Mr & Mrs I F Ibrahim

Kingfield Holt

Inspection report

38 Kingfield Road
Sheffield
South Yorkshire
S11 9AS

Tel: 01142553968

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 25 and 26 January 2018 and was unannounced.

Kingfield Holt is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kingfield Holt is registered to provide accommodation and personal care for up to 23 people. Accommodation is provided over two floors, accessed by stairs or a passenger lift. Communal lounges and dining areas are provided. The home is a detached period building with a large garden close to local amenities. The care provided is for people who have needs associated with those of older people. On the days of our inspection there were 16 people living at the home.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

At the last Inspection in December 2015 we rated the service 'Good'. During this inspection, we found that the service had not sustained the previous Good rating. The overall rating was now Requires Improvement. The key questions Safe, Effective, Responsive and Well-led were rated Requires Improvement. We found breaches of Regulation 12: Safe care and treatment, Regulation 11: Need for consent, 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were required in the systems for the safe management of medicines. We inspected the registered provider's 'Medications Management Policy and Procedure' document and found this was in need of further review. Individual risk assessments were not completed to find out how much support a person needed with managing and taking their medicines. People did not have PRN protocols in place.

We have made a recommendation that the service consider the National Institute for Health and Clinical Excellence (NICE) best practice guidelines on good practice for managing medicines in care homes.

Risk assessments looked at the associated risk in carrying out an activity however, they did not contain measures to reduce the potential risks. Risk assessments contained 'scores' for each aspect of the person's pressure care. However, there was nothing to indicate the significance of each score, how the information was calculated and how the risk was mitigated.

We recommend that a risk assessment is completed which describes what measures are in place to control the risk and consider any additional measures that could be put in place to remove or reduce the likelihood of the risk causing harm to the person or staff member.

We found the service was not always meeting the requirements of the Mental Capacity Act 2005 Staff we spoke with understood the principles of the MCA and provided examples of how the MCA would apply to the people they provided support to. However, we found improvements could be made to ensure the person who lacks capacity is at the heart of the decision making process.

We have made a recommendation about further training around assessing people's capacity and acting in people's best interest.

Quality assurance systems, which helped the provider and the registered manager to identify shortfalls, were not robust and required improvement.

Staff were provided with training and supervision to make sure they had the right skills and knowledge to support people although there were gaps in training around the safe management of medicines. This meant staff had not been provided with relevant training to update and maintain their skills and knowledge to meet people's needs

The registered provider had a safeguarding procedure to ensure systems were in place to protect people from abuse.

There was an effective recruitment process in place, which meant the provider made safe recruitment decisions.

Systems in place for infection prevention and control were effective. The environment was well maintained and effectively cleaned. Staff told us they had been provided with training in infection control procedures so that people's health and safety was promoted.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

We observed staff interacting with people and found they were kind, caring and compassionate.

Staff we spoke with gave mixed opinions about how the registered provider and registered manager handled their concerns. Some staff did not feel listened to, but others felt their concerns had been dealt with satisfactorily. Staff told us they had never had a staff meeting or been asked about their views or opinions and how they thought the service could improve.

The service had sent out quality assurance surveys to people who used the service and their relatives. However, here was no record of meetings with people using the service to gain their feedback and views on how the service could be improved.

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.

Risks associated with people's care needs had been identified; however specific plans for managing risk were not always in place.

Improvements were needed in the safe management of medicines. We identified concerns regarding the policies and procedures records, and training and risk assessments.

The staff recruitment procedures in operation promoted people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

We found improvements were required to ensure compliance with the MCA. There was limited information in care records about people's capacity to make their own decisions.

We saw people were supported with their nutritional and hydration needs and feedback about the food was positive.

Staff were provided with training and supervision to make sure they had the right skills and knowledge to support people. However there were gaps the training for the safe management of medicines training.

Is the service caring?

Good

The service was Caring.

