appropriate checks were being carried out.

Is the service effective?

Our findings

A person living in the service told us the staff were “nice.” A friend of a person living in the service said the staff were “competent.” A relative commented, “I can’t find any fault with the staff.”

Staff told us they received regular one to one and group support. One staff member told us, “I get a lot of support.” We saw evidence of one to one supervision sessions where any issues were identified along with recognition of good practice. Any actions set were followed up at subsequent supervisions. All staff received an annual appraisal of their work and a six month review to ensure there were not concerns. Monthly staff meetings took place and we saw minutes from the September staff meeting where different topics were discussed, including sharing updates on people living in the service and training. Meetings were also held at each lodge, (there were four lodges in the service) and team leaders also met to look at the running of the service.

The staff team was experienced and this meant they had a good understanding of the personalities and needs of the people they worked with. The registered manager told us they considered the staff to be skilled, both in general caring tasks and in the management and support of people’s individual needs.

New staff received an induction both via the provider and in-house. New staff were also given a mentor they could seek support from whilst they were getting to know the service. The registered manager confirmed that new staff would now also complete the 12 week Care Certificate induction package.

There were mandatory training courses staff completed and staff were in the process of or had obtained a recognised health and social care qualification, for example a National Vocational Qualification (NVQ) or the more recent Qualification and Credit Framework (QCF). Training subjects included food hygiene, first aid and fire awareness. Staff also undertook additional training in order to meet the particular needs of the people using the service. These included training on dementia, mental health and dysphagia awareness (where people have swallowing difficulties).

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards

(DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff had received training in DoLS and the Mental Capacity Act 2005 and we saw an easy read version of the meaning of DoLS.

The registered manager had worked with the local authority and had submitted applications for authorisation where people’s liberty had been restricted in the service. The majority of assessments had taken place and a record had been kept of the expiry dates of each assessment so that the registered manager was aware of when to re-apply. It was identified at this inspection that people had additional restrictions such as in one lodge the kitchen was sometimes closed if there was no a member of staff available to ensure people did not use kitchen equipment that might place them at risk of harm. The registered manager confirmed they would review the DoLS applications and ensure all restrictions were recorded and applied for. They understood their responsibility for making sure staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. The CQC had been notified of the outcome of any DoLS applications.

The majority of people living in the service would have difficulties in being able to make certain decisions about their lives. Records showed the registered manager had consulted with relatives and professionals involved in people’s care to seek their views on what was in people’s best interests, a requirement of the Mental Capacity Act 2005. Decisions were situation specific, such as if a person required medical treatment. In relation to this we saw that the person had been given an easy read version of the medical procedure they would be going through in order to help them understand what to expect. The person living in the service was also supported to attend the best interest meeting so they could hear what was discussed and contribute if they were able to do so. Staff consulted with the relevant people and professionals before a decision was made. Relatives we asked confirmed they were fully involved and consulted about their family member’s care and said their views were taken into account.

People’s care records identified if they were able to make day to day decisions and a healthcare professional informed us that they had seen staff give people choices when they visited the service. We also saw throughout the

Is the service effective?

inspection that staff gave people the time to make a choice about what they ate and where they spent their time. We observed that people could move between the different lodges to see different people and staff.

Staff understood people's nutritional needs and supported people to have adequate nutrition and hydration. We observed staff assisting people to make choices in what they would like to eat and drink. Staff were aware of people's dietary needs. For example, one person's risk assessment identified they could be at risk of choking. A risk assessment had been completed which identified the person should not be alone when eating and their food should be cut up, which we observed staff carried out during the inspection. Staff had received training and were following guidance from the dietician for a person who required assisted nutrition through a feeding tube into their stomach. People had a variety of meals offered to them and staff confirmed the menus followed both a balanced diet and provided people with the meals they enjoyed.

People had varied and in some cases complex health needs. We saw that where people had an admission into hospital, staff visited on a regular basis to support the person and to guide the nursing staff in the hospital on how to support and communicate with the person. We observed staff providing feedback to other staff on their

findings during a visit to the hospital. Care plans documented people's individual health needs and people also had a patient passport which staff confirmed was given to hospital nursing staff. This provided an overview of the person's needs, such as their health and communication needs.

Both a family friend and relatives confirmed that they were kept up to date if people had seen a healthcare professional such as the GP or dentist. One relative said there was "good communication" between the staff and them. We saw that health appointments along with the outcome were recorded so that staff could respond to any issues or a change in people's needs.

A healthcare professional confirmed that they advised the staff on how to safely support people if they had particular needs, such as if their food and fluid intake needed to be closely monitored and recorded. They also told us "whenever they (staff) feel adjustments are needed they will always run it past me first before making any changes." We saw staff were completing the food and fluid records for those people who required this level of monitoring. Staff clearly explained the reasons why some people needed this level of care to ensure they received sufficient quantities of food and drink.

