

Joy Care Home Services Limited

Joybrook

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Joybrook is a care home for up to 15 older people who require personal care. Some of the people live with dementia. On the day of the inspection, 14 people were using the service.

This unannounced inspection took place on 18 May 2016. We last inspected Joybrook on 5 June 2014. The service did not meet all the requirements we inspected that time. The provider was non-compliant with the regulation of notification of other incidents as required by CQC.

The service has 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 this inspection we found that the provider had breached Regulation 18 (2) (a) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. The breach of the regulation relates to staffing. The registered manager had not always supported staff in their roles. Although staff told us they were supported by management, they had not received one to one supervisions or annual appraisal to reflect on their practice. You can see what action we have told the provider to take at the back of the full version of this report.

People were safe at the service. The service had assessed and identified risks to people's health and safety and support plans had sufficient guidance for staff on how to keep people safe. Staff knew the types of abuse and how to recognise and report any concerns they had to protect people from harm. People received the support they required to ensure they took their medicines safely in line with their prescriptions. Medicines were securely and safely stored at the service.

There were sufficient staff on duty to meet people's individual needs and to support them with their interests. The provider ensured suitable staff were recruited through a robust recruitment procedure.

Staff knew and understood how to communicate with people about their choices and preferences. People told us they were happy to be living at Joybrook. Staff had the relevant skills and training which enabled them to plan and deliver people's support safely and competently.

Staff spent time and were not hurried when they supported people. Staff knew people well and had developed positive relationships with them. The service supported people to maintain relationships with their friends and family. People were treated with dignity and their privacy was respected. People were asked about their views of the service and the care and support they received and their feedback was acted on. The staff team worked effectively to ensure people had a positive experience of the service.

Staff upheld people's rights and supported them in line with the Mental Capacity Act 2005 (MCA) and the

Deprivation of Liberty Safeguards (DoLS). Staff ensured people who lacked mental capacity were not unlawfully deprived of their liberty.

Staff assessed people's needs and plans were in place to ensure they received the support they needed. Staff regularly reviewed people's health and the support they required to reflect their current level of needs. Care records were up to date and accurate, so that staff could ensure people received appropriate support. Staff supported and encouraged people to be independent. The registered manager sought people's views and opinions about the service and acted on their feedback.

People enjoyed the nutritious freshly home cooked food provided at the service. People could choose what they wanted to eat. People's cultural needs and personal preferences were met in relation to their diet. Staff engaged people in activities of their choice which reduced the risk of isolation and boredom.

Staff monitored people's health needs and ensured they accessed the healthcare services they needed. The service involved healthcare professionals in a timely manner. Staff knew what to do in case of emergencies to keep people safe.

People understood how to make a complaint and felt confident the registered manager would act on their concern. There were processes in place to monitor quality and understand the experiences of people who used the service. However, the audit systems were not robust enough to identify any areas requiring improvement. The registered manager carried out checks on the quality of the service and made any necessary improvements.

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 knew how to recognise signs of abuse and neglect and actions to take to protect people from harm. Risks to people's health, safety and wellbeing were identified and managed safely.

Staff supported people to receive their medicines safely as prescribed.

There were sufficient and suitably recruited skilled staff to support people safely.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff did not always receive regular supervision and appraisal. Staff received training to undertake their roles to meet people's needs.

People's health care needs were met. People liked the food offered at the service and their nutritional and hydration needs were met..

Staff asked for people's consent to the care and support they provided. Staff supported people in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and protected their rights.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion. Staff were respectful of people's dignity and privacy.

Staff knew people well and had developed meaningful relationships with them. Staff knew people's preferences and understood their communication needs on how they wished to receive their support.

People and their relatives were involved in planning people's support. People received care and support which met their individual needs.

Is the service responsive?

Good ●

The service was responsive.

Staff assessed and regularly reviewed people's needs and updated their support plans. People received their care as planned.

People took part in activities of their choice and pursued their hobbies and interests.

The registered manager asked people and their relatives about their views of the service and the quality of their care and support acted on their feedback. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives felt the registered manager was approachable.

