

Tamaris Healthcare (England) Limited

Abigail Lodge Care Home - Consett

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6, 7 and 13 January 2015 and was unannounced. This meant no one connected with the service knew we were carrying on an inspection.

Abigail Lodge Care Home is a purpose built care home close to the town of Consett in County Durham. It has three separate units and provides accommodation and nursing care for up to 60 people. One unit provides specialist nursing care for older people with dementia type illness.

During our inspection there were 50 people using the service.

Our last inspection of this service took place in August 2015 where we found the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17 is about Good Governance and we found the provider's records needed improvement. We found that progress had been made to ensure people's care plans were up-to-date; however not all records appertaining to people's care needs were accurate, complete and contemporaneous. This meant that the provider could not show if some people had received the care they required.

At the time of our inspection a new manager had been appointed at the home and they had applied to CQC to become the registered manager. Prior to the new manager starting the deputy manager had managed the service until a new manager could be appointed and take up 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.

The arrangements in the home for people who required topical medicines were not satisfactory. We also found inconsistent care planning for people who required PRN (as and when required) medicines.

During our inspection we found the staff had not always followed procedures to safeguard people living at the home from suspected or actual abuse.

We found on the majority of occasions there were sufficient numbers of staff working at the home.

The home provides for people who have dementia type illness. However we found not all staff providing support had records of the specific training undertaken to support people with these conditions. We also found the physical environment of the home, did not have suitable adaptations so that people with dementia type conditions could be as independent as possible.

The service had in place a number of audits which addressed quality issues in the home. The quality audits were delegated to different members of staff to complete. We found the manager had signed to state for example maintenance books and cleaning schedules had been checked and food safety checks were in place. We saw audits had been carried out of specialised mattresses but these audits did not include

everyone's mattress and as a result some mattresses which needed cleaning were not picked up.

The Deprivation of Liberty Safeguards (DoLS) were met at the home. The home was compliant with the requirements of the Mental Capacity Act 2005. We saw people had their capacity assessed and their rights were protected. Appropriate applications had been made to the relevant authority where decisions to deprive people of their liberty were considered in their best interests.

We looked at records of staff recently recruited and found the provider had carried out background checks to ensure those employed at the home were suitable to work with vulnerable people.

During our inspection we saw staff interacting with people in a caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the home and in the community and encouraged people to maintain their hobbies and interests.

We saw the manager had investigated complaints and provided each complainant with an outcome of their investigation.

The provider had in place an electronic system for recording people's feedback. Visitors to the home were encouraged to complete an electronic survey located in the entrance hall to the home. The information was accrued on the provider's electronic system and reviewed by the manager.

During our inspection we found a number of breaches 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?

Requires Improvement 

The service was not always safe.

We found there were unsatisfactory arrangements in place to manage people's topical medicines.

We found the home had updated the service risk assessments and actions were in place to ensure people were safe. People had their own risk assessments in place with action to be taken to mitigate risks to them.

Staff did not have clear arrangements in place to support people with diabetes.

Is the service effective?

Requires Improvement 

The service was not always effective.

The home was compliant with the requirements of the Mental Capacity Act 2005. We saw people had their capacity assessed and appropriate applications had been made to the relevant authority to deprive people of their liberty which met the Deprivation of Liberty Safeguards (DoLS).

The physical environment throughout the home did not reflect best practice in dementia care.

The service carried out robust checking procedures to ensure staff recruited to work in the service were suitable for their roles.

Is the service caring?

Good 

The service was caring.

During our inspection we saw staff interacting with people in a very caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness.

We heard staff address people respectfully and explain to people the support they were providing.

We found family members had acted as natural advocates for their relatives and we observed staff responding to relatives requests for drinks and information

Is the service responsive?

The service was not always responsive

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the home and in the community and encouraged people to maintain their hobbies and interests.

We saw the manager had investigated complaints and provided each complainant with an outcome of their investigation.

We found people's care plans and risk assessments were regularly reviewed to ensure they were up to date and accurate. However we found other care documents which required further work to make them more person-centred.

