

Hollybank Trust

The Conkers

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

The inspection of The Conkers took place on 18 September 2017 and on 4 October 2017. We previously inspected the service on 26 March 2015 and was rated Good overall and in all five domains.

The Conkers is registered to provide accommodation and personal care for up to seven people with learning disabilities and other complex health needs. The home is a one storey, purpose-built building with a separate garden. There are private bedrooms with en-suite facilities, a communal lounge, a sensory/small lounge room, a communal kitchen/dining room, a communal bathroom and a separate laundry/domestic room. There were seven people living at the home at the time of this inspection.

The home had a registered manager in place. 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.

During this inspection, we identified that the service was breaching regulations related with safe care and treatment. The medicine room was not secure and there were inaccuracies in the transcribing of how medicines should be taken in the medicine management records. Controlled drugs were not overseen in line with organisational policy.

Staff had been recruited safely and there were sufficient numbers of staff employed to keep people safe.

Risks had been assessed relating to social and leisure activities. Measures had been introduced to reduce risks and to enable people to be as independent as possible.

Regular safety assessments by competent people had been carried out such as those relating to gas, electric, water safety, hoist and sling use.

Staff had received induction and mandatory training. There were outstanding requirements for annual staff update training and the staff training matrix was not up to date.

Staff received regular appraisals and supervision.

Staff demonstrated a thorough understanding of the Mental Capacity Act 2005. Mental capacity assessments had been completed for people who lacked capacity to make decisions and choices.

People were supported with their nutrition and hydration needs. Electronic equipment was used to help support people to choose their meals. It was observed that meal times were a pleasant and enjoyable experience for people.

We saw staff were passionate about providing a supportive environment and were knowledgeable with regards to people's individual requirements.

Relatives were involved with changes to people's care and were kept up to date.

Daily record folders containing private and confidential information were kept in the communal area and not secured.

Care plans included a person centred life plan which detailed people's likes and dislikes, personal routines and mobility capabilities. Staff were very skilled in supporting people to maintain their independence by being knowledgeable about a person's need.

Regular audits took place within the home although issues with the medicines management had not been picked up by these quality processes.

Staff knew their duties and roles in caring for people and felt supported by their manager.

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 version of the 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?

Not all aspects of the service were safe.

Medicines were not stored in a secure environment. A relative's wishes regarding the administration of a medicine had been added to the medicines administration record. Controlled drugs were not administered in line with organisational policy.

Staff had a clear understanding how to keep people safe and there were sufficient numbers of staff to keep people safe.

Relatives told us they felt people were safe.

Premises were managed safely and were well maintained.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received induction and mandatory training.

The requirements of the Mental Capacity Act 2005 was adhered to.

People were supported with their hydration and nutritional needs.

People accessed other healthcare services.

Good ●

Is the service caring?

The service was caring.

Relatives felt staff were very caring to the people they supported.

Relatives were regularly updated and involved in the care planning process.

Staff protected people's privacy and dignity.

Good ●

Staff supported people to make choices.

Is the service responsive?

The service was responsive.

Care plans were person centred.

Staff were responsive to people's needs

People engaged in a wide range of activities.

Good ●

Is the service well-led?

Not all aspects of the service were well led.

Medicine audits had not identified concerns regarding medicines management and medicine stock audits were not robust.

Staff felt they could raise concerns and the registered manager was supportive.

Staff were clear on their responsibilities.

Regular meetings were held with the people who lived at the home.

Requires Improvement ●

The Conkers

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 18 September 2017 and was unannounced. An unannounced inspection is where we visit the service without telling anyone. The inspection team consisted of two adult social care inspectors. One inspector also visited the home again on 4 October 2017, this visit was announced.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service, safeguarding and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. The people who lived at the home were not able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views; therefore we spoke with five relatives of people who lived at the home by telephone. We also spoke with the registered manager, the training officer, two senior members of staff and two staff members. We reviewed three staff recruitment files, two people's care records and a variety of documents which related to the management and governance of the home. We looked around the building and saw people's bedrooms and the communal areas.

We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in the communal dining area. 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

All the relatives we asked told us they felt their family members were very safe and happy living at The Conkers. A relative told us "[Name] is kept safe. They use the appropriate equipment to ensure this." Another relative told us they had "No concerns at all."

A relative told us they had no concerns regarding the numbers of staff supporting their family member. One relative told us "There are plenty of staff to support [Name]. There is always at least two care staff supporting at any time." Another relative said there was "Plenty of staff to look after [Name] at all times."