People were supported in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People who used the service and their relatives made positive comments about the staff and said they were treated with dignity and respect.

Is the service responsive?

Good

The service was not always responsive.

Care plans lacked the detail to enable staff to meet people's care and support needs safely.

The service had an effective process in place to ensure concerns and complaints about the service were recorded, investigated and acted upon.

People had access to a range of activities, but improvements were required.

Is the service well-led?

Requires Improvement

The service was not always Well led.

There were some systems in place to assess and monitor the quality and safety of the service provided. However, some of these were not effective and did not identify the shortfalls we found on the day of the inspection.

Staff had limited opportunities to give their feedback and opinions about how the service could be improved.

Kingfield Holt

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 was a comprehensive inspection and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor. The specialist advisor was a nurse with experience of working with people living with dementia.

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. The provider completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

Prior to the inspection, we reviewed the information we held about the service. This included safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events, which the provider is required to send to us by law.

Before our inspection, we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They told us they had no current concerns about the service. We also contacted members of Sheffield council contracts and commissioning service. They told us the provider had not been able to evidence statutory notifications and the range and frequency of activities available to people using the service needed improving.

During our inspection, we spoke with eight people, one relative, the registered provider, and the registered manager, the senior carer relief person in charge, two care staff, the cook, and a member of domestic staff. We also spoke with a health professional who was visiting the home on the day of our inspection.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their

permission, some people's rooms. We spent time looking at records, which included five people's care records, five people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe at Kingfield Holt. Comments from people included, "I take a lot of pleasing and there's nothing I can grumble about here, I definitely feel safe here," "The staff are very nice and very kind," "The carers are always extremely good. I couldn't wish to be better looked after" and "I feel safe here." One visiting relative told us, "The staff are lovely, you couldn't wish for a better place."

People and their relatives were clear they would speak to someone if they were worried or had any concerns. One relative said, "I wouldn't hesitate reporting safety matters to the manager."

Improvements were required in the systems for the safe management of medicines. We inspected the registered provider's 'Medications Management Policy and Procedure' document and found this was in need of further review. For example, the Residents rights – self-medication policy did not refer to the MCA. Whilst this had been reviewed in 2017, this was not an effective review, as it did not reflect current legislation.

We recommend the 'Medications Management Policy and Procedure' is updated to reflect current best practice and legislation.

We saw there was no evidence in care plans that a medicines risk assessment had been completed. We spoke to the registered manager about this and they told us, "We always assume people have capacity and can look after their medicines themselves." This meant the registered provider had not completed a risk assessment to identify whether people needed support with managing and taking medicines. We also found there was no review process in place to address if any adjustment to support the people needed with managing and taking medicines

Where people were prescribed medicines to be taken as required (PRN), for example to reduce their pain, there were no protocols in place. These should provide guidance to staff at what point these medicines should be considered for administration to reduce inappropriate administration of these PRN medicines. Following the inspection, the provider has implemented a PRN protocol.

Staff training in the safe management of medicines had not been kept up to date. The registered manager told us they carried out 'medication competency assessments' before staff could administer any medicines to people using the service. This was to check staff had understood the training and knew what it meant in practice. We looked at the training record and competency assessments of the member of staff administering medicines on the day of the inspection. The training records confirmed the last medicines training the staff member had attended was in June 2006 and their last competency assessment was completed in July 2017. This meant that they had not received the most up to date training in the safe management of medicines and there was a risk the person may not have the skills and competency in the safe use of medicines. Additionally, the quality and compliance medication audit completed by the registered manager in December 2017 did not identify all the issues we saw on the day of the inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because people did not receive safe care and treatment and were not protected against the risks associated with the management of medications.

We recommend that the service consider the National Institute for Health and Clinical Excellence (NICE) best practice guidelines on good practice for managing medicines in care homes and take action to update their practice accordingly.

