

Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven Nursing 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Dovehaven is a Care Home with Nursing and provides accommodation for up to forty elderly people. The home is situated in a residential area of Southport, close to the town centre and local amenities. The home has equipment and aids to assist people and different areas of the home are accessible for people who use a wheelchair or have limited mobility. The home is owned by Mrs Wendy J Gilbert and Mr Mark J Gilbert.

This unannounced inspection of Dovehaven Nursing Home took place on 21 & 22 March 2016.

There was a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run'.

At the previous inspection 21 & 22 October 2015 the provider was found to be in breach of a number of regulations. At this inspection the breach of regulations we identified in October 2015 were now met, apart from the safe management of medicines. We also identified a new breach at this inspection around safeguarding people who use services from abuse.

People living at the home were not always protected against the risks associated with the proper and safe management of medicines.

The safeguarding process to follow in accordance with local authority protocol had not always been followed to protect people from abuse.

People and relatives we spoke with told us they felt the home was a safe place to live.

Staff sought advice and support from external health professionals when needed to help assure people's health and wellbeing.

Risk assessments were in place to ensure people's health and safety. The risk assessments helped to help mitigate those risks and to protect them from unnecessary harm.

People were supported by sufficient numbers of staff to provide care and support in accordance with individual need.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people. All relevant recruitment checks had been undertaken prior to staff starting work at the home.

Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building.

Staff told us they were supported through induction, on-going training, supervision and appraisal.

People's consent, or relatives' consent (if legally empowered to do so) was documented in the care files we saw to evidence their inclusion. Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account.

Staff carried out personal care activities in private. We found staff support was given in a respectful and caring manner. Staff took time to listen to people and responded in a way that the person they engaged with understood.

A process was in place for managing complaints. People and relatives told us they had confidence in the registered manager to investigate any concerns arising.

We received positive feedback about the management of the home from staff, people who lived at the home and relatives.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home. This included the provision of satisfaction surveys and 'one to one' meetings with people who lived at the home and their relatives.

We found the current system to audit the safe management of medicines was not effective and had the potential to place people at risk. The medicine audits had not picked up on the areas of concern we identified during our inspection.

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

Requires Improvement 

The service was not always safe.

People living at the home were not always protected against the risks associated with proper and safe management of medicines.

The safeguarding process to follow in accordance with local authority protocol had not always been followed to protect people from abuse.

People we spoke with and their relatives told us they felt safe living at the home.

Risk assessments were in place to ensure people's health and safety. The risk assessments helped to mitigate those risks and to protect people from unnecessary harm.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people.

Sufficient number of staff were employed to offer support in accordance with people's individual need.

Is the service effective?

Good 

The service was effective.

Staff sought advice and support from external health professionals when they needed to. This helped assure people's health and wellbeing.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. This was evidenced in people's care files to support the decisions made.

Aids and adaptations were in place to meet people's needs and promote their independence.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and

preferences were taken into account. People liked the food and got plenty to eat and drink.

Is the service caring?

Good ●

The service was caring.

Staff support was given in a respectful and caring manner. Staff took time to listen and to respond in a way in which the person they engaged with understood.

Staff demonstrated a good knowledge of people's individual care, their needs, choices and preferences. This helped to ensure people's comfort and wellbeing.

People's dignity was observed to be promoted in a number of ways during the inspection

Is the service responsive?

Good ●

The service was responsive.

Staff we spoke with had a good understanding of people's needs and how people wished to be supported.

People's care was planned effectively to ensure they received the care and support they needed.

People who lived at the home and relatives told us they were involved with the plan of care.

People could take part in various social activities at the home.

A process was in place for managing complaints. People who lived at the home and their relatives told us they had confidence the registered manager would investigate any concerns they had.

Arrangements were in place to seek the opinions of people and their relatives, so they could share their views and provide feedback about the home.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The home had a registered manager in post. We received positive comments regarding the registered manager's leadership from

staff, people who lived at the home and relatives.

There was a management structure in place which helped to promote the on-going development of the service.