Is the service caring?

Our findings

One person confirmed they liked to wear accessories and that staff helped them choose what to wear. We observed people's clothes were clean and individual. One member of staff described how a person had chosen to wear their jumper inside out and that they respected their decision. Relatives confirmed that staff were "kind and caring." One relative said their family member was "happy" living in the service and that they would know if there were any problems. Another relative said some staff work "over and above" what they needed to do and that staff "go that extra mile." The friend of the person living in the service and relatives confirmed there were no restrictions to them visiting the service.

Signs of wellbeing were apparent amongst people who were smiling, engaging with staff and expressing their opinions.

The service had a person centred culture and assisted people to express their views so they understood things from their points of view. Each person had a 'communication sheet' which gave information on areas of communication difficulties and guidance to staff on how to understand what the person might be communicating to them and how to achieve effective communication. Relatives and the friend of a person living in the service all agreed staff knew people's communication needs, which might be gestures, sounds or body language. The members of staff's in-depth knowledge of people and their normal demeanour meant they were able to pick up any changes in a person's well-being and respond appropriately. Good communication between staff shifts meant that issues were shared and carefully monitored.

We saw that where possible people were encouraged to maintain their independence by eating without the assistance of staff. Some people could eat their meals with a lipped plate which enabled them to eat unaided. For those people who needed support we saw staff sat with them and asked if the person agreed to wearing a clothes protector to ensure they took their views into account.

Staff were respectful in their approach to ensuring people were not distressed or worried and we saw staff respond quickly to a person who was making frequent requests and needed reassurance. The registered manager also introduced the Inspector to people so that they knew we

were visiting the service and their home. We observed staff knocking before entering the different lodges and making sure they acknowledged people when they entered the room.

Interactions between people and staff were positive and people were treated with patience, respect and warmth. Staff spoke enthusiastically about meeting people's needs and we saw they listened to people and talked with them effectively throughout the inspection. The atmosphere in the service was calm and relaxed. The feedback from professionals commended the staff team. A healthcare professional confirmed that when they visited the service the staff were "welcoming and friendly and this was reflected in their interaction with the clients (people living in the service)." A social care professional confirmed that on a visit to the service they found the team leader to be "personable and took time to explain in detail how people were supported."

Care records noted people's likes and dislikes and preferred morning and evening routines. If a person expressed a gender care preference in supporting them with their personal care then this was written and known by the staff team. People had access to independent advocates and the registered manager confirmed that these came from a variety of places to meet people's needs. One advocate had a background in working with people with disabilities and another person was receiving support from had an advocate following a best interest assessment. Where it was identified that people would benefit from going out and receiving support on a one to one basis this had been arranged.

When people were nearing the end of their life they received supportive care to meet their changing needs. The registered manager demonstrated a clear understanding of ensuring the appropriate professionals contributed to the person's plan of care so that staff knew how to make sure the person had dignity, comfort and respect at the end of their life. The service had also accessed palliative care specialists to ensure the person's needs had been met. The registered manager was clear in recognising when people needed medical support and be admitted into hospital and where with the right support and advice people could be cared for in the service in familiar surroundings. A healthcare professional commented that the staff team had developed "good relationships with hospital staff" for the benefit of the people living in the service.

Is the service responsive?

Our findings

We saw that staff quickly responded to people's requests and took time to listen to the person to understand what they wanted. One relative confirmed they had observed new staff being shown how to support people safely and appropriately so they could respond to their needs. Another relative said when they informed the registered manager of a social family event where the person would need to attend with two staff then this was responded to and would be arranged. A healthcare professional commented that staff were "attentive to my advice and recommendations."

People were assessed before they moved into the service. One relative confirmed they had visited the service before their family member moved in so they could be sure it could meet their needs. Transition plans were put in place prior to a new person moving to the service. We saw a person's plan where visits to the service they had previously lived in and visits to this service were co-ordinated and planned. This enabled the person and their relatives to visit the service and become familiar with the people living there and staff working there. A social care professional described the transition period where staff worked "constructively with the previous provider" and "had to use their own initiative in making this smooth." During this process the registered manager confirmed the person's needs would be assessed to ensure the service could meet their needs. Thereafter a six week review would be held to make sure the move had been successful.

Care plans contained personalised information about the person, such as their background, health, emotional and social needs. There were details that were individual to the person, such as what they enjoyed and disliked. It was clear what people could do for themselves and where they needed support. People's routines were also recorded to inform staff how to support them effectively. Documents were reviewed every three months or sooner if people's needs changed. If people were not able to contribute their opinions at annual review meetings then staff took into account relatives' views. Relatives and a friend of a person living in the service confirmed they attended any review meetings.

People had the activities they liked to take part in recorded in their care records. One person confirmed they liked swimming and this was also recorded in their care plan.