Staff told us they were supported in their roles and felt valued by the registered manager.

The registered manager ensured an effective partnership with healthcare professionals to meet people's needs.

Regular audits of the service were carried out on the quality of care and support people received and improvements to the service were made as necessary. However, audit systems did not identify issues that required improvement

Joybrook

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. It 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 unannounced inspection took place on 18 May 2016. The inspection was carried out by an inspector 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.

Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection, we spoke with six people who use the services of Joybrook. We spoke with the registered manager, a deputy manager, an assistant manager and six care workers. We also spoke with a social worker who was visiting the service. After the inspection, we spoke with another social worker and a commissioner from the local authority.

We reviewed five people's care records and five medicine administration records. We looked at six staff records which included recruitment, training, supervision and appraisals. We looked at staff duty rotas, records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service and other records relating to the management of the service.

We undertook general observations of how people were supported and received their care in the service. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The service was safe. People told us they felt comfortable at the service. One person told us, "I have never lost anything." Another person said, "I have nothing to worry about at all here." A person's relative told us, "People are generally safe at the service and well taken care of."

Staff understood their role in protecting people from harm. People were supported by staff with sufficient knowledge and skill to recognise signs of abuse and to report any concerns they had to keep them safe. Staff were able to explain to us how they would recognise any abuse or neglect and the action to take to protect people. Staff knew how to use the safeguarding procedure in place to protect people from abuse. They understood when and how to 'whistle-blow' to an external organisation when necessary to keep people safe. Records showed the registered manager had followed safeguarding procedures and worked effectively in partnership with the local authority to protect people from the risk of harm.

People's needs were met at the service. People and their relatives told us there were always enough staff to meet people's needs. One person told us, "There is always someone around to help if needed." Another person said, "I have lived here for years. I have no concerns with my safety." A relative told us, "Staff look after the people well. I do not have to worry about anything." During the inspection, we observed staff were able to meet people's needs and respond to their requests for support without delay. We observed call bells were attended to promptly and people supported in a timely manner. The registered manager ensured there was always sufficient staff on duty to meet people's needs safely. Staff told us there were no difficulties covering for both planned and sickness absences and rotas we checked confirmed this.

People received safe care at the service. The registered manager ensured people received support and care from suitably recruited staff. The service used an effective safe and robust recruitment process and ensured staff employed at the service were of good character and fit to undertake their roles to meet people's needs safely. We saw records of new staff's application forms and interview notes which demonstrated they had the appropriate skills and knowledge to support older people. New staff did not commence employment until satisfactory checks such as proof of identity, criminal record checks and references from previous employers to confirm their suitability were returned. Two new members of staff told us, and records confirmed, they did not start to work at the service until these checks had been completed. This minimised the risk of people receiving care and support from staff who were unsuitable for the role.

People told us they received their medicines safely as prescribed. One person told us, "Staff give me my medicines as expected, twice a day." We observed people receive their medicines. Staff informed people about the medicines they had been prescribed and asked if they wished to take them. A member of staff told us that they assessed what assistance people needed with their medicines when they moved into the service. Medicine administration record (MAR) charts were correctly completed and showed people had received their medicines at the stated times and in the correct dosages. All staff who administered people's medicines had received additional training in medicines management and had their competency assessed. Medicines were stored securely and disposed of safely in line with relevant legislation and guidance. Staff completed medicine audits at the end of each shift, which allowed them to identify and rectify any errors

promptly.

People were protected from the risk of avoidable harm. People's care records included information on risks to their health and safety and the steps the registered manager had taken to minimise these. Records confirmed staff regularly reviewed risks to people and updated their care plans to reflect changes to the support they required to manage the identified risks. For example, a person's records stated they were at risk of developing pressure ulcers as they spent a considerable time in bed because of their health condition. The risk assessment included guidelines for staff about how to reduce this risk by supporting the person to turn when they were in bed. We observed staff supported the person by regularly turning them in bed as shown in their risk management plan.

Is the service effective?