Medicines were stored securely in a locked cabinet. The amount of medicines stored tallied with the number recorded on the Medication Administration Records (MAR). Arrangements were in place for the storage of controlled drugs (CDs) if required. These medicines require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the number stated in the CD records

Risk assessments we reviewed looked at the associated risks in carrying out an activity, however they did not always contain clear guidance for staff or measures to reduce the potential risks. For example, the risks associated with moving and handling using a hoist did not include details of the number of staff required to safely support the person, the sling size or the loop configuration to use, as directed by the a health care professional, to ensure peoples safety.

We looked at pressure care risk assessments and found they contained 'scores' for each aspect of the person's pressure care. However, there was nothing to indicate the significance of each score, how the information was calculated and how the risk was mitigated. We saw there were monthly evaluations however; these did not contain information of any action to be taken to reduce the person's risk. Whilst there was no evidence to suggest the lack of detail in the risk assessments had negatively impacted upon people's health, there was a risk that people's pressure care would not be managed appropriately.

The registered provider had a process in place to respond to and to record safeguarding concerns. Prior to this inspection, we reviewed the safeguarding notifications we had received from the service within the last 12 months and found there had been no safeguarding notifications.

Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe. Staff spoken with told us, "If I had any concerns I would report it to the person in charge of the shift, and I know they would take it seriously. We have a duty of care." Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. We saw when an accident had occurred the relevant documentation was completed; this was then reviewed and monitored by the registered manager and the registered provider. This meant the registered provider had investigated the cause and effect of each accident and incident and these were linked together to identify any trends and common causes, and action plans were put in place to reduce the risk of them happening again.

We toured the premises during this visit. We found the home was clean with no unpleasant malodours

found in the areas we checked. The senior carer relief person in charge told us that there was a programme of refurbishment in place and this had included the introduction of a wet room and improvements of bedroom facilities. The downstairs areas were brightly decorated and there was a homely feel. People's rooms were personalised with their possessions and photographs of their life. We found that a policy and procedure was in place for infection control. Training records seen showed all staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training.

Records showed risks posed by the building; its utilities and facilities had been managed. The provider conducted regular checks to ensure the environment was safe. Electrical appliances had a portable appliance test (PAT) certificate, gas and fire fighting equipment had up to date certificates issued by appropriate professionals. The registered provider had emergency policies and procedures in place. Personal emergency evacuation plans were in place for each person. These plans detail important information to ensure a person's safety in the event of a fire or emergency evacuation. There was a current fire risk assessment and records were kept of the fire alarm, emergency lighting and fire safety equipment.

The registered provider followed safe recruitment practices. We checked three staff files and saw they included relevant records for the recruitment of staff, including checks with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. This showed recruitment procedures in the home helped to keep people safe.

During the inspection, there were enough staff to meet people's needs and provide care and support with activities. We found three support workers, the relief deputy manager on duty during our inspection. Staff spoken with confirmed there were three care staff and a senior on duty during the morning, two staff and a senior in the afternoon and two staff on duty at night We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff were present when people spent time in communal areas and people who were spending time in their rooms were suitably supported. Staff rotas were planned and this was reflected on the day of the inspection. Staff spoken with said enough staff were provided to meet people's needs.

Requires Improvement

Is the service effective?

Our findings

People spoke highly of the staff and said they were "well trained" and "competent." Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people. However, there were outstanding training requirements around the safe management of medicines.

We looked at a range of staff files and analysed the homes training records. Records showed new employees received an induction into the home and to the registered provider. Induction training was provided to staff so they had the skills and knowledge for their role. New staff spent time shadowing more experienced staff to help them understand their role. The registered manager told us, "Induction takes as long as it needs to." This demonstrated the service was committed to making sure staff had the right skills and competence to do their jobs.

Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Some staff said they would benefit from additional training to enable them to respond peoples changing needs.

The registered provider's records showed staff had received supervision and an appraisal. Regular supervision of staff is essential to ensure staff are supported to provide people with high standards of care. Staff we spoke with confirmed they had received supervision and appraisal. This demonstrated the service was providing staff with the opportunity to develop in their roles through on-going training, development, supervision and appraisal.

