Victorguard Care plc

The Beeches Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place 08 and 09 March 2016 and was unannounced.

The Beeches Care Home is a purpose built home situated in the Wibsey area of Bradford. It is registered to provide personal care with nursing care for up to 60 older people. The home has a lift which provides easy access to all floors. The home is on a bus route and there is ample car parking.

The service did not have a registered manager in place. The service had not had a registered manager since June 2015. 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.

People living in the home told us they felt safe and well cared for. We found there were enough staff to support people effectively. The staff were knowledgeable about the individual needs of the people and knew how to recognise signs of abuse.

The acting manager and provider followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. People were supported with their medicines in a safe way. Bottles of medicines were not always labelled with the date of opening.

The premises and equipment were appropriately maintained and we noted safety checks were carried out regularly. Risks to people's health and safety had been identified, assessed and managed safely.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected and they were encouraged to make decisions for themselves.

People had their nutritional needs met and were offered a choice at every meal time. People were offered a varied diet and were provided with sufficient drinks and snacks. People with specific nutritional needs received support in line with their care plan.

Most staff were not always able to maintain and develop their skills by on-going training. Although staff spoken with told us they had access to range of learning opportunities and said they were well supported by the acting manager and the provider. We found large numbers of staff had not completed all training courses.

We saw staff were caring, positive, encouraging and attentive when communicating and supporting people. Visitors were made welcome in the home and people were supported to maintain relationships with their friends and relatives.

Care records and risk assessments were person-centred and were an accurate reflection of the person's care and support needs. The care plans were written with the person, so they were able to influence the delivery of their care.

Care plans included people's likes and preferences and were reviewed regularly to reflect changes to the person's needs and circumstances. People had good access to healthcare professionals.

People knew how to raise concerns and complaints if they needed to. However appropriate action was not always taken to address issues that were raised. People's views of the service were sought and responded to appropriately.

There was an open and friendly atmosphere in the home, which showed the staff and acting manager had good relationships and knew people well. We observed staff treating people with respect whilst assisting them to maintain their independence.

All people, most relatives and staff spoken with had confidence in the acting manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood safeguarding and how to protect people from any harm or abuse. There were sufficient numbers of staff to meet the needs of people living in the home.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their care plan.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People were supported with their medicines in a safe way, by staff who had received appropriate training. Medicines bottles were not always labelled with their date of opening.

Is the service effective?

Requires Improvement

The service was not always effective.

We found staff had received an appropriate induction. Regular supervision had not always happened and some staff had gaps in training. The provider had previously identified this and put an action plan in place.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and staff were able to demonstrate their knowledge.

People were provided with a varied and nutritious diet in line with their personal preferences.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good

The service was caring.

People and staff shared positive relationships. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate.

Relatives could visit at any time and told us they were always made welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were person centred and reflected people's individual needs. This enabled staff to know how people wanted to be supported.

People were supported to take part in a range of activities in the home.

People knew how to complain and said they would raise issues if the need arose. Previous complaints had been responded to appropriately and in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home did not have a registered manager in place. The last manager de-registered in June 2015.

There was an open culture within the home. The acting manager was approachable if people or staff had any concerns or suggestions.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home and their relatives.

The Beeches Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 08 and 09 March 2016. This inspection was unannounced. The last inspection took place on 17 December 2014 and they were found to be compliant with Records.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience of working with older people.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with seven people who used the service to ask them for their views on the service. In addition we spoke with four care workers, one senior care worker, one kitchen manager, the acting manager and the provider. We looked at six people's care records and other records which related to the management of the service such as training records and policies and procedures. We also spoke with three visiting health care professionals and five relatives of people who lived at the home.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Good

Is the service safe?

Our findings

We spoke with seven people who lived at the home. They all said they felt safe living at The Beeches Care Home. They told us they were 'well cared for' and some described staff as, 'great', 'patient' and 'always careful'. We noted people looked comfortable in the presence of staff members, without any indication of fear or apprehension. They were chatting and laughing together in a respectful way, sharing the occasional joke. People who lived at the home looked happy and content. One person commented, "The staff are nice and kind, no one has ever shouted at me."

We observed the administration practices used when administering medicines. Staff supported one person at a time and wore a 'do not disturb' tabard when administering medicines. We saw people were asked if they wanted their medicines and they had their decisions respected. If people said they did not want their medicines, staff would encourage them before trying again later on. People were not rushed and staff stayed with the person until their medicines had been taken. Staff then recorded on the Medication Administration Record (MAR) to say the medicines had been administered. We looked at the MAR and found no gaps when signatures or codes had not been used. This showed us the system for administration of medicines was safe.