Our findings

People were supported by staff who had not been fully supported in their role. Staff had not received regular one to one supervision to discuss their development needs and reflect on their working practice. Three staff we spoke with told us they had not received any formal one to one supervision in the last twelve months. Records reviewed showed only three staff had received one supervision each in twelve months. We asked the registered manager and the deputy manager about the supervisions and they told us they had not been consistent with this. We asked the registered manager and the deputy manager for the provider's policy in regards to staff support and supervision and appraisals. They told us there was no policy in place to inform the service of how staff support was to be provided. The service had a supervision schedule which stated monthly supervision dates which they did not always follow. The schedule did not show which staff were to have supervision nor did it show in which month they were to receive their supervision. When asked about this, the registered manager said this was for all staff. Staff told us they met with their line managers informally when they were on duty if they had concerns and felt supported in their role. However, records of these meetings were not maintained on staff records, neither were any follow up actions taken on issues discussed.

Staff had not received an annual appraisal review of their performance, personal development and training needs in the last twelve months except for one member of staff. The lack of regular supervision meant staff did not receive full support for their role. This meant that there was a risk that the registered manager could not fully assess staff's competence for their role or identify any development needs.

This was a breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. Regulation 18 (2) (a).

People told us they received the care and support they required. People were supported by staff who understood their needs and were suitably trained in their work. One person told us, "Staff know how to support me." A relative told us, "Staff know what they do, they help people at the service well."

People received support from staff who had the appropriate skills and knowledge. New members of staff had induction which ensured they achieved acceptable levels of competence to support and care for people. Records we saw showed staff had received a comprehensive induction to develop their skills and confidence to undertake their role. A new member of staff told us they had completed all the relevant training before being assessed as competent to support people independently. The registered manager observed new staff's practice as part of their induction to ensure they had developed the right skills to support people effectively. Records showed the registered manager had identified the skills which a new member of staff needed to develop and had put in place a development plan.

Staff told us they received regular training which equipped them with the skills to meet people's needs. The registered manager ensured all staff had received relevant training and had up to date skills for their role. Training records confirmed staff had attended courses in safeguarding of adults, dementia awareness, moving and handling and infection control. A member of staff told us, "The manager books us onto courses

relevant to our work." Another member of staff told us, "I have requested to attend specific courses when I felt I needed particular skills and the manager booked me on the courses." Records confirmed staff had attended courses in diabetes management and pressure ulcer care. Staff told us the training helped them to develop their knowledge and skills they needed to support people effectively.

Staff ensured people were asked for their consent to the care and support they received. Staff understood the principles of Mental Capacity Act 2005 (MCA) and told us they always presumed people were able to make decisions about their day to day care and support. People and their relatives who knew them well were appropriately involved in making decisions in their 'best interests'. Care records showed where a person was assessed as lacking capacity, their relative and GP were appropriately involved in making decisions in their 'best interests'. One person had the involvement of an advocate to support them to make decisions on how they wanted to receive care and support. We observed staff asking people what they wanted in terms of their support. For example, a person was asked, "Would you like any help with that?" by a member of staff in relation to cutting their food into smaller pieces. The person said "no" and completed the task without any support. Staff told us some of the people at the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions. A member of staff said, "I show the person fruits in a bowl so they can choose what they want to have, or explain differently by pointing rather than talking."

Staff upheld people's rights when they provided them with care and support. Staff and the registered manager had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and told us they understood their responsibilities in line with the legislation. Records showed the registered manager had made DoLS applications to the local authority to ensure people were lawfully deprived of their freedom when appropriate and authorisation for this had been received.

People told us they enjoyed the food which was available at the service. A person told us, "The meals are tasty and we can get seconds." Another person said, "The food is good. If you don't like something the cook will prepare something different." People and their relatives told us the chef involved them in planning the menus which were displayed in the dining room for people to choose from. The chef had information about people's dietary needs, food preferences and dislikes. People told us the chef prepared fresh food daily and served them meals which met their individual preferences. Another person told us, "The food is good. My favourite is fried fish and the chef makes sure that I have that." Fresh fruit and snacks were available in the lounges.