We saw a number of quality assurance systems and audits were in place to monitor performance and to drive continuous improvement. Systems and checks to monitor the safe management of medicines were however not robust to ensure people received their medicines safely.

Staff were aware of the home's whistle blowing policy and said they would not hesitate to use it.

Dovehaven Nursing 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 unannounced inspection took place on 21 & 22 March 2016. The inspection team consisted of an adult social care inspector, a Care Quality Commission (CQC) pharmacist 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 our inspection we reviewed the information we held about the home. We looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views.

During the inspection we spent time with six people who lived at the home. We spoke with the registered manager, senior home manager, compliance manager, three nurses, four care staff, a chef and activities co-ordinator. We also spoke with three visitors including relatives to gain their views of the service and a visiting health care professional.

We looked at the care records for four people, two staff personnel files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room and lounge.

Is the service safe?

Our findings

We inspected the home in October 2015 and a number of breaches of regulation were identified that led to the key question, 'Is the service safe?' being rated as 'Requires Improvement'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulations.

In October 2015 the following breaches were identified:

The provider did not ensure the proper and safe management of medicines. This was a breach of Regulation 12 (2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not deploy sufficient numbers of staff to consistently meet people's care and wellbeing. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider did not ensure robust fire safety measures to keep people safe. This was a breach of Regulation 15(1) (c) (d) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the safe management of medicines. When we arrived at the home we saw two medicine pots on top of the medicine trolley by the nurses' station. The medicines had been left unobserved and were not safely stored safely; this posed a risk to people's safety and wellbeing.

At this inspection we checked the medicines and records for ten people. We found that all the people we looked at had photographs; two people did not have their allergies recorded. Having a photograph and allergies recorded reduces the risk of medicines being given to the wrong person or to someone with an allergy as per current guidance.

Medicines were not always given as prescribed by the doctor. One person who had recently been discharged from hospital was given two medicines that worked in the same way on the day and the day before our inspection. The directions from the hospital had stated that only one of the medicines should be given. A second person who was taking a medicine to thin their blood did not have their medicine for four days. This same person was also given an eye drop that had expired. A third person who was on fluid thickeners to thicken food and drink had fluid thickener powder stored in their room. The fluid thickener in the room was for a different person in the home, and was not the fluid thickener that had been supplied by the person's doctor. The recording of thickening agent was not always recorded on people's fluid chart to evidence the amount to be given.

The quantities recorded for medicines belonging to three people were different to what was in the home; this meant that these medicines could not be fully accounted for.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were being stored safely. However the strength of one controlled drug had been written incorrectly in the controlled drugs' register, which had not been identified in the monthly controlled drugs audit. The homes

medicine's policy stated that the stock balance should be checked once a day; however this was only being checked once a month.

The fridge temperatures were being recorded daily, however for four days the temperature recorded was outside the recommended range for medicines to be stored in a fridge. The registered manager of the home was unaware of the raised temperatures as they had not been informed.

This is a breach of Regulation 12(2) (g) the proper and safe management of medicines of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the home was staffed. When we visited the home we checked to see if there was sufficient staff to carry out care in a timely and effective manner. At the time of our inspection 36 people were living at the care home. We saw that the number of care staff on duty had increased to meet people's care and wellbeing; people were receiving the care and support they needed. We saw improvements had been made and this requirement had been met.

Staff told us that there were more care staff available to support people in accordance with people's needs. People who lived at the home and visitors told us the home was always very busy though the staff answered calls for assistance as soon as they could. The majority of people we spoke with and relatives felt there were enough staff on duty. A person said, "The staff are always around to help you, they always make time for each person." A relative said, "Hope there are enough staff to talk to (relative), the staff are always so busy."

We asked how staffing numbers were calculated. The registered manager told us about a new dependency assessment tool which had been introduced within the Dovehaven group. This was being used to help calculate the number of staff in accordance with people's assessed needs. The assessment tool recorded the care home as having enough staff at this time.