We looked at how medicines were managed. We found medicines were stored in medicine cabinets within a lockable medicine room which was located through the kitchen/dining area. We observed staff asking each other who had last had the key to gain access. After the inspection the registered manager told us the key holder was the senior on duty also known as the yellow jacket. We looked at the service's medication policy regarding the custody of keys which stated 'all keys must be held personally by the person responsible'. We noted there was no reference to the senior on duty or the yellow jacket within the policy. This meant the keys to the medicine room were not securely held in line with the service's medication policy.

We saw medicines were labelled and appropriately organised within locked cupboards.

We checked a random sample of medicines. The number of medicines reconciled with the records and showed the correct amount of medicines remained.

We saw PRN (as required) protocols in place for the administration of medications which had been prescribed on an ad hoc basis for example, paracetamol. This helped ensure these medicines were appropriately administered safely.

The room temperature checks within the medicine room had not been recorded consistently on a daily basis. On the first day of the inspection we noted the medicine room temperature had only been recorded on 18 out of a possible 28 occasions; of which 13 entries recorded the temperature over the recommended 25 degrees. The registered manager told us they were waiting for air conditioning to be fitted to the room. A staff member told us the medicine room door would be left open to help the room cool down at times when staff were working in the kitchen area. This meant there was potential for unauthorised access into the medicine room and medicines may not be stored at the correct temperature.

Staff told us the temperature for the medicine fridge was checked and recorded daily, however, on the day of our inspection the record chart for September was missing and could not be located. We brought this to the attention of the senior member of staff who also was unable to locate the record chart at the time of our inspection.

Medicine administration records (MARs) were used to record the administration of medicines. We looked at a sample of MARs and saw one MAR contained additional details recorded of a relative's wishes for the

administration of a medicine. We looked at the service's medication policy dated September 2017 and saw this was not in line with transcribing medications instructions. The policy stated details of prescribed medications could be copied from an independent prescriber, documentation detailing medications from other healthcare settings, written record from the GP/Consultant, other qualified healthcare practitioners or the pharmacy label on the medicine container. This meant the MAR was not completed in line with the service's medication policy.

We saw controlled drugs (CD's) were kept in a separate medicine cabinet and staff recorded the receipt and administration of these medicines in a CD register. We looked at the medication policy and saw a requirement for CD's to be signed in the register by two members of staff. We saw one instance in August and again in September whereby the register had only been signed by one member of staff. This meant the administration of CD's were not recorded in the register in line with the provider's own policy.

These examples demonstrate a breach of regulation 12 safe care and treatment of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

We brought our concerns regarding the management of medicines to the attention of the registered manager who told us they were aware that improvements were needed in this area and on the day prior to our inspection, had instigated a review of the medicine management processes and systems. We saw a monthly medicine audit had been carried out dated 27 September 2017, the actions from which were still outstanding.

We checked staff had been recruited in a safe way and that all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in place.

We looked at three staff recruitment files and saw that application forms had been completed which detailed previous employment history and qualifications. We saw references and Disclosure and Barring Service (DBS checks) had been carried out. The DBS looks at information from the Police national database about any warnings, cautions, reprimands or convictions and aid employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups of people. One application we looked at contained gaps in employment dates. We saw the employment gaps had been discussed at interview and a detailed file note, signed by the two recruiting managers and the applicant explaining the gaps had been added to the staff recruitment file. This meant a full understanding of previous work history and gaps in employment had been appropriately discussed and explained.

We saw there were enough staff to keep people safe. The registered manager told us a pre assessment was carried out before the person moved to The Conkers and staff numbers arranged around that person's assessed need. We were told there was one unfilled vacancy for a member of night staff and there was a companywide recruitment drive currently taking place. Staff we spoke with felt there were sufficient staffing levels in place with exception to the night shift vacancy and stated they were sometimes asked to work paid additional shifts or swap shifts to cover absences. Our observations supported that there were sufficient number of staff to support people safely.

We saw there were safeguarding policies in place. Staff we spoke with demonstrated a clear understanding of their role regarding keeping people safe and knew how to identify potential abuse and make safeguarding referrals. This showed staff would take appropriate action if they had concerns anyone was at risk of harm or abuse.

We saw risk assessments were in place, for example, social and leisure activities such as horse riding, rock

climbing, swimming and sailing. The risk assessments were specific to each individual and took into account the associated risks in carrying out the activity and measures taken to reduce the risk. Having risk assessments in place meant people could be encouraged to be as independent as possible whilst minimising the associated risk in participating in the activity.

We saw some people displayed behaviours that other people may find challenging. We saw support plans contained detailed behavioural risk assessments with information on trigger factors and distraction techniques. Staff we spoke with were able to describe in detail how they would distract people when necessary. We saw staff supporting people by using these techniques on our inspection. This helped ensure people and others around them were kept safe.

