

Mrs H Green

Devonia EMI Home

Inspection report

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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 21 and 27 April 2015 and was unannounced.

At our last inspection in September 2014 we identified breaches of the regulations. We found that improvements had been made and that the provider was now meeting the requirements of the regulations in reviewing people's needs, safety of the premises and staff recruitment. Further action was needed, however, to meet the regulations in the area of good governance.

Devonia EMI Home is a family-run home that has been established for 32 years. It provides accommodation and care for up to 12 ladies, over the age of 65, who are living with dementia. At the time of our visit there were nine people in residence.

The service did not have a registered manager. The provider was in breach of their registration conditions which say that they must ensure that the service is managed by a person registered as a manager. A registered manager is a person who has registered with

Summary of findings

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.

People, staff and visitors spoke enthusiastically about the service, and the friendly and homely atmosphere. We observed that people received person-centred care from staff who knew them well and appeared to genuinely care for them. One member of staff said, "I love it, it's friendly. It's like one big family". Another told us, "Where I used to work, you could tell it was a care home, but here it's like a home". In the provider's survey a visiting professional had written, 'Devonia is homely, intimate, welcoming. Staff are compassionate and understanding about the individual'.

We found, however, that the service was not well-managed. The home had been running with low staff numbers and without a registered manager. The provider was working as a carer, in the kitchen and the laundry which left little time for oversight and management tasks. Systems and processes to assess, monitor and improve the quality and safety of the service were not operated effectively. Audits had failed to identify risks to people. Where actions had been identified, including those resulting from our previous inspection, these had not been monitored to ensure that improvements were made and sustained.

The service was not safe. Risks to people's health and safety had not been fully assessed. Risk assessments for known behaviours that could be seen as challenging were not in place. Where risks had been assessed, actions designed to mitigate them were not consistently recorded in people's individual records. The provider had not carried out a fire evacuation drill and the fire risk assessment for the service was out of date. We have referred our concerns to West Sussex Fire and Rescue Service. Medicines were not managed safely. Staff competency in administering medicines had not been assessed. We noted gaps in the administration records and tablets still packaged that had been signed for but not administered.

We observed that people received timely support. The provider had recently recruited new staff to work as carers at the service. The provisional rotas showed that there would be an increase from two to three carers on the morning shift. Training was provided by an external company. This included induction and refresher training. Staff told us that they felt supported and that additional specialised training, such as in mental health awareness, was available to them. Staff received regular supervision and appraisal from the provider. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse.

The service was caring. People were treated with kindness and respect and had good relationships with the staff who supported them. Staff involved people in decisions relating to their care and supported them in accordance with their preferences. Staff understood how people's capacity should be considered. We found, however, that where decisions had been made in a person's best interest, records did not always clearly evidence the process that was followed. **We have made a recommendation about how decisions are recorded to demonstrate that people's rights under the Mental Capacity Act have been respected.**

People enjoyed a choice of home-cooked meals and the mealtime was a social occasion. People who required assistance to eat or drink were supported. Care and support needs were reviewed on a regular basis and advice was sought from external healthcare professionals when required.

People, their representatives and staff were asked for their views on how the service was run and their feedback was acted upon. The provider worked in the service most days and was available to listen to any concerns or suggestions. **We have made a recommendation about ensuring information on how to complain is made available.**

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have 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 safe.

Risks had not been effectively assessed, monitored or mitigated to keep people safe.

There had not been any fire drills and fire safety information was out of date.

Medicines were not managed properly or safely.

The home had been understaffed but new staff had been recruited.

Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff understood how consent should be considered but capacity assessments and best interest decision making had not always been clearly documented.

People were offered a choice of home-made food and were supported to maintain a healthy diet.

Staff were knowledgeable about people's care needs. They received training and were supported by the provider.

People had access to health care professionals to maintain good health.

Requires Improvement



Is the service caring?

The service was caring.

People had a good rapport with the staff. The atmosphere was friendly and there was plenty of chat and banter.

Staff knew people well and supported them in accordance with their personal preferences.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive in all areas.

The staff knew people well and understood their wishes and needs. They provided personalised care that met people's needs.

The provider and staff were working to improve the activities available for people.