Requires Improvement ●

Is the service well-led?

The service was not always well led

We found that progress had been made to ensure people's care plans were up to date, however not all records about people's care needs were accurate, complete and contemporaneous.

The service had in place a number of audits which addressed quality issues in the home. The quality audits were delegated to different members of staff to complete. The audits did not always pick up issues that needed to be improved.

The provider had in place an electronic system for recording people's feedback. Visitors to the home were encouraged to complete an electronic survey located in the entrance hall to the home.

Requires Improvement ●

Abigail Lodge Care Home - Consett

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 6, 7 and 13 January 2015 and was unannounced.

The inspection team consisted of an inspection manager, one adult care inspector, one adult social care bank inspector with specialist dementia knowledge and a specialist advisor. The specialist advisor had a background in nursing care for older people.

Before the inspection we reviewed the information available to us. This included the outcomes of referrals made to the local authority safeguarding teams and other meetings which had been held by the local authority to make sure the people at Abigail Lodge received safe treatment and care. We reviewed the Quality Band Assessment (QBA) action plan which the provider had been required to submit to the local authority to improve the service following their QBA assessment and rating. We also reviewed the notifications made by the provider to CQC.

During the inspection we spent time talking to people who used the service. We spoke with seven relatives and friends. We spoke with four people who used the service. We spoke with four professionals who visited the service during our inspection. We also spoke with the managing director, the regional manager, the home manager, the deputy manager, nurses, a care home assistant practitioner (CHAP), a senior carer and ten carers together with support staff working for the organisation. These included the dementia care specialist and the kitchen, laundry and maintenance staff.

We looked at three recruitment records of staff and the care records of nine people living in the home.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the time of the inspection the deadline had not passed for the return of the PIR. However we carried out the inspection as members of the public had raised concerns with us about the service. Following the inspection the manager submitted the PIR within agreed timescales.

Is the service safe?

Our findings

We checked how people's PRN (as and when required) medicines were administered at the home. In two care plans we looked at we found people had been prescribed Lorazepam (a sedative) for anxiety. In one person's record we saw a detailed plan and guidance for the administration of Lorazepam including a 'flow chart' which described action staff needed to take before administering Lorazepam. Another person had been given Lorazepam on three occasions. However it was not clear from the daily notes the level of agitation this person was experiencing at this time or whether any other strategies had been used in the first instance to help to reduce this person's agitation. We asked the care home assistant practitioner (CHAP) on duty if there was a care plan in place to describe exactly when the sedative medication should be administered. They confirmed there was no plan in place to describe the thresholds where this medication should or should not be given, placing this person at risk of receiving sedative treatments inappropriately. The manager also looked for the care plans and confirmed that there was not a care plan which described the use of Lorazepam for this person. This meant there was no consistent use of PRN plans to guide staff in the administration of sedative medicines. The manager agreed to put PRN plans in place.

During our inspection we observed topical medicines for example Cavilon and Proshield in people's bedrooms. We found topical medicines in use, some of which had been opened without the date of first use being recorded. The manager confirmed that there were no body maps or other directions to staff which would show them how and where to use the topical medicines. The manager took immediate action during the inspection and after telling the senior carers what was required they asked the senior carers to review everyone's topical medicines and put in place the required documentation.

We looked at the cleanliness of the building. New flooring had been laid in one corridor and the manager told us new flooring was on order to be laid in another corridor to facilitate easy cleaning and improve odour control. Overall we found the communal areas of the home to be clean and tidy but in other areas of the home the cleaning regime had been less successful. One relative told us they had found their family member mattress to be dirty and the alarmed mat to be "Smelling of urine. " They told us things had improved in their relative's room. We saw audits had been carried out of specialised mattresses but these audits did not include everyone's mattress. We visited twelve people's bedrooms and found there were three mattresses which were odorous. We asked the manager how checks were carried out to make sure the ordinary mattresses were cleaned effectively and kept in good condition and they were unable to tell us. We found another person's bed had protective cushions on their bed rails. However the plastic was worn away and therefore unable to be properly cleaned. The manager agreed to replace the bumper pads.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at how people living at Abigail Lodge were protected from the risk of abuse. We found staff had been trained to recognise and take actions if they saw or suspected abuse was taking place. The manager had undertaken investigations into allegations made by people living in the home. During our inspection we identified that an incident had occurred where a person living at the home was reportedly at risk of abuse.