We looked at the staffing rota and this showed the number of staff available. The staff ratio was consistent and there appeared to be adequate numbers of staff to meet people's needs. However, on the first day of the inspection however care numbers were down by one as a member of staff had 'called in sick'. The senior home manager arranged for a member of the care team from another care home within the Dovehaven group to work at Dovehaven Nursing Home. This shift was covered promptly.

The staffing rotas showed two nurses on duty. Dovehaven Nursing Home is divided into two houses linked by a corridor and therefore to provide adequate cover during the day each house has a nurse on duty to primarily oversee the clinical care and administer medicines. We saw that on occasions the registered manager worked as a nurse to cover holidays for example. This appeared to affect the number of management hours they were allocated each week.

The staffing rotas showed that the number of care staff on duty was now six in the morning and five in the afternoon and evening. At night the home was staffed by one nurse and three care staff. Three senior care staff were appointed to help oversee the support people needed on a day to day basis. Ancillary staff included a chef, domestic and laundry staff, maintenance person and an activities co-ordinator. When discussing staff numbers people and relatives told us the home felt safe and people received the care they needed.

During the day we made observations in the lounge and spoke with people and their relatives. We observed this when people needed support with walking, their meals and various aspects of personal care. A relative told us the staff were easy to talk to and responded promptly. When people needed assistance staff support

was for the majority of the time provided promptly. If there was a delay this was as staff were engaged elsewhere.

Following the October 2015 the manager informed us that door wedges had been removed and all doors were now kept closed. They also informed us work had been completed so that all doors were fitted with magnetic closures linked to the fire panel. We saw these in place during this inspection. Improvements had been made around fire safety and this requirement had been met.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks and service agreements were in place for equipment and services such as, fire prevention, hot water, legionella, gas and electric installation. Maintenance work was completed in a timely way to ensure the home was kept in a good state of repair.

The care files we looked at showed risks to people's safety and health were assessed and this information was used to record a plan of care. The risk assessments helped to mitigate those risks and to protect people from unnecessary harm. The care files we looked at showed staff had completed risk assessments in areas such as, use of bed rails, falls prevention, nutrition, pressure relief, wound care and mobility. These assessments were reviewed to ensure any change in people's needs were assessed to help them keep safe and in good health.

Throughout the inspection we observed the staff supporting people in a discreet way. The majority of people were being nursed in bed due to their frailty and high dependency needs; staff checked on people's safety throughout the day thus ensuring their comfort and wellbeing. They recorded these checks as part of the on-going plan of care.

Incidents that affected people's safety were documented. The registered manager advised they had not had any recent incidents however these would be audited to identify trends, patterns or themes. This helps to reduce the risk of re-occurrence and ensure people's on-going safety and wellbeing.

We spoke with staff about safeguarding and steps they would take if they were concerned about somebody and the staff gave appropriate responses. We saw staff had received training around safeguarding adults. Contact details for reporting an allegation of abuse were displayed for staff referral.

When talking with the registered manager about safeguarding people from abuse we found in once incidence the safeguarding process to follow in accordance with local authority protocol had not been followed. The alleged incident had been investigated internally. There had also not been any notification of the allegation to ourselves (CQC) as this is a regulatory requirement. We discussed this with the registered manager and how local authority protocols must be followed at all times. Previously the service had demonstrated a good history of reporting any incidents to the local authority and to ourselves. This was however a failure to report an alleged incident of abuse.

This was a breach of Regulation 13(1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found the home to be clean and this included the laundry room, bathrooms and kitchen. Staff advised us they had plenty of gloves, aprons and hand gel in accordance with good standards of infection control. We saw these in use during the inspection.

Is the service effective?

Our findings

We inspected the home in October 2015 and a number of breaches of regulation were identified that led to the key question, 'Is the service effective?' being rated as 'Requires Improvement'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulations.

In October 2015 the following breach was identified:

Procedures were not in place to obtain valid consent to care and to adhere to the principles of the Mental Capacity Act (2005). This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. 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. We saw improvements had been made and this requirement had been met.

We saw examples where people had been supported and included to make key decisions regarding their care. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice. For example, the use of bedrails to help keep people safe.