People received appropriate support in relation to their eating and drinking. The registered manager ensured people's nutritional needs and weights were assessed and monitored and relevant healthcare professionals were involved for advice. For example, a person's records showed they had lost weight. The service had contacted the GP and dietician who had recommended an appropriate diet in relation to their medical condition. The chef and staff were aware of the person's new dietary needs and prepared appropriate meals as advised by healthcare professionals. Records showed staff had followed the advice and the person had gained some weight.

People received appropriate support to meet their healthcare needs. One person told us, "My GP visits if I am not well." A relative told us, "My relative gets to see different professionals for their health needs. For example, they were recently seen by a chiropodist and a dentist." Records showed staff supported people to attend hospital appointments. People's records showed visits from healthcare professionals including physiotherapists, podiatrists, opticians, dieticians, district nurses and occupational therapists to manage people's health. Records showed staff maintained information of visits made by the GP and the actions taken such as monitoring people's medical condition as required. The service sought timely professional

advice and ensured people received appropriate support to manage their conditions.

People received appropriate care and support in relation to keeping healthy. The service worked effectively with other healthcare professionals to ensure people received the care and treatment they required. Staff we spoke with were knowledgeable about people's individual health needs and the type of support they required. The service monitored people's health and took action when necessary. For example, the service worked in partnership with district nurses to manage a person's chronic condition. The registered manager had ensured staff followed the guidance given by the healthcare professional. The risks to the person's health deteriorating was minimised which meant fewer hospital referrals as staff managed the person's condition appropriately.

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People told us staff were kind and caring. One person told us, "The staff are very caring. I am happy here." Another person told us, "Staff are friendly and like to have a chat with me." A relative told us, "The staff are very nice and talk to us in a polite manner."

Staff were respectful to people and treated them with dignity. One person told us, "Staff talk to us in a polite way. They are never disrespectful towards me and that's how it should be." Another person told us, "Staff ask me what I want and respect what I say." A person told us and staff confirmed they ensured a person received care and support from a female member of staff as they wanted. Records showed the person's request was documented and staff supported the person as they wished. The registered manager ensured rotas were flexible and consideration was given to the balance of male to female staff to ensure people received appropriate care that promoted their dignity as they wished.

Staff treated people with dignity and respected their privacy. We saw staff knocked on people's doors and waited for permission before entering. Staff told us they closed doors when they supported people with their personal care. Relatives told us they were made to feel welcome at the service and could easily speak in private with people if they wished. We observed staff gave people the support they needed discreetly and in a way that promoted their dignity.

Staff knew about data protection and ensured that information about people, their physical and mental health and the support they required was kept confidential. They told us they shared people's information with other professionals who were involved in their care. People's records were stored securely to maintain their confidentiality.

People knew people well and had developed positive relationships with them. Staff showed an understanding of each person's needs. One person told us, "Staff will come and have a chat." Another person said, "Staff understand and know when I am not well and they will ask how I feel." Staff spent time with people and understood their individual needs.

Staff understood how people wished to be supported and knew their life history and background. Staff respected people's cultural backgrounds and their religion and supported them to enjoy their beliefs. For example, staff supported a person the way they wanted in relation to practising their religion. Records confirmed the person had received support in accordance with their wishes and attended religious worship in the community and celebrated significant religious events. People were happy with the way staff supported them.

People were involved and supported to make decisions which affected their day to day living. One person told us, "I talk with staff and discuss how I want to be supported. They help me to contribute to decisions about my care." A relative told us, "Staff do ask about what [Person's name] wants and their likes and dislikes. Staff do keep us informed on what is going on and our views on any changes in the support they might need." People told us staff supported them to decorate their rooms as they wished. We saw people's

bedrooms were personalised with their photographs, collections and other personal items.

People told us staff supported them to live an independent a life as possible. One person told us, "I do all the things I can do for myself and only get the staff to help when necessary." One person told us, "I do my laundry and staff help me to hang the clothes in the wardrobe."