Requires Improvement



Summary of findings

The provider responded to concerns and complaints but there was no information to help people understand how to make a complaint and what to expect.

Is the service well-led?

The service was not well-led.

The service did not have a registered manager.

The quality assurance system was not effective. Actions identified to make improvements in the service had not always been completed. There was no system in place to monitor and drive improvements.

The provider had a clear vision for the service. People spoke positively about the friendly and homely nature of the service.

Requires Improvement



Devonia EMI 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.

This inspection took place on 21 and 27 April 2015 and was unannounced.

One inspector and an expert by experience in older people's services undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our visit, we reviewed previous inspection reports and notifications received from the service prior to the

inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we understood what the service did well and potential areas of concern.

During our inspection, we observed care and spent time looking at records. These included four care records, six staff training and supervision files, three staff recruitment records, medication administration records (MAR), accident and incident records, activity records, completed feedback surveys and other records relating to the management of the service.

We spoke with all nine people who lived at the service, one relative, one friend, the provider, three care staff and a member of housekeeping staff. After the inspection, we contacted two professionals who have involvement with the service to ask for their views. They consented to their views being published in this report.

Is the service safe?

Our findings

The provider had not fully assessed risks to the health and safety of people using the service and others. Some people who lived at the home presented on occasion with behaviour that could be seen as challenging. In one person's care notes we read that they were 'agitated' on six days in a seven day period. There were no risk assessments or care plans in place to describe what might trigger such behaviour and what staff should do to support the person and keep others safe.

Where risks had been assessed and actions to mitigate them agreed, the information available to staff was not consistent. For example the risk assessment for one person stated, 'Needs full care from two carers at any time, except for feeding'. In the care plan for mobility it stated that two staff were required for the bath and stair lift only. A member of staff told us, "Usually you can do it on your own". Another person's risk assessment stated, 'She now needs two carers to assist her, to get into and out of bed and needs full care, needs two to use the commode'. The care plan, however, advised staff to, 'Ask (person) how she is feeling to assess if she requires one or two carers'. The information provided was not consistent. The lack accurate records could mean that care was not always provided in a safe way.

The provider had not taken action to mitigate the risk of fire. At the last inspection we were concerned that staff had not completed fire awareness training and that fire drills had not taken place. At this inspection the provider had not taken sufficient steps to protect people. The fire risk assessment was dated 2012 and, although a review in 2014 was recorded, the information did not relate to the people currently living at the home. The provider and staff confirmed that they had not carried out an evacuation drill. We have referred our findings to West Sussex Fire and Rescue Service who will be able to carry out checks at the service and provide advice.

The provider had not fully assessed risks to the health and safety of people using the service and others. They had not taken sufficient action to mitigate risks that had been identified and had not maintained an accurate record for each person. This was a continued breach, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were also positive examples of risks being assessed. One person who had recently moved to the home was not aware of the risks they may face if they went out alone. A risk assessment was in place detailing the risks associated with this person leaving unaccompanied. The provider had also implemented regular checks to ensure that the person's whereabouts was known. These checks were recorded by staff and were up-to-date. The 'Missing resident procedure' was displayed in the office, along with emergency and out of hours contact numbers.

Medicines were not managed safely because medication administration records contained gaps. On one night, there was no record that a person had taken their four night time tablets. In a second there were gaps on three dates in April 2014. The gaps were not explained in the notes and the tablets had been taken from the blister packs. For three people we saw that tablets remained in the blister packs, although staff had signed the records to say that the medicines had been administered. The records did not demonstrate that people had received their medicines in accordance with instructions from the prescribing GP. Staff had received training in medicines management but they had not been assessed for their competency. There were no checks on medicines to identify issues and ensure that medicines were administered safely.

Medicines were not managed properly or safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of medicines were managed appropriately. Medicines were stored safely and daily checks on fridge and ambient temperature were completed. Creams and ointments were dated on opening. This helped to ensure that they were used within the guidelines given by the manufacturer and remained effective. There were instructions for staff detailing how 'as required' medicines should be administered. Where medicines were administered covertly, authorisations from the GP were in place. Controlled drugs were stored separately and securely. Checks of the stock levels found these were correct and matched the records.