Staff supported people to move appropriately. We saw bedrooms and the communal bathroom had a hoist system in place. Moving and handling needs assessments were completed for each person and detailed individual requirements for assistance with mobility and their level of understanding. In a care plan we looked at we saw very detailed information about how to position a person in their wheelchair and how to use support belts to ensure the person was correctly supported. We saw one person's moving and handling risk assessment and individual handling plan should have been reviewed by 7 June 2017 but records showed this had not been done. We brought this to the attention of the registered manager who said they would arrange for this to take place.

Accident and incidents were reported and recorded on an online system. Records showed us these were investigated appropriately and actions taken where necessary. We saw feedback was given to staff at team meetings, by email and where appropriate at handover.

The registered provider had policies and procedures in place in the event of an emergency. We saw personal emergency evacuation plans for each person. These are detailed plans and contain important information how to ensure people's safety in the event of an emergency evacuation or fire.

The premises were safely managed. We completed a tour of the premises and inspected people's bedrooms, bathroom facilities and communal living spaces. We saw people's bedrooms had been decorated individually and there was a happy and homely feel throughout the building. We noted hot water taps and shower heads were protected by electronic thermostatic valves that also lit up in a heat related colour for example, red for hot and green for correct temperature, to protect people from the risks associated with very hot water.

We saw firefighting equipment was available and corridors were unobstructed. We found floor coverings were appropriate to the environment, were well fitted and did not present a trip hazard. We inspected the records for fire assessments, gas safety, electrical installations, water quality, hoist and sling safety and found these had all been inspected by a competent person.

Is the service effective?

Our findings

Relatives all spoke positively regarding The Conkers. One relative told us "Staff get in touch with me all the time regarding [Name] care either by phone, text message or email" and "The home ensures [Name] has plenty of check-ups with their GP and escorts [Name] to their consultant appointments."

Another relative commented "There is a homely feel at the care home, especially in the kitchen. They are food pictures showing what food is to be eaten and they involve [Name] in the preparation of the food."

We asked a relative whether they felt staff had the appropriate skills to provide effective care. One relative told us "Staff are very well skilled and knowledgeable." Another relative told us "Its brilliant. The facilities at the home could not be any better for [Name] A fantastic place."

Staff received an induction which included five days comprehensive training followed by two weeks of shadowing more experienced staff and ongoing safe approach mentorship support. The training officer told us staff who were new to caring were required to complete the care certificate. The care certificate is a standardised programme of knowledge that aims to provide care staff with the skills they need to provide safe and compassionate care. This showed the registered provider was following care guidelines in their induction programme for staff.

We looked at the on line staff training matrix and saw the date each member of staff had completed their mandatory training. We found the training matrix was out of date as it had not been updated by the registered provider when staff had completed training and an initial false impression was given regarding the overall status of staff training. We saw mandatory update training had expired for six members of staff in one of the requirements and two members of staff required update training in two of the requirements. We brought this to the attention of the registered manager at the time of our inspection who was aware the training matrix was was out of date due to the service's administration being behind and immediately requested for this to be updated.

Staff told us they received regular supervision and appraisals. We saw supervisions recorded two way discussions between the staff member and their supervisor and focused on areas of what the staff member felt had gone well and where they required further support. Discussions during supervision recorded staff had been offered upskill courses and opportunities to take on more responsibilities. This showed staff received regular support and supervision to enable them to carry out their duties effectively and were offered personal development opportunities.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us seven people who lived at the home were subject to a DoLS authorisation. There were no conditions attached to the authorisations in the care plans we looked at.

The MCA also provides the legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves. Where a person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers to do so, for example, health and welfare lasting powers of attorney.

Staff demonstrated a detailed understanding of the MCA and could explain how the MCA related to their daily work. This showed staff had a clear understanding of the principles of the MCA. In the care plans we looked at we saw best interest decision documentation was completed as to whether a person should receive a flu jab.

We saw staff sought consent prior to providing support for people. We saw in depth information on a person's ability and support required to help them make decisions. This meant people were being supported to make informed decisions and choices.

In the care plans we looked at we saw very detailed information about people's food likes and dislikes. We saw eating and drinking summary sheets and effective eating guidelines. We noted one person was weighed weekly due to concerns regarding ongoing weight loss and appropriate referrals had been made to medical professions and appointments attended for further investigations to take place. Staff we spoke with were very knowledgeable about the person's ongoing weight loss and told us the person had been attending hospital for investigation into the possible reasons. We saw a weight screening tool and nutrition screening tool was being used to help monitor the person's weight. This showed the person's health care needs were being actively supported.