Staff were provided with an employee handbook that detailed the philosophy of care, aims of the service, policies and procedures and information about working for the company

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 there were no restrictions on people's freedom to leave and move around the home. However, we found the service was not always meeting the requirements of the Mental Capacity Act 2005. For example, care records did not include assessments of people's capacity to make specific decisions. One person's care

records gave contradictory information. In the person's all about me booklet it stated, 'I take medication myself but need someone with me to make sure I don't forget' and in the persons care plan it stated, 'Not able to self-medicate because of poor memory.'

We checked to see if the persons care records contained evidence of consent. However, the persons care records did not provide evidence of the persons consent or a clearly recorded assessment of the person's capacity to consent to their care or treatment and a best interest decision in relation to the safe management of their medicines. This meant there was the potential for the registered provider to act or make a decision that they considered to be in a person's best interests before establishing whether that person had capacity to make their own choices. This is unlawful and deprives a person of their basic human right to freedom and autonomy.

This is a breach of Regulation 11: Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were seen and heard asking consent from people before providing any support. Staff were also observant of people's body language and behaviour when asking them to make decisions about their routine. Staff we spoke with understood the principles of the MCA and provided examples of how the MCA would apply to the people they provided support to. A member of staff told us, "All our residents have capacity, we wouldn't do anything they weren't happy with and we always ask before we do anything, treat people like they are your own family."

We recommend the service seek further advice, training and guidance about how they comply with the principles of the Mental Capacity Act 2005.

People were supported with their nutritional and hydration needs. We spoke with the cook who demonstrated a good knowledge of people's dietary needs. Information was kept in the kitchen of people's individual needs and preferences, and peoples likes and dislikes were documented in the 'all about me' booklets. People told us that the food was good. One person told us, "On the whole the food is good, there is always a choice" and another person told us, "The food is good; you can have cereals, eggs or toast for your breakfast."

On the day of our inspection, we saw there was a relaxed atmosphere at lunchtime and people were offered choices and asked if they wanted more. We saw where people required assistance of specialist equipment such as adapted forks and spoons or assistance from staff then these were provided. This showed staff encouraged people to be independent with regards to their nutritional needs. We saw people were offered drinks and snacks throughout the day. We looked at the weekly menus and saw that it provided a balanced diet.

The registered manager kept a handover folder in the office to communicate specific tasks and to keep care staff informed about people's wellbeing. The registered manager told us information about people's needs was passed to them during handover meetings at the start of shifts. Care staff told us they received information from handover and read peoples care plans when they needed guidance about meeting people's needs. This meant staff had access to detailed information and recorded specific information in relation to peoples care.

Records evidenced a range of healthcare professionals, including GPS, district nurses and dentists were involved in people's care. People told us they had access to healthcare if they needed to. One person told us, "The GP comes in every week" and another person told us, "The link with the GP and the medical centre

is very good." This showed people living at the home received support to meet their health care needs.

Kingfield Holt had a patio and garden area. We found the appearance of the garden was well maintained and accessible and staff told us people liked to spend time in the garden in the summer."

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and people told us the staff were kind and caring. People spoken with told us, "The staff are good here, we have some real laughs," "The staff are kind and caring" and "The staff are lovely, you couldn't wish for better." Comments from relatives included, "All the girls here are like relatives, they are so caring'' and "My relatives say, I don't know how you found that place but it is wonderful, it's so homely." Staff comments included, "We treat people like they are family" and "We treat people the way you would want to be treated."

There was a friendly and homely atmosphere with evidence of good relationships between people and staff. People were treated as individuals and staff demonstrated an understanding of their personal preferences for care.