People told us that they felt safe. Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They told us that they felt able to approach the provider. One said, "I

Is the service safe?

could talk to (the provider) about anything". We found, however, that staff did not have access to up-to-date contact information for the local authority safeguarding team. The safeguarding policy was dated 2012. We discussed this with the provider who confirmed their intention to update the policy and display the relevant contact telephone numbers. This would ensure that staff had easy access to information should the provider be absent or if they felt that their concerns had not been satisfactorily addressed.

At our last visit, we raised concerns that the storage of substances hazardous to health (COSHH) was not secure. At this visit we found that action had been taken and that these were now stored in a locked cupboard. The provider had also taken action to check for the risk of legionella. This was of concern because water was not stored at a temperature hot enough to prevent the risk. A contract was in place for an external company to conduct six monthly checks. The first check, dated November 2014, showed that the service has passed the Legionella count. The steps taken meant that the compliance action concerning the safety and suitability of premises, set under the former regulations, was met.

Staffing levels at the service had been of concern and the provider told us that they wished to have three staff working in the morning, two in the afternoon and two at night. A monthly dependency report had been completed and the provider explained how they used this as the basis for their staffing calculation. We looked at the rotas from 28 March to 24 April 2015. These showed that most morning shifts had two care staff on duty; just six of the 28 days we looked at had achieved the desired staffing level. The provider explained, "We had five staff leave with no notice

between Christmas and February". This had put a strain on the staffing numbers and we noted that some staff members had worked up to 70 hours a week. One visitor told us, "I feel they need more staff". A staff member said, "Sometimes I have to stop administering (medicines) if someone needs to be taken to the toilet". In addition to providing direct care, the provider was also working in the kitchen, laundry and, in the absence of a registered manager, was managing the service.

On the two days that we visited, although the staff were busy we observed people received support that met their needs. Staff responded quickly to people's emotional or physical support needs. We also saw that staff took time to chat with people. Feedback received in surveys conducted by the provider in 2015 included comments from visiting professionals. We read, 'Someone always available' and, 'If residents say they need the toilet in my session I tell staff and they have always responded straight away'. The provider had recently recruited new staff who were booked to start their induction on 1 May 2015. A draft staffing rota, including the new staff, showed how the shifts would be covered to include three staff on the morning shift.

At our last visit we found that pre-employment checks had not been completed before new staff began work. At this visit we found that action had been taken and that the compliance action, set under the former regulations, was met. Staff recruitment practices were thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service. In addition, one or two references were obtained from employers and personal contacts. This helped to ensure that new staff were safe to work with adults at risk.

Is the service effective?

Our findings

Where people lacked capacity to consent to decisions, there was not always a clear record of how their capacity had been assessed and how best interest decisions had been made. Best interest meetings should be convened where a person lacks capacity to make a particular decision, relevant professionals and relatives invited and a best interest decision taken on a person's behalf. Capacity assessments were in place and reviewed on a monthly basis but did not clearly state the decision to be made. Records for one person indicated that bedrails were used for their safety at night-time. There was no evidence to suggest that their capacity to decide on this solution had been assessed or that a best interest decision had been made. **We recommend that records relating to capacity assessments and best interest decisions are reviewed to evidence that assessments have been carried out in line with the Mental Capacity Act 2005 (MCA) and that people's rights have been protected.**

During our inspection we observed that staff applied some of the core principles of the Mental Capacity Act 2005 when they supported people. For example, staff followed the presumption that people had capacity to consent by asking if they wanted assistance and waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They positioned themselves so that eye contact was made, and repeated questions if necessary in order to be satisfied that the person concerned understood the options available. Where people declined assistance or choices offered we saw that staff respected these decisions.

The provider was aware of a revised test for deprivation of liberty safeguards (DoLS) following a ruling by the Supreme Court in March 2014 and had taken action in respect of this. A deprivation of liberty occurs when 'the person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements'. We saw that applications had been submitted for each of the people who lived at the home. At the time of our visit, one authorisation had been given and the provider had acted in accordance with DoLS principles.