We looked at whether people received appropriate support for their nutrition and hydration needs. We saw plenty of fresh fruit and vegetables in the kitchen. Food choices were displayed in a pictorial format which made it easier for people to choose their meal choices. All staff had received specific training in food safety and this helped to ensure staff were skilled in providing effective support. We overheard a staff member asking whether a person wanted a drink and whether they preferred the drink to be hot or cold. The staff member then used the person's electronic device to help them make their choice. We observed people being assisted to eat and drink at lunchtime in a relaxed and respectful atmosphere.

People had access to other healthcare services and we saw in people's care plans regular visits to dentists, opticians and doctors. One person had been referred for an assessment for shoe insoles. This showed people living at the home were actively supported to access additional health care needs.

The design of the home was appropriate to meet the needs of the people who lived there. All areas within the home were accessible for people who used wheelchairs. The communal lounge was large and had a calm, pleasant atmosphere. The sensory room provided a smaller intimate space designed to help people develop and engage their senses by the use of lights, colours and sound. The kitchen/dining area was warm and welcoming and opened out onto a grassed area.

Is the service caring?

Our findings

We asked relatives whether they felt staff were caring. One relative said they were "Really happy with the care [Name] receives. Staff are very friendly and helpful." Another relative told us "The care [Name] receives is outstanding" and "Cannot find any faults at all."

A relative told us "[Name] dignity is protected when staff are carrying out personal care. They always shut the door and curtains" and "People are cared and loved by all the staff who work there."

Staff spoke passionately about providing a stimulating and supportive environment for people to live in. One staff member told us "It was important to give people the opportunity to participate in daily activities and lead a fulfilling life."

Staff spoke knowledgeably about people's individual needs and requirements and were able to describe how important it was for one person to be kept busy throughout the day with activities and getting involved in their domestic tasks, for example, being involved in their laundry duties. We saw this was reflected in the person's care plan and meant staff were enabling the person to maintain independence.

During the inspection we saw a staff member escorting a person to attend an organised activity. We observed another staff member reminding a person they were due to go swimming that morning and saw the person indicate they no longer wished to attend. The staff member later told us our presence may have had something to do with the person not wanting to go swimming and would ask again nearer the time of the swimming activity in case the person had changed their mind and if the person still did not wish to attend, the activity would be cancelled. This showed people's decisions were respected.

In the care plans we looked at we saw people and relatives were regularly involved in care planning. A relative told us "Staff contact me by telephone and/or email and invite me to a meeting to discuss potential changes to [Name] care. They would not do anything without my permission." Another relative told us "I am consulted regarding any changes to the care plan. I was asked whether [Name] should receive a flu jab."

The service used a number of effective methods to communicate with people and their families. We saw personalised electronic communication technology being used to help staff understand a person's wishes and to understand how the person was. A relative told us they had provided [Name] a mobile phone and how nice it was and how much they enjoyed receiving daily texts sent by staff on behalf of [Name]. The texts might say whether [Name] was having a good day or may say what they had eaten for tea. This meant people were supported to regularly communicate with their loved ones.

Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. We saw people looked clean and well cared for. One staff member described how they would support people to choose their daily clothes and meant people were supported to make choices. We observed one person was wearing a Superman t-shirt and when we asked

them whether they liked Superman their face lit up with pleasure. This showed staff had taken time to support people with their personal appearance in a way that was personal to them.

We checked how people's confidential information was managed and saw care plans were kept in a locked cabinet within the staff office. We observed private and confidential information contained within the daily record folders were kept in a communal area and was not secure. This was brought to the attention of a senior member of staff at the time of our inspection who said they would review.

People who used the service had regular contact with their families and formal advocacy services were not used. An advocate is an independent person who speaks on behalf of someone.

We saw people's cultural and religious needs were documented within the care plans. We noted one person had indicated they wished to be supported to celebrate and participate in cultural festivals. Another person's care plan documented the person had not displayed any spiritual preferences but there was a support plan in place to give them an opportunity to participate if they wished to do so at the time.

End of life care was discussed where appropriate. One relative told us "I have been involved in end of life care discussions for [Name]" and we saw details documented in the care plan. This showed people wishes had been sort and their decisions respected.

Is the service responsive?

Our findings

A relative told us "I once raised a concern. This was investigated and I was very happy with how it was dealt with."

Relatives told us there were no restrictions on visiting their family member, comments included "The home seems happy to see relatives at any time;" "There are varied activities tailored to suit [Name] needs which is nice to see" and "I can visit [Name] any time."