Medicines were stored in medicines trolleys which were fixed to the wall when not being used. The service had controlled drugs which had been stored in line with the Misuse of Drugs Act 1979. Controlled drugs were recorded on a register with two signatures for each time a controlled drug was removed from the cabinet. However we found one bottle of a controlled drug that was to be used within 90 days from the date of opening, but staff had not recorded when the bottle was opened. We then found two further bottles which had been opened but lacked a record for the date of opening. We mentioned this to the acting manager and provider who agreed bottles should have a date of opening recorded. Other bottles we saw had a date of opening written on the bottle. The temperature was monitored on a daily basis where medicines were stored. Although these bottles were nearly full which indicated they had not been open long, the practice to record the date of opening was to be recorded.

The service had a robust staff recruitment and selection procedure in place. The service had details about new employees including, application forms, written references and Disclosure and Barring Service (DBS) checks. The DBS completes background checks on people to look at their suitability to work with vulnerable adults. These checks helped the provider to ensure only suitable people were appointed to work with this vulnerable client group. Staff told us they were not allowed to start work until their employment checks and induction training had been completed. This ensured staff were safe to work with vulnerable adults.

Systems and equipment within the home had been serviced in accordance with manufacturer's recommendations. This helped to ensure the health and safety of everyone on the premises was promoted. A wide range of internal checks were regularly conducted such as the emergency lights, fire equipment, moving and handling equipment and hot water temperatures. This helped to ensure people were protected from harm. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection. For example we saw staff changing their personal protective equipment between cleaning tasks and supporting people.

The service had a policy about safeguarding people from the risk of abuse. There was also a whistleblowing procedure in place which made it clear that staff were able to report issues of concern to outside agencies if they believed that was appropriate. Staff and management had a good understanding of safeguarding issues. Staff knew of the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. Staff told us they were confident in reporting any concerns they had about the safety of those who lived at the home. One member of staff commented, "We have a good team that would report anything that worried us."

Records showed that staff had completed safeguard training. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the safety of someone who lived at the home.

Risk assessments had been completed for areas of identified risk, so that people were protected from harm. We saw risk assessments in place for moving and handling, falls, nutrition and infection control. Records showed people were able to make informed choices about taking risks and were provided with relevant information to ensure they were fully aware of the possible outcomes of their decisions. Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. Personal Emergency Evacuation Plans (PEEP's) had been developed for people. This helped to ensure people were evacuated from the building in the most effective way, should the need arise. Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the home. For example, on the day of inspection a person who used the service had a fall, the acting manager responded with other staff to the emergency alarm and the decision was made quickly to call for an ambulance.

During our visit we toured the premises and found the environment to be maintained to a good standard of safety. The fire evacuation procedure was displayed on the wall and regular fire equipment checks had been completed. The fire service had recently visited the home to review and advise how they could improve fire safety. An emergency plan had been developed, which instructed staff about action they needed to take in the event of an environmental emergency, such as a power failure, a flood, severe weather conditions or an epidemic.

Requires Improvement

Is the service effective?

Our findings

At the time of this inspection there were 48 people living at The Beeches Care Home. People felt staff were skilled to meet their needs and spoke positively about their care and support. One person told us, "The staff are very good at their job" and another person commented, "The staff know what they are doing." We observed there was a friendly, open atmosphere and people engaged happily with staff.

The staff team at the home had a good knowledge of people's needs. Staff were able to tell us about how they cared for each person to ensure they received effective care and support. From the staff training records and discussions with staff we noted staff had completed training relevant to their role and responsibilities.

All staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures and mandatory training. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. Staff had access to a wide range of training which included, safeguarding, moving people, safe handling of medication, health and safety, Mental Capacity Act 2005 and food hygiene. Staff also completed specialist training which included dementia training, proactive approaches to conflict, palliative care and falls management.

Although staff told us they had regular training and that courses were refreshed annually or as required. The acting manager had a training matrix which documented when training had been completed and when it would expire. We found the training matrix showed gaps in refresher training had lapsed and although staff had received the training previously, they were identified as needing a refresher course. We spoke with the acting manager and the provider and they told us they had a six month training plan and systems in place to ensure all staff completed their training in a timely manner in the future. This included a notice on the front desk for staff to see the next few training courses happening in the home and who was due to attend.

Staff spoken with told us they were provided with sufficient supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. However each member of staff had a supervisions agreement which indicated all staff to have a supervision meeting six times a year. Two of the three staff records we viewed showed us they had received one supervision in the past 12 months. The provider and acting manager told us they had identified this issue and had already booked supervisions for staff members who had not had a meeting for an extended period. The acting manager and the provider also carried out an annual appraisal of each member of staff's work performance.