People had confidence in the staff that supported them. Two people in conversation at lunchtime were heard saying, "This is a nice place". The other replied, "Yes. Very

nice. They're so good, these girls, aren't they?" A visiting professional had commented in the provider's survey that, 'Staff are relaxed, professional and very competent in all tasks'. Induction and refresher training was delivered by an external company. Topics included moving and handling, safeguarding, medication, infection control, health and safety, dementia, skin integrity, eating and drinking, emergency first aid, food hygiene, nutrition and mental capacity. One member of staff said, "She (the trainer) does everybody before they start work here".

In addition to the annual refresher training, a new course in end of life care was booked in 2015. The provider and a senior member of care staff had completed a distance learning course in mental health awareness, which included a module on dementia. This was being offered to other staff in 2015, along with the option to complete diplomas in health and social care. Staff records confirmed that staff received regular supervision and appraisal. The provider did not have a written policy concerning staff support. They told us that staff received four supervisions and two appraisals a year. Staff were satisfied with the training and support offered. They felt equipped to provide care to the people living at Devonian EMI Home. When one person appeared distressed, staff offered repeated reassurance and diverted the person from unsafe situations. We observed staff supporting people with skill and patience.

Everyone spoke enthusiastically about the food at the home. One person told us that their lunch was, "Lovely. Absolutely. Couldn't be better". A member of staff said, "It is lush, everything is homemade". A friend of one person said, "(The provider) cooks some nice meals. They always enjoy it" and, "She cooked some cheesy dishes for (person) because she likes that". Most people ate in the dining room although two preferred to stay in the lounge. People were offered a choice of meal. There was a folder containing colour photographs of the main meal options which was used to help people understand the choices on offer. If needed, people were supported to eat and drink. One person had requested soup and was assisted by a carer who helped them to finish it all, with some bread too. One relative had written in the provider's survey that, 'Meals are always appropriate and staff strive to provide food she will eat, especially when physically unwell'.

Is the service effective?

Staff monitored people's weight and risk of malnutrition on a monthly basis. Where there were concerns we saw that referrals had been made to healthcare professionals such as the Dietician or Speech and Language Therapist (SALT).

People had regular access to services including their GP, district nurses and chiropodists. We saw that referrals had also been made to the dementia crisis team, Community Psychiatric Nurse (CPN) and falls prevention team. The

provider had recently engaged the services of a domiciliary dentist as some people found it a struggle to attend appointments externally. We found that people were supported in their health needs and had access to healthcare services. One professional who had involvement with the service told us, "It's a nice place, people are looked after well".

Is the service caring?

Our findings

People spoke positively about the staff and home. One person said, "I'm here because it's my home. I wanted a rest-home, and that's what this is!" Another told us that they were, "Very comfortable" and added, "They are so sweet and kind here – do anything for you". It was evident that staff knew people well and that they had genuine affection for them. Staff took time to stop and chat with people. The talk was cheerful and included friendly banter.

Staff told us that one person had been on a lot of cruising holidays and loved to sunbathe. On the day of the inspection it was warm and sunny. This person was assisted to sit in the garden on a garden chair that resembled a deck chair, had sun cream applied to her skin, and was encouraged to, "Remember what it was like relaxing on deck", which made her smile and agree. Later she was given a glass of squash, with a small bowl of chopped finger-sized fruit and told to "Imagine it's one of those expensive cocktails!" which made her laugh.

Another person felt sure that they had lost their shoes and was evidently troubled by this. A member of staff quickly went to the person's room and returned with another pair of shoes. The person was briefly reassured until the situation was repeated and the shoes exchanged once again. Staff demonstrated patience and kindness in the way that they supported this person. Later, we observed that the person was calm and contented, having had lunch in the lounge with a carer who chatted gently to her whilst assisting and persuading her to eat.

Staff spoke positively about the people they supported. One said, "It's like a home from home. I treat them like I'd want my family to be treated". Another told us, "It's homely. We spend a lot of time getting to know the ladies". In the provider's survey a visiting professional had written, 'Devonia is a home that conjures up instant feelings of warmth'. We observed that people had freedom to move around the home and garden. Another visiting professional told us, "They come in quite perky from the garden, they

have a bit of colour in their cheeks". People were supported in their individual interests by staff. In the daily notes for one person, we read, '(Person) enjoyed talking about her work'. We saw photos of birthday celebrations and noted that a birthday list was prominently displayed in the office.