People at the end of their life received high quality care as the registered manager had ensured there was appropriate support to meet their needs. Staff had received training in end of life care and worked in partnership with the palliative care team. The service encouraged and supported people and their relatives to plan in advance their end of life care and support. Staff showed an understanding of a person's needs at the end of their life and how they supported them to be comfortable. People were assured of high quality care and respect of their wishes up to the end of their lives at the service.

Is the service responsive?

Our findings

People received appropriate support for their needs. Staff knew people's needs and the support they required and the registered manager ensured staff delivered their care and support as required. People and their relatives were involved in planning for their care and support and told us they agreed with how they wished to be supported. People's care records included information on their background, physical and mental health history, preferences and nutritional needs. One person told us, "Staff talk to me about my health and the support I need. My family was involved in the discussion about my care before I came to live here." Staff provided support and care to people based on their individual needs as stated in their care plans. For example, a person told us, "Staff know I like to have my bath late in the morning and they respect that." Another person said, "Staff serve my meals when I am ready."

People received care and support that met their current needs and preferences. People told us staff asked them about their choices and delivered their support in the way they wished. One person told us, "I go to bed late evening and also like an early start." The person's care plan showed staff had asked them about their preferred bed times and were supported in line with their wishes.

Staff encouraged and supported people to be independent. People's records had information for staff on how to support people in a way that gave them as much independence as possible in their daily living. For example, a person's records explained they could wash themselves but required support from staff to dress.

People received care and support that was appropriate to their current level of need. Staff regularly reviewed and updated people's care records to ensure they understood the support and care people required. For example, staff had updated a person's care plan due to their mobility problems. Staff had sufficient information on how they were to support the person to walk safely and report any concerns. Records showed the service had received input from the falls clinic to plan the person's mobility support. We saw staff had followed the guidance and completed daily reports on the care and support the person had received. Staff told us they had discussed this information at handovers and to ensure they all understood how to support the person with their changed needs. Staff were well informed about any changes to people's health needs and had up to date information about the care and support they required.

People told us they were encouraged to take part in activities of their choice and pursue their interests if they wanted to. One person told us "I like to take part in various activities at the service. Staff help me to get me ready and join in when I want." Another person told us, "I enjoy watching television and staff know my favourite programmes." A relative told us, "They do have musical events and exercise activities which [person's name] enjoys." We saw staff encouraged people to take part in activities and supported people in a gentle exercise session. One person told us, "I don't like group activities and usually prefer to do my own things. Staff do come around and have a chat." Staff told us they supported the person to have one to one activities in their room or out in the community which helped reduce social isolation.

Staff supported people to maintain contact with their friends and family as they wished. People and their relatives told us staff invited them to celebrate important events in their relative's lives. One person told us,

"My family is always invited to my birthday parties. Staff help by ringing them." People told us staff helped them with telephone calls and writing letters and cards to maintain important relationships with their friends and family.

One person told us they often went out of the service on trips with family and friends. Records showed people went out regularly and enjoyed the trips.

People's complaints were taken seriously and addressed fully. The registered manager ensured the service fully resolved people's complaints. People and staff told us they knew how to raise a complaint as the service had provided them with the complaints procedure when they started to use the service. One person told us, "I would complain if anything wasn't what it should be." People and their relatives felt confident to use the complaints procedure to raise a complaint if they needed to. A relative told us, "I am happy to speak with the manager if I am concerned about anything." People and their relatives felt assured the registered manager would investigate their complaint thoroughly and provide them with a response. We saw a log of all complaints the registered manager had received and saw they had been dealt with in line with the service's complaints procedure. Records showed the registered manager had conducted a thorough investigation and sent a detailed written response to the complainant.

The registered manager sought and acted on people's views about the service. People and their relatives attended regular meetings organised by the registered manager and were asked for their feedback on the support and care they received. A relative told us, "I attend meetings at the service to discuss my concerns." Minutes of meetings showed people and their relatives views were considered and acted on.

Is the service well-led?