Throughout our inspection, we saw examples of a caring and kind approach from staff that obviously knew people living at the home very well. Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

Staff always included people in conversations and took time to explain plans and seek approval. The interactions observed between staff and people living at the home appeared patient and kind. For example, staff were supporting a person to go out shopping and they made sure they left when the person wanted to. This showed a respectful approach from staff.

Staff we spoke with understood the importance of maintaining people's privacy and dignity. We saw people's privacy and choices were supported. Staff we spoke with told us they would respect people's privacy by knocking on people's doors and closing curtains. We saw staff were kind and considerate. We observed care staff knocking on doors before entering and chatting with people. They had laughter and banter together and it was clear that people had a good relationship with the care staff and knew them well.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. People's confidential information was stored securely. We saw care plans and confidential information was kept in a locked room. Any information that needed to be passed on about people was discussed in private. We did not see or hear staff discussing any personal information openly or compromising privacy.

We spoke to one relative who was visiting the home on the day of the inspection and they told us they were able to visit their relative at a time that suited them.

Relatives also told us they had been fully involved in the care planning with their family member so their opinion was taken into account. Staff said they had a good relationship with people's families and we found the staff spoken with were knowledgeable about people's family and the contact they had with them.

People's independence was promoted and people's opinion was sought. Throughout our inspection, we

saw staff asking people about their choices and plans so these could be respected.
We observed people looked clean and tidy and were dressed appropriately for the time of year.

We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person centred plans. For example, we saw that there were visits for people wishing to receive holy communion and the registered manager told us how that the rabbi often visited people in Kingfield Holt. This meant that staff valued people's diversity and treated people with dignity and respect.

Good

Is the service responsive?

Our findings

People told us staff supported them in the way they needed and preferred. When asked if they got the support they needed, people responded, "Oh yes" and "I like the staff. They help me." Relatives said they could speak with staff and found them approachable and friendly. Comments included, "We have no complaints at all. We can talk to the staff at any time."

Staff responded to people in an individual and inclusive manner. We saw staff understood how people communicated and checked choices with people and gained their approval. For example, staff were seen to check with a person when they wanted to eat.

We found the records at Kingfield Holt were person centred and detailed people's needs, choices and preferences of how they wanted their care to be provided. We reviewed five care plans as part of our inspection process. The care records contained a booklet called, 'all about me' which included information relating to a person's preference as to what name they would like to be known by, and other information listed under the following headings; the people who know me best, things that are important to me, things which may worry or upset me, how I communicate, ways to help me take my medication, my routines, eating and drinking.

Some of the care plans lacked detail of information that would be useful for care staff. For example, some people had specific medical conditions. We saw two people's care records did not contain information about their conditions and how it affected them with clear guidance for staff on how best to support them. The person's daily notes evidenced they were being supported but there was no accurate record to detail how this care provision had been assessed and all risks recorded as reduced to the lowest acceptable level. We saw people's care plans were reviewed on a monthly basis.

We recommend that a risk assessment is completed which describes what measures are in place to control the risk and consider any additional measures that could be put in place to remove or reduce the likelihood of the risk causing harm to the person or staff member.

Feedback about people's access to meaningful activities was mixed. Analysis of the quality assurance survey completed in October 2017 concluded, "None of the residents responding to the survey attended activities or wished to do so. The recently appointed activities organiser is hoping to make a difference." Comments from people using the service included, "I like to watch television, but there are times when there are other things to do, Bingo and exercise classes but I don't fancy that." On the first day of the inspection one person told us, "I am going out shopping to buy a new lamp for my bedroom" another person decided they did not want to talk to us because they were going out later that day. Ranges of newspapers were available for people to read.

The service had complaints procedure that provided details of how complaints would be investigated. It also included timescales within which people could expect a response. We saw a copy of the complaints procedure was included in the 'Service User Guide', which had been provided to people living at the home

and their relatives. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response.

We asked people who used the service how easy people found the complaints process to use and whether they were happy with the way their complaint was handled. People told us they would speak to the registered manager in the first instance, and made the following comments, "I have no complaints." Another said, "I am definitely listened to. The manager and staff make time to discuss things with me. I have no complaints at all." This showed people were provided with important information to promote their rights and choices.