People who lived at the home were involved in day-to-day decisions regarding their care. We saw staff asking where they wished to eat and spend their time. A visiting professional told us, "Some homes are regimental but at Devonia they are more comfortable, it's more home-like. They can stay longer in the dining room if they are having a chat or can go out in the garden". People were free to choose their daily rhythm. In the handover records we read, '(Person) had a lie in this morning'. Care plans included guidance on people's preferences. For example, '(Person) likes to be in bed before seven in the evening and doesn't like getting up before nine in the morning'. People were encouraged to do as much as possible for themselves. In one care plan we read, 'Please be very gentle with X when dressing her. Take time and let her do it at her own pace'. Staff explained how they supported people to maintain their independence, such as by washing parts of their body that they could reach.

People were treated with dignity and respect. The provider explained that their decision to support only females was taken to promote their dignity. They explained that some people displayed disinhibited behaviour as their condition advanced and that they felt an all-female environment promoted their safety and dignity. Staff had a very caring attitude and knew people as individuals. There was a sign in the office for staff which read, 'Ladies to be asked when they want to go to bed, NOT told', 'Glasses to be cleaned EVERY morning'. People were dressed individually and appeared well groomed. The hairdresser visited weekly. In shared bedrooms a screen was present to promote privacy during personal care. On the question of dignity and respect, a visiting professional noted in the provider's survey, 'Most definitely and by all staff I have witnessed. I see staff listening patiently to residents, being understanding and accepting'.

Is the service responsive?

Our findings

The provider had a complaints policy but this was not readily available to people visiting the service. Furthermore, the policy did not include information on the timescales within which the provider would respond to a complaint. This could mean that people may not understand how to complain, know what response to expect and understand the timescale or the action they could take if they were not satisfied with the outcome. We saw that the one complaint received in 2014 had been addressed. We spoke with the individual who complained who told us that they were satisfied with the response. **We recommend that the complaints policy is reviewed and made accessible to people and visitors.**

Staff knew people well and appeared to have a very good understanding of their likes and dislikes. People's preferences were recorded when they moved to the home, such as whether they preferred a bath or a shower and any dietary likes and dislikes. This was added to as staff learnt more about people. The provider also requested information about people's life history from friends and relatives. This helped staff to understand them and to engage with them about their interests and past experiences.

At our last visit, we raised concerns that care plans had not been updated when people's care needs changed. At this visit we found that action had been taken and that care plans had been reviewed and updated on a monthly basis. The care plans detailed people's support needs and were grouped into sections to describe the support a person wished to receive in areas such as washing and dressing, medication, pain, communication, social care and continence. Care plans had been reviewed and updated on a monthly basis. Where there had been changes to people's needs, the care plans had been revised. For example, one person who used to go to the toilet independently now

required a member of staff to prompt them following a meal. The steps taken meant that the compliance action concerning care and welfare, set under the former regulations, was partially met.

We observed that staff supported people in a way that responded to their individual needs. They demonstrated an ability to enter into a person's reality and supported them accordingly. The relative of one person told us, that their loved one had always had responsible positions in various jobs, and was therefore liable to, "Still live the job, and expect people to know who she was and what she wanted". Earlier in the day we had observed staff supporting this person to tour the premises. It appeared that the person was carrying out a professional assessment of the accommodation. They appeared very content as they viewed a vacant room, discussing the view, space and fixtures. This same relative told us, "They are very kind and supportive – they understand her, and she seems content to be here".

People appeared to value the one to one time with staff and the time to chat and reminisce. Many of the activities provided in the home were led by the staff team, supported by visiting entertainers who provided specific sessions such as music and movement or sing-along. The home also had a minibus which the provider told us they would soon be able to use again now that the weather was improving. The provider and staff were looking to improve the activity provision and staff had been asked to make suggestions as to activities that could take place on a regular basis.