Our findings

At our previous inspection of 5 June 2014, we found the service was in breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities) 2010 relating to notification of other incidents. We carried out an inspection on 18 May 2016 and followed up on the breach. We found the action taken to address this was comprehensive. The provider and registered manager had submitted the relevant statutory notifications to CQC as required and in a timely manner.

People and their relatives told us they were happy with the way the service was managed and found the registered manager approachable. One person told us, "The manager comes round to have a chat." Another person told us, "The manager checks on me when she is around." Relatives and staff spoke positively of the service and the registered manager. A relative told us, "Things seem ok here. Staff work as a team."

People and their relatives told us the registered manager promoted an honest and open culture at the service and they were involved in the development of the service. A relative told us, "I'm comfortable in speaking with the manager and care staff. I am sure management would listen and deal with any issues I have." The registered manager held meetings with people and their relatives to discuss the service and raise any concerns or comments they had about the service, in order to make any necessary changes to improve the quality of the service. People told us they shared their views and the registered manager took action to address any issues raised. For example, records showed the registered manager had made changes to the winter menu in response to a suggestion from people and their relatives.

Staff told us the registered manager was supportive and they felt motivated to perform in their roles. They told us the registered manager listened to them and valued their contributions. A member of staff told us, "I feel valued. I can discuss anything of concern about people and the manager will listen and act." Another member of staff said, "The manager appreciates the work we do with people." Staff said they enjoyed working at the service and the staff team was friendly and supportive. Staff told us the registered manager had ensured they understood their roles and responsibilities in relation to how they cared for people and carried out their work. Staff understood the service's visions and values which were easily accessible to people, their relatives and staff at the front office. This explained how the service aimed to involve people in their care and support and treat them with respect.

The registered manager held regular meetings with staff and discussed how to improve on the support and care they delivered to people. Staff told us they were confident the registered manager would take action listen to them and take action as appropriate. Records of staff meetings showed issues discussed included feedback from the registered manager regarding accidents, complaints and compliments received. For example, there was a discussion about a person who had climbed on the fire exit stairs. We saw the registered manager had put appropriate additional security measures in place and discussed future action for staff to take to prevent a recurrence. The registered manager had used this incident as an opportunity for further learning.

We saw records which confirmed the registered manager had ensured they had information about the

quality of the service and any necessary improvements were made. However, the systems did not identify areas of the service that required improvement. For example, the audits had failed to pick up the inconsistent support offered to staff in the form of supervisions and appraisal.

The registered manager made unannounced visits to the service to check on the quality of support and care provided to people. Records of these visits showed checks were made on issues such as privacy, dignity and standards of nutrition. The registered manager had also focused on aspects of the service that people had told them they needed to improve, such as refurbishment of the service.

The registered manager reviewed information on the safety of the building and equipment. We saw audit records on health and safety where outstanding actions were to be followed through. The registered manager told us the service was undergoing refurbishment and there were plans to replace the worn out furniture in the lounge and dining areas. We saw the kitchen had been recently been refurbished. The registered manager explained to us the planned action would help improve people's experience at the service.

The registered manager ensured staff learnt from incidents at the service and put plans in place to prevent a recurrence which ensured people were protected from the risk of harm. There was a process to record incidents that occurred at the service and the registered manager encouraged staff to report all incidents. Records showed the registered manager reviewed all incidents reports and ensured staff took the appropriate action to reduce the risk happening again.

The registered manager also carried out medicines management audits to ensure any necessary improvements were made. However, the service needed to strengthen its medicines audit policy to identify failures and eliminate any possible medicines errors. For example, the registered manager had not ensured there was a complete documented audit trail from receipt through to administration and/or disposal of all medicines. We did not see any medicines errors during our inspection on the management of medicines. Staff told us and records confirmed they had not had any incidents with people's medicines in the past twelve months. However, staff required sufficient guidance to carry out effective medicines checks. The registered manager told us during our inspection the service would look at making their medicine policy more robust.

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 18 HSCA RA Regulations 2014 Staffing Staff had not always received appropriate support to enable them to carry out their duties.