Staff told us they would always pass any complaints to the registered manager, and they were confident the registered manager would take any complaints seriously. The registered manager told us one complaint had been received since our last inspection. We reviewed the recent complaint and found it had been resolved within the appropriate time scales and to the satisfaction of the complainant.

Care staff could describe the importance of end of life care and how it differed from support people were provided when they were well. Training records we looked at confirmed staff had end of life training.

Requires Improvement

Is the service well-led?

Our findings

We asked people, their relatives and staff if they thought Kingfield Holt was well managed. People told us, "The service is well managed" and "If I had any problems I would talk to [registered manager] and they would sort it out." However, feedback from staff was mixed. One staff member said "The managers are approachable; particularly the deputy manager" and "I would go to them if I had any concerns." In contrast other staff comments included, "There is lack of support from managers" and "The managers don't listen and they always have to be right."

Staffs caring and committed attitude was a key strength of the service and staff had a good knowledge and understanding of people's care needs. However, the quality assurance systems were not robust and required improvement to ensure risks were identified and quickly rectified. The registered manager completed regular audits; however, the audits did not identify all the shortfalls we saw on the day of the inspection. For example, there were no records of care plan audits, which could have picked up some of the shortfalls we found on the day of the inspection.

The registered provider's medicines audit was not robust and required improvements to ensure issues were identified and rectified. The registered provider had completed medicines audits on a monthly basis; however, they had not found the issues we found during the inspection with the safe management of medicines.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found quality monitoring systems were not effective to ensure compliance with the regulations and policies and procedures had not been updated and reviewed when practice guidance and legislation had changed.

Staff meetings and surveys are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. Meetings and surveys give staff the opportunity to give their views, opinions and share ideas they may have to make improvements to the service. Staff told us, "We have never had a staff meeting," "There's never any staff meetings, you never know what's going on, it's all hearsay, there's no communication what so ever" and when asked if they had completed a staff questionnaire one member of staff told us "I have never completed a staff questionnaire or asked about my views in any way." This showed the registered manager was not actively seeking the views, opinions and encouraging care staff to make improvements to the service.

The registered provider had no records of formal staff meetings and staff told us they had never been asked for their views or ideas on how they could improve the service. We spoke to the registered manager about this and she said, "We have a detailed handover every day and we document this" and "I have lunch with my staff every day and that's when we meet."

The service had sought feedback from people using the service. We saw of fourteen questionnaires' that had

been given out in October 2017, nine had been returned and analysed. This feedback was positive and comments included, "Staff are caring, professional and consistent," "The home has a stable staff group," "Managers are visible and staff are approachable" and "The staff are lovely, everyone is helpful and kind." Comments from relatives included, "Food good and staff are always friendly" and "Cheerful staff, nice room and pleasant food."

The registered provider had not made any notifications to CQC of any accidents or serious incidents allegations. We contacted the local authority commissioning team. They raised no concerns about the care and support people received, however they told us that the service could not evidence local authority notifications were being made appropriately. It is important to ensure providers inform the commission and the local authority without delay of any notifiable incidents or concern so that, where needed, CQC can take follow up action.

Registered providers are also required to display the ratings of their CQC inspections in a prominent place and on their website. We saw the ratings from the last CQC inspection were displayed in the entrance lobby to the home. The registered provider informed us they were in the process of updating their website and they would ensure their rating would be displayed on the website.

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 11 HSCA RA Regulations 2014 Need for consent Care records did not provide evidence of consent or a clearly recorded assessment of a persons capacity to consent to their care or treatment and a best interest decision in relation to the safe management of their medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive safe care and treatment and were not protected against the risks associated with the management of medications.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not effective to ensure compliance with the regulations and policies and procedures had not been updated and reviewed when practice guidance and legislation had changed