Staff had obtained people's consent around areas such as, having their photograph taken for identification purposes and for staff to administer their medicines. A person said, "The staff always check with me first before doing anything, they ask me for my consent in lots of things."

We saw examples of DNACPR (do not attempt cardio pulmonary resuscitation) decisions which had been made and we could see the person involved had been consulted and agreed the decision.

Staff were able to talk about aspects of the workings of the MCA and discuss other examples of its use and how someone is deprived of their liberty. 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). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. 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. The registered manager informed us that the 'Supervisory Body' had not made any authorisations as yet in respect of the applications submitted.

We found the registered manager and senior staff had been trained and prepared in understanding the

requirements of the MCA in general and (where relevant) in the specific requirements of the DoLS.

We looked at how people's health was assessed and how staff accessed external support as part of monitoring people's general health and wellbeing. Care files showed people had appointments with a wide range of external health care professionals. A number of people required specific monitoring of their health and their care records showed input from the staff and external professionals to monitor the efficacy of their treatment. We saw this for example in respect of wound care, medical observations and monitoring nutrition. A visiting health professional told us the staff made referrals to them when external advice and support was required. A person who lived at the home said, "The staff along with the doctors have been amazing and my health has improved no end. I could not ask for better care and attention. The staff will help me with all my appointments."

Staff told us the importance of good communication and gave us examples of aids used to promote this. This included the use of communication boards and hand signals. Staff were knowledgeable around how people communicated their needs in accordance with their plan of care.

A number of people had pressure ulcers and wound assessments and treatment plans were in place. Not all the treatment plans were clear though staff were aware of the wound dressings to be applied. They also had a good knowledge of each person's treatment plans. The registered manager agreed to look at ways of simplifying the wound care documents for staff to follow.

The registered manager told us about the Dovehaven Training Academy which will provide bespoke accredited training for all staff within the Dovehaven group of homes. They informed us a trainer had been allocated for each care home to oversee the training programme which is due to commence in April 2016. They advised us future training dates, along with formal qualifications in care, would be planned through the academy.

We looked at the current training and support in place for staff. Following the inspection the registered manager supplied a copy of a staff training calendar and records for training undertaken. We saw staff received training in 'statutory' subjects such as, medication, safeguarding, infection control, first aid, moving and handling and fire awareness. Staff also attended training in areas such as, person centred care, dementia, MCA/DoLS and behaviours that may challenge to meet the needs of the people they supported. A basic induction had been completed for two new staff though they had yet to be enrolled on the Care Certificate. This is 'an identified set of standards that health and social care workers adhere to in their daily working life'.

Formal training in NVQ (National Vocational Qualifications) in Care/Diploma had also been obtained by approximately 35% of staff as part of their learning and development.

Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. They told us staff support included staff supervision, staff meetings and appraisals. We were able to confirm this level of support when looking at staff records and also minutes of staff meetings. Staff told us the meetings were a good way of sharing information about the home; they also told us they received very good support from the registered manager.

We observed the lunch time meal. This was served by the staff to people in their own rooms. Staff told us that people tended to have their meals in their own room as they were too frail to sit in the dining room. Some people had chosen to stay in their room for lunch as they preferred this.

The main meal was served at lunch time with a lighter meal at tea time. We saw people being served plenty of drinks and snacks during the day and staff advised people of the menu for the following day so they could choose what they would like to eat.

Meals were served on time and the portion size was appropriate. Staff provided assistance with meals in accordance with people's individual need. This support was given in a discreet and patient manner; people appeared to enjoy their meal and the time spent with the staff. Care and kitchen staff had access to information about people's dietary needs and requirements and these were catered for. For people who required pureed food the components of the meal were pureed separately so as to retain the colour, flavour and appearance.

Menus were available and these provided a good choice of hot and cold meals with plenty of vegetables and fresh fruit. The chef advised us that people could choose alternatives if they did not like the menu of the day. People's comment about the food included, "Very good indeed, what's not to like, always a choice and nicely put on the plate, "I like the food", "Its ok", "Good choice on the menu", "Special meals for me which I get" and "The chef is good". Relatives were also complimentary regarding the standard of meals prepared.