The provider worked in the home most days and received direct feedback from people, relatives and visitors. Relatives and friends told us that the provider responded quickly to their suggestions or concerns. One said, "They're all very kind and (the provider) does whatever she can" and, "(The provider) will do anything that I've asked for". In the relatives' survey we read, 'Always listening to concerns and will rectify'. The provider had recently engaged the services of an external company to collate feedback and make it available online.

Is the service well-led?

Our findings

The home did not have a registered manager. The previous registered manager had deregistered with us in September 2014 and had not worked at the service since May 2014. The provider was in breach of their conditions of registration. The provider explained that they had appointed two managers in the intervening period but that the position had not been made permanent. They had recently engaged the services of a recruitment agency to identify potential candidates.

In the interim the provider was managing the service. In addition, the provider worked most days as a carer and was also responsible for cooking meals and doing the laundry. Staff spoke positively about the provider. One said, “(The provider) is lovely to work for” and said, “She’s always at the end of the phone”. Nevertheless, these time pressures had an impact on the smooth running of the service, especially in the area of administration. We found that policies and procedures were absent or out of date. There was no policy for staff training and supervision, or on the need for consent. The safeguarding and complaints policy were not updated and did not always include current contact information for external agencies. We noted discrepancies in paperwork such as staff rotas. The provider confirmed that the rota, showing no staff on duty during one afternoon, was not a true reflection. The rota for the first day we visited did not accurately reflect the staff on duty.

Where actions had been identified to make improvements these had sometimes fallen by the way side due to a lack of management oversight or follow-up. A pharmacy audit from December 2014 had resulted in a number of actions to make improvements to the way that medicines were managed. Whilst some actions had been completed, such as dating creams and ointments on opening and updating the staff signature list, others, such as maintaining a record of stock remained. There was no system to monitor progress against this action plan or to ensure that improvements were made and sustained. Following our inspection in September 2014, the provider sent us an action plan detailing the steps they would take to meet the regulations. Most of the actions had been completed but others, such as regular staff meetings and fire evacuation drills were outstanding with no system in place to track or monitor progress.

There had not been any staff meetings since our previous visit. The provider told us, “We talk about it as we go along”. Although the staff team was small, meetings are an important way of keeping staff updated and sharing good practice. One professional who had involvement with the service said, “It’s a nice place. They all work hard. (The provider) knows what to do she’s just not good at paperwork or computers”. A member of staff said, “(The provider) does not have the manager experience. With all the good will in the world she’s not up on all the guidelines”.

The provider had a system of monthly audits but this was not always effective at identifying issues and driving improvement. Audits included complaints, infection control, cleaning, accidents and care plan reviews. The accident audit recorded, ‘All followed up and the relevant paper work completed’. We found, however, that body maps had not always been updated. Other audits, such as the audit of risk assessments had failed to identify missing risk assessments relevant to people’s care. This included the use of bedrails and risk assessments on managing behaviour that could be seen as challenging.

The provider did not operate an effective system to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of the regulations and a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recently engaged the services of external companies to assist in keeping up to date with changes and regulations. These included a health and safety services company to help manage risks associated with the premises. They also provided support with aspects of employment law. The provider had recently updated their business continuity plan, which was dated March 2015. The provider had also begun a self-assessment to assess their compliance with the regulations.

The provider had a clear vision for the service. She told us, “It’s small and we live here as a family. It’s not an institution. Everybody knows everybody”. The home had been established for 32 years and was a, ‘Home for ladies’. We experienced the friendly atmosphere during our visit and observed that people received person-centred care, delivered with kindness and respect. One member of staff said, “Where I used to work, you could tell it was a care home but here it’s like a home”. A visiting professional said, “I think it’s one of the nicest homes I go to, atmosphere

Is the service well-led?

wise. It's not so clinical". We asked the provider about the environment and how it met the needs of people living with dementia. She told us, "I keep it oldie worldly, homely, not institutionalised. It's about love and care and talking to them".

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicines were not managed properly or safely. Regulation 12 (2)(g)

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes to assess, monitor and improve the quality and safety of the services provided were not operated effectively.</p> <p>Risks to the health, safety and welfare of service users and others were not effectively assessed, monitored or mitigated.</p> <p>Records in respect of each service user were not always accurate or complete.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>

The enforcement action we took:

We have served a warning notice to be met by 31 August 2015.