We noted staff were invited to attend regular meetings and told us they could add to the agenda items. Staff confirmed they were able to discuss any issues relating to people's care as well as the operation of the home. We saw minutes of the meetings during the inspection.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Throughout the inspection, we saw staff speaking to people clearly and gently and waiting for responses before providing care. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements. Staff used a toolkit to help determine someone's capacity to make a decision so staff knew the level of support they required while making decisions for themselves.

The acting manager and provider understood when an application for a DoLS should be made and how to submit one. Capacity assessments for all residents were completed monthly where required. At the time of inspection, four people had DoLS in place and sixteen had been referred to the DoLS team for assessment. Staff we spoke with understood about the implication of DoLS and where it applied.

People had access to a range of nutritious food. Action was taken to protect people where they were deemed to have poor nutrition. We observed that people enjoyed their food and that choices were given to people. A daily menu was written on a notice board in the dining room and an alternative menu was also available. Menu cards and flowers were placed on individual tables which gave a café style feel to the dining room.

We spoke to the kitchen manager who showed us the results of a recent resident questionnaire and what changes had been implemented as a result. For example, 'Residents would like to see more fresh vegetables and sausage on the menu.' The kitchen manager told us a new local supplier was providing fresh local produce to the home so frozen vegetables had been replaced with fresh vegetables from the new supplier. Following the resident questionnaire, a new menu had been put into place in January 2016, on a three week rotation system.

We saw there was a nutrition file in the kitchen which contained dietary and nutritional information of all the people living at the home. The chef was able to give examples of those at nutritional risk and what measures had been put into place. This corresponded to the information we saw in people's care plans and what staff told us about people's nutritional needs. This included the use of butter, cream and full fat milk, as well as 'thick and easy' being added to drinks as required. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. The kitchen manager and chef were also compiling a file containing photographs of all the meals available for those unable to verbally communicate.

We looked at how people were supported to maintain good health. Records looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on

physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. Staff also told us that a number of people had had pressure sores over the last few months but no-one had any current pressure damage. We spoke to three health care professionals who said the care staff had worked hard to achieve this. One health care professional said, "They are very pro-active now. They'll tell you anything now and we can get equipment in." We observed this when checking the rooms of people that were assessed to be at risk. Correct pressure relieving mattresses and cushions were in place and we saw the correct pressure cushions were also in place for people in the lounge area.

The home provided a pleasant and homely environment for people and we noted there were useful signs which could be used to navigate around the home.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and respect and staff listened to their views about how they wished their needs to be met. One person told us, "I think its smashing here, they [the staff] are lovely." Another person commented, "The staff here are lovely, we have a bit of fun and a laugh, and I'm always pulling their leg;" and another person said, "We have a laugh, even with the night workers. They give me real comfort in the night and are always happy to get me a drink." Relatives also expressed a high level of satisfaction with the care provided. One relative said, "Really kind, even when they don't know we are there as we have heard them speaking to [person's name] kindly." Another relative told us, "We are highly satisfied with the care and [relative] has settled in and made some friends."

All relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the day of our inspection and noted they were offered refreshments. People were supported to maintain contact with their family who lived some distance from the home.

Throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people using their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. The atmosphere in the home was warm and welcoming and the interactions between staff and people were positive. All staff carried out their duties with a caring and enthusiastic manner. Staff spoke about people in a respectful, confidential and friendly way.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. People were familiar with their keyworker and confirmed they spent time chatting to them. Staff we spoke with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit, what time they wanted to go to go to bed and what they wanted to do.

People's privacy was respected. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance people were encouraged to maintain their mobility and carry out their own personal care wherever possible. Staff told us they supported people to do as much as possible for themselves to maintain their independence. We saw peoples care records indicated for staff to encourage people to do things for themselves where possible. Daily records evidenced staff encouraged people with their independence regularly.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person told us, "I like my room now; I have got my things in it."

People were encouraged to express their views as part of daily conversations, residents review meetings and satisfaction surveys. The communal notice boards helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. Wherever possible, people were involved in the care planning process. One person told us, "I can tell the staff anything if I need to."

Requires Improvement

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person said they had been unwell one night and had buzzed for help. They said the care staff were there, "In a flash" and had given them paracetamol and told them to call staff again if they needed anything else at all during the night. People said the routines were flexible and they could make choices about how they spent their time. We observed people doing a variety of activities which included spending time reading newspapers, talking to visitors and participating in activities arranged by the home.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the acting manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the acting manager or provider in the event of a concern. One relative told us, "I would go straight to the manager." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the acting manager or the provider would deal with any concern in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included relevant time scales for responses to be gained by. We noted there was a complaints procedure displayed in the home. People were also provided with a leaflet published by the local authority on how to make a complaint, comment or compliment. We looked at the complaints record, but no complaint forms had been completed since December 2015. The provider said they felt that some complaints since this date had not been logged but the person responsible for handling these had now left the service. We spoke with five relatives on the day of inspection. One of those relatives was unhappy with the service and had complained about various aspects of the home to the manager. This relative told us they were dealing with the issue but felt the care was not effective. We were unable to evidence any of their concerns on the day of inspection. This showed us one complaint had not been actioned in line with the providers policy. All previous complaints were reviewed by a senior manager in order to identify any lessons learnt and enable strategies to be put into place to minimise the risk of reoccurrence.