Aids and adaptations were in place to meet people's needs and promote their independence. Staff told us they had sufficient equipment such as moving and handling hoists to support people safely.

Is the service caring?

Our findings

People told us the staff were polite and caring in their approach. People we spoke with told us they were well cared for.

We observed the support provided by the staff in order to help understand people's experiences around care. Our observations showed positive engagement between staff and the people they supported. The staff interacted well and demonstrated a good knowledge of people's individual care, their needs, choices and preferences.

When supporting people staff were patient in their approach, staff took time to listen and to respond in a way that the person they engaged with understood. Personal care activities were carried out in a discreet way and staff provided plenty of reassurance ensuring people's comfort before leaving them to assist someone else.

Care plans viewed included some details of a person's life history and preferences and staff were aware of these. Staff told us the staff team worked well together to endeavour to provide support in accordance with people's individual needs and wishes. We saw this during our visit; the staff interacted well and demonstrated a good knowledge of people's individual care, their needs, choices and preferences. Adherence to promoting standards around dignity and respect when delivering personal care were recorded in people's plan of care.

People's dignity was observed to be promoted in a number of ways during the inspection, for instance, staff were observed to knock on bedroom doors seeking permission before entering and using a person's preferred term of address. People were given plenty of time to eat their meals as they were not rushed in any way. A person told us the staff always shut their door when assisting them and provided support with bathing in a respectful manner.

There were a number of friends and relatives visiting during the inspection and there were no restrictions on visiting times, encouraging relationships to be maintained. People and relatives we spoke with told us the staff welcomed visitors to the home.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so with or without staff support. The registered manager told us about people who currently were using advocacy services to support them.

A 'service user guide' was available in people's rooms and this contained detailed information about the care home. Information about DoLS was available for people including an 'easy read' version to help their understanding.

Is the service responsive?

Our findings

At the inspection in October 2015 people told us there was 'nothing going on' in the home and they were not aware of any social events or activities. People at that time appreciated it was difficult with the current staffing arrangements. We made a recommendation that the service introduces an activities programme in accordance with people's individual, needs, wishes and preferences to support their autonomy, independence and wellbeing.

At this inspection a social activities plan was in place and an activities co-ordinator had been employed to oversee and implement a new social activities programme. The activities co-ordinator informed us they had been given information about people's preferred interests and hobbies to help plan social pursuits. The activities co-ordinator was employed for three hour sessions three times a week and they were conducting sessions with people in the home during our inspection. The activities co-ordinator told us about the 'one to one' and group sessions; this included music therapy, talking books, audio tapes, reading poetry and chatting about Southport with the use of picture cards. People told us they enjoyed these sessions and would like them to be longer and more frequent.

We looked at how people were involved with their care planning. People we spoke with said they were happy with the care they received and we saw, where people were able to, evidence of their involvement and consent to the plan of care. There was also relative involvement, for example, if legally empowered to do so. A person told us they had been fully involved in all aspects of their care and treatment at the home. They went on to say the care was very much based around their needs and the staff approach was flexible when supporting them.

We viewed four people's care files. People's care was planned appropriately to meet current needs. The care plans recorded the support required by an individual and reflected people's preferences and choices. Care plans were updated to reflect changes in a person's needs, such as changes in dietary requirements or where a short term care plan was required. An example of this was the use of antibiotic therapy for a condition which needed immediate treatment and close monitoring by the staff.

Staff we spoke with told us they were informed of any changes in people's care needs. This was achieved through staff handovers and on-going discussions about people's care needs. Staff had a good knowledge of people's preferences and how to support each person in a way that they liked. Talking with staff confirmed their knowledge about people's care and how they responded if people were unwell or there was a change in their needs. Staff provided us with examples of when they supported people with extra fluids or how they cared for people being nursed in bed due to their frailty.

Staff recorded the daily care provision and also kept records in respect of people fluid and dietary intake and change of position to ensure their comfort. A staff member said they would always tell the nurse in charge if a person was not eating or drinking well.