One healthcare professional told us, "I often hear about excursions out to cafes, high streets or the cinema."

Relatives said various social events took place throughout the year such as a Christmas party and summer BBQ which enabled people to see their family and friends. A variety of activities took place both in the service and the community. We saw people going for a massage with a visiting therapist. We met the therapist who confirmed that staff gave them feedback on the person's well-being before they spent time with them to ensure they were aware if there were any problems they needed to take into account. Some people took part in sailing and trips out for meals. A musical theatre production group also visited on a regular basis to provide entertainment. People were supported to visit their relatives and friends outside of the service. The service had its own vehicle and this, along with a larger community transport bus, was used for accessing community places.

Some people would be able to make a complaint and one person said if they were unhappy they would "talk with X (the registered manager)." Relatives said they had not made a complaint but would feel, "confident to talk with the registered manager," and that "I know I would be listened to." One relative said the registered manager had supported them in making a complaint about a health service. The registered manager said there had been no complaints raised to them about the service. General concerns were dealt with informally and the use of the formal procedures had not been necessary. We saw a copy of a pictorial complaints policy and procedure available in the communal area of the service.

Meetings for people living in the service were held approximately every month; although not everyone was able to contribute to the meeting they could hear news about the service. The last one we saw minutes for was held in August. In that meeting a new person was welcomed to the service and day trips were discussed. Relatives meetings were also held and they confirmed they received the minutes of these meetings. Relatives also told us they attended the meetings so they could catch up on any changes and ask any questions. We saw from the minutes of a meeting held earlier in 2015 that various topics were discussed. This included discussions on the refurbishment of certain areas of the service. Another

Is the service responsive?

meeting had also included a visit to a local community resource for people with learning and physical disabilities so that families could see what was available for people to access.

Is the service well-led?

Our findings

Feedback on the registered manager and the culture of the service was positive. Comments from the relatives and friend of a person living in the service were complimentary. Feedback included, “X (registered manager) is approachable and available for me to contact if I need to,” and “I can call the manager anytime.” A healthcare professional told us the registered manager attended a learning disability group run by the local NHS Trust to promote good working relationships and communication between the different professionals in the community and hospital. This in turn would help facilitate any admissions into hospital.

Staff spoke highly of the team and said there “good teamwork” and that the staff team “provides a quality service.” Another staff member said they felt able to “share their views” with the registered manager. The vision of the service was to care and support people safely and promote wherever possible their independence and ensure they took part in activities they enjoyed. The provider had carried out staff satisfaction questionnaires in 2015 and staff confirmed they had seen the results online.

In addition to the regular meetings held in the service, feedback from people using the service and their relatives was gathered informally on a daily basis, and formally in regular reviews. The registered manager said relatives were also sent satisfaction questionnaires earlier in 2015. These were sent via the provider’s head office and any results were fed back to the registered manager. The registered manager told us there were no negative responses but results were not available to us during the inspection. The registered manager said they would start obtaining feedback from professionals as this was not currently being carried out.

The registered manager had been in post for over three years and was familiar both with the needs of the people living in the service and with the staff team. They were studying a relevant leadership course level 5 and attended the mandatory training so that they kept their care skills and knowledge up to date. The registered manager also kept their knowledge of changing guidance updated by attending relevant events run by the provider or social care

groups and using on line information. In addition, joint manager’s meetings were held where managers of the provider’s services all met to hear news and to share ideas about driving improvements in the services.

We saw the registered manager had different systems in place to monitor and improve the quality of the care being provided. This included following up on issues during one to one meetings with staff, having discussions in staff meetings about important areas of the service such as, health and safety and ensuring the information written about people was accurate and reviewed. The registered manager also had a clear plan of any further changes and improvements they intended to make to continue to improve the quality of service people received. In one lodge there were now two toilets and a new bath had been installed to ensure people enjoyed receiving personal care support. Since the last inspection the service had new furniture and several rooms had been painted.

The registered manager had also assessed that in another lodge people would benefit from having doors fitted to open directly onto the back garden and have a new more accessible kitchen fitted so people could participate more easily in cooking. At the last environmental health inspection the food hygiene rating for the service was 5, the highest score awarded by the Food Protection Agency, indicating food safety was being effectively monitored and delivered in the service.

Various checks and audits were in place and the staff team took on different responsibilities in the areas of the service. This included checking on training and health and safety. The registered manager carried out an audit of care plans every three months and any shortfalls had been recorded in individual one to one meetings with staff. A registered manager from another service carried out monitoring visits as well and completed a report where any areas needing to be improved on would be recorded. We saw a recommendation following a provider’s monitoring visit in June 2015 for the statement of purpose to be reviewed to ensure it included details on the deprivation of liberty (DoLS). During the inspection we saw the registered manager had addressed this and amended this document about the service to include this information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured the proper and safe management of medicines.</p> <p>Regulation 12 (2)(g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.