This was a breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at six people's care plans and other associated documentation. All people had a care plan, which was split into sections according to people's needs and were easy to follow and read. Staff understood people's plans of care and how to meet their individual needs. For instance, we spoke with four care members of care staff who were able to tell us about people in the home and how they supported them. Clear and detailed risk assessments covered a range of identified risks such as poor nutrition, falls, pressure sores and PEEPS (Personal Evacuation Plans). Malnutrition Universal Screening Tools (MUST) were completed and consent forms were in place, signed by the person. We observed instances of action from the care plans being put into practice, for instance encouraging people with fluids and using supplements for those assessed to be at nutritional risk. All files contained information

and details about people's life history and their likes and dislikes. This information set out what was important to each person and how they could best be supported.

The provider had systems in place to ensure they could respond to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home. We noted that when any part of the care plan was reviewed and updated, the staff were given a prompt, in meetings, to review any new records.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person's needs. The acting manager and provider told us people had been involved in their assessment of needs and they had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home.

People had access to a range of activities and social activities. We observed the activity co-ordinator engaged with people with a range of craft activities, including making Easter bonnets and chatting to those that did not want to actively take part. There was an 'old time' CD playing in the lounge area and some people were singing along to the music. We saw a 'wish tree' had been put in the second lounge which had some people's wishes hanging off the branches, with a board on the wall to put the wishes on when they had been fulfilled. This room also contained a well-stocked bookcase and reminiscence items, as well a large noticeboard containing posters of 'up and coming' events such as 'The Beeches Bake Off'. The notice board also held information such as the quarterly newsletter, which had photographs of recent trips, and the weekly activity information. People were encouraged to spend time in other areas of the home. This enabled them to meet other people living in home and build new relationships. People also had the opportunity to go out on trips to places of local interest and parties.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and the staff we spoke with were positive about the acting manager and the way in which the home was run. We observed the acting manager to be hands on and around all day. They appeared friendly and approachable. We were told by relatives that the home was welcoming and staff were open and friendly. The relatives we spoke with said they were made to feel welcome and involved and one person said they felt they had been made to feel part of the, "Community." They said, "We feel part of things, we visit anytime and it's okay, we are made welcome. They always make us a drink and know what we like and keep us informed. We are confident that [person's name] is well looked after and that staff really care about the residents, this is a very good home."

The service had not had a registered manager since the last registered manager deregistered in June 2015. The home had recently had another manager in place who started the registration process but then left the service. There was now an acting manager in place who was qualified, competent and experienced to manage the home effectively with the support from the provider. We observed the acting manager was visible throughout the service talking to people and their relatives and supporting the care staff. They expressed a commitment to develop the home and was able to describe theirs and the provider's achievements since the last manager left the home. The provider told us they had identified and interviewed a new candidate who was waiting to start pending recruitment checks.

There was a positive and open atmosphere at the home. People told us the acting manager was friendly and they were available to discuss any concerns they may have about the care provided. We saw the acting manager had an 'open door' policy to promote on-going communication, discussion and openness. People, relatives and staff regularly entered the office for a chat throughout our visit.

During our inspection we spoke with the acting manager about people living in the home. They were able to answer all of our questions about the care provided to people showing that they had a good overview of what was happening with staff and people living in the home. They told us they were proactive in developing good working relationships with partner agencies in health and social care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the acting manager was not present, there was always a senior member of staff on duty with designated responsibilities.

People were actively encouraged to be involved in the running of the home. We saw meetings were held on a regular basis. The minutes of recent meetings showed a range of issues had been discussed, such as activities, food and the forthcoming events. People had also been invited to complete a satisfaction survey.

The acting manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with senior managers and talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, passenger lifts, firefighting and detection equipment. There were also staff training and medicines audits which helped determine where the service could improve and

develop. We saw copies of the completed audits during the visit and noted plans had been devised to resolve any identified shortfalls. Regular audits and monitoring undertaken by seniors and the provider helped the acting manager and staff to learn from events such as accidents and incidents, complaints and concerns. The results of audits helped reduce the risks to people and helped the service to continuously improve.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the acting manager and provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

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 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 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not always recorded and investigated with proportionate action taken.