The home had a policy and procedure for managing complaints and this was displayed for people to see.

People who lived at the home and their relatives told us they had confidence the registered manager would investigate any concerns they had. A person we spoke with told us they would speak up if at all worried as they know that 'things would be sorted' immediately.

We saw the registered manager had recorded a complaint investigation; this had been completed in in the required timescale of the home's procedure including the action taken and when the complaint was closed.

Arrangements for feedback about the service included satisfaction surveys for people who lived at the home and for their relatives. The surveys provided positive feedback. Comments included, 'care, attitude and kindness has been excellent', dietary provisions are excellent' 'well organised home', "staff and nurses are all very conscientious'. During the inspection a person told us "I would not be so well if it had not been for all the staff, marvellous and amazing care." Feedback had also been obtained from a visiting health professional and this was positive around staff caring for the 'patients' well.

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Is the service well-led?

Our findings

The home had a registered manager in post. We received positive feedback about the registered manager from staff. Staff told us "You can talk with (manager) at any time; never any worries about talking openly", (manager) gives wonderful care and support", "Very understanding person" and "(Manager) runs the home well, it has improved".

We inspected the home in October 2015 and a number of breaches of regulation were identified that led to the key question, 'Is the service well-led?' being rated as 'Requires Improvement'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulations.

In October 2015 the following breach was identified:

The provider had not taken proper steps to ensure effective systems and processes were in place to consistently assess, monitor and improve the safety and quality of the service. Regulation 17(1)(2)(a)(b).

At this inspection we looked at quality assurance systems, including audits (checks) to monitor performance and to drive continuous improvement. We saw that a number of improvements had been made to assess, monitor and improve the quality of the service and therefore the breaches, apart from the safe management of medicines, had been met. At this inspection when looking at the medicine audits we found these had not picked up on the areas of poor practice we identified; this brings into question the effectiveness of this audit which had the potential to place people at risk. The registered manager informed us the medicine audits should be carried out monthly however they were aware they were not being completed in accordance with this timescale. They agreed to look at ways of improving the quality and frequency of the medicine audits.

We were shown examples of audits in other areas. These included audits for housekeeping, laundry, mattresses, staff files and care files. Any findings which required further actions had been completed in a timely manner.

The home's policies and procedures were subject to review in accordance with current legislation and best 'practice'.

There was a management structure in place which helped to promote the on-going development of the service. The registered manager was supported by a compliance manager (new in post) and a senior home manager. Following our inspection the senior home manager advised us an extra nurse was now working in the care home and therefore the registered manager's hours from next week would be supernumerary (not included in the nursing staff numbers) each day. The provision of these extra hours had been arranged so as to provide the registered manager with more consistent managerial time for completion of their managerial duties.

Staff were aware of whistleblowing and they told us they would feel confident in raising an issue. This helps to promote an open culture in the home. They told us the staff worked well as a team and the home had a

positive atmosphere under the registered manager's leadership.

The registered manager informed us that previous relative meetings had not been well attended and therefore meetings were arranged on a 'one to one' basis with relatives. These were recorded in people's care files. People who lived at the home told us they could see the registered manager at any time if they wished to discuss a concern about their health or the management of the home.

As part of monitoring infection control, a recent external infection audit by a local community health team had been completed and the home achieved 95.1% for infection control standards. An Environmental Health Officer visited the home in February 2016 and awarded the home five stars for food, (five stars being the best score) based on how hygienic and well-managed food preparation areas were on the premises.

Apart from one recent incident, the registered manager had notified CQC (Care Quality Commission) of events and incidents that occurred in the home in accordance with our statutory notifications.

We observed that the ratings from the previous inspection, along with the report were displayed in an accessible area for relatives and visitors to access.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The safeguarding process to follow in accordance with local authority protocol had not always been followed to protect people from abuse.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People living at the home were not protected against the risks associated with the use and management of medicines. This was a breach of Regulation 12 (2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served an enforcement (warning) notice