Relatives told us they were kept informed. One relative told us "I am asked for my feedback regarding the service via a questionnaire. Summary information from the results of the questionnaires was shared with me. It was nice to read what everybody had thought about the service." We saw relatives were asked for feedback on an annual basis and they had received a copy of an action plan as a result of that feedback. This meant information was shared and relatives were kept informed of actions the registered provider was taking as a result of their feedback.

The registered manager told us care plans were updated when a person's needs had changed and we saw evidence of this within the two care plans we looked at.

Care plans contained a person centred life plan detailing key contacts and what was important to the person. We saw medical information was reviewed monthly. We saw very detailed 'all about me' information in people's care plans. The information included a picture of the person, detailed personal likes and dislikes, morning and bedtime routines, mobility capabilities, other people and key contacts who were important to that person. We noted one care plan detailed a person liked to listen to music when they got up in a morning.

In addition to the care records, we saw each person had a hospital passport. A hospital passport contains personalised information to assist hospital staff when a person with learning disabilities is admitted into hospital. It helps health professionals understand a person's needs who may not be able to communicate directly at the time of admission.

On the day of our inspection and whilst talking to a staff member, there was a loud noise that came from within the home. The staff member immediately excused themselves from the conversation to see whether their help was needed within the home. This was done in a friendly manner and was responsive to the needs of a person living within the home.

People were involved in a wide range of activities at The Conkers including cinema nights, pamper sessions, swimming, sailing, rock climbing and horse riding. This showed people were encouraged to have an active and fulfilling life.

All relatives told us they would have no hesitation in raising a complaint or concern direct with the home and knew who to report their concerns to. There was a 'Welcome to The Conkers' booklet in the reception

which included a mission statement, intrinsic principles of privacy, dignity, rights, independence fulfilment and an easy to read complaints policy.

The registered manager showed us how incidents, complaints or compliments were logged onto the organisation's online incident management system. We looked at these details and saw how these were investigated, actioned and reviewed. The manager told us feedback was given to staff in different ways depending on the nature of the review, for example, at staff team meetings, by email or verbally. This showed learning from incidents were shared.

Is the service well-led?

Our findings

All relatives we spoke with knew the registered manager and members of staff. One relative told us "The manager is very approachable and supportive." Another relative said "I feel listened to. Staff are always at the end of the phone whenever I need them."

A relative told us "I have peace of mind knowing [Name] is well looked after." "Best thing I have ever done is to place [Name] with this home. They are with people their own age. Wonderful. I cannot praise the home enough." Another relative said "I feel that I could approach any member of staff at the home. In particular, [staff member] is very helpful and supportive."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw a poster displaying the ratings from the previous inspection was on display within the main reception area and the rating, along with a link to the CQC report was also available on the registered provider's website.

The registered manager told us the organisation held a monthly thank you cake and coffee event for staff. Compliments or positive comments received that month regarding staff or good service were displayed on a monitor at the event for everyone to read. The manager also said they were proud of how their team supported and encouraged people to lead individual lives and all staff worked hard to maintain life choices for the people they supported.

Staff we spoke with told us they felt confident to raise concerns direct with the registered manager and they felt the registered manager was supportive and approachable.

We saw staff meetings were held but not on a regular basis. Records from a staff meeting in May 2017 showed seven people had attended and items such as the recording of fridge and freezer temperatures had been discussed. This showed the audit process had highlighted an inconsistency in the recording of temperatures and staff had been made aware of the audit findings.

We saw adult forum meetings were held on a monthly basis for people who were living at the home. A meeting had been arranged for people on 26 September 2017 but due to staffing levels had been rearranged for 28 September 2017. We saw the meeting had been attended by each person who lived at the home. We

noted people had been asked if they wanted to choose the colour of the new sofa for the sensory room. This showed people were involved in changes within the home.

Daily staff handover conversations meant that staff were clear of their duties and roles for their shift.

We saw regular audits took place by the registered manager in relation to infection prevention control, health and safety, fire safety and water temperature control in order to monitor and make improvements.

A senior member of staff told us medicine stock audits were undertaken by night staff. We saw the stock check forms indicated how many tablets were actually left but did not indicate how many tablets should be left according to the information on the MAR sheets. This meant the audit process would not show if any tablets were missing. We brought this to the attention of the senior member of staff at the time of our inspection who agreed the medicine stock audits were not fit for purpose.

Medicine audits failed to identify issues highlighted in our inspection regarding the management of medicines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The medicine room was not secure. There were inaccuracies in the transcribing of how medicines should be administered within the medicines management records. Controlled drugs were not administered in line with organisational policy.