However relevant information had not been appropriately reported to the homes management or local authority. This meant the service had failed to follow the local authority procedures intended to safeguard vulnerable adults and the provider had failed to follow their own procedures to protect people from abuse. The management team took action during our inspection as a result of this information.

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

Two relatives told us "We have concerns about staffing levels". They described unexplained injuries to their family member, the cause of which were not witnessed by staff. They said they were concerned about whether staff were present when this had happened and had raised their concerns about the incident and staffing levels with the manager. They told us the manager had investigated the injuries and were satisfied with the outcome. They said the manager told them would look into the staffing issues but had not heard anything more from the manager at the time of the inspection.

We asked the manager for a sample of past rotas. When we examined these in detail we saw the statement 'Staffing Notice' had been typed with a number recorded under each calendar day. We asked the manager and regional manager to describe what this meant and they confirmed that this was the assessed staffing levels required to meet the needs of the people at the home for each day. The regional manager showed us in detail how the staffing levels were worked out. From these records we saw for December 2015, six care staff were expected to be on duty each day on the first floor and four on the lower floor. We looked at three weeks rotas in detail and saw staff had been put on the rota to meet the required staffing levels. However staff had taken sick leave and so the required levels had not been maintained. For example on the 25th and 30th December 2015 records showed there were only five care staff on duty on the first floor of the home from 2.00pm until 8.00pm instead of six. The manager told us when unexpected leave occurs the available staff would usually provide cover and will stay late or come in early. However when the provider's payroll system was checked the manager confirmed that shifts had not been covered by the staffing levels required to meet the needs of people living at the home on those days. We found on other days in the month where staff took sick leave additional staff cover had been found. The manager said they would carry out their review of people's care needs and to commence monitoring the staffing levels to ensure sufficient staff were always available at the home.

We spoke with relatives who told us they visited the home every day to care and support their family members. One relative expressed concern about the staff's ability to keep people safe over the Christmas period because of the staff on duty were "Inexperienced." Relatives told us they helped to keep their family members safe in the home because they wanted to visit and care for them.

The provider monitored accidents and incidents and found these were recorded directly onto the provider's records system electronically. We asked the manager if there was a point in time when accidents were reviewed to monitor accident trends. The manager told us accidents were monitored continuously and dealt with as they occurred.

At our last inspection we found the service did not have up to date assessments for the building and equipment. We looked at the service risk assessments and found the risk assessments had been brought up to date. The manager showed us how risk assessments were completed and demonstrated that 18 staff at the home had completed risk assessment training. We found people had risk assessments in place and actions were in place to reduce risks of harm or injury whilst promoting their independence and life choices.

We found there was a current fire risk assessment for the building and electrical Portable Appliance Testing

(PAT) was up to date. Whilst walking around the home we observed in zone 6 two chairs facing the door with ash on the carpet. The area of the home had a stale smell of smoke. The door led out to the staff smoking area. This suggested people who used the service or staff had been smoking in the building contrary to fire safety regulations. We fed this back to the management team who agreed to look into our findings.

The manager told us there were no on-going disciplinary actions being taken or investigations into whistleblowing.

Is the service effective?

Our findings

One person told us, "The staff are very nice and the food is good". Relatives told us they came in to the home each day and supported their family members to eat. We observed people in the dining room being encouraged to eat by staff. Menus were on display in the dining room and people had a choice of meals. We saw the food looked appetising and was well presented.

NICE guidance for both Type 1 Diabetes published in August 2015, and type 2 diabetes published in December 2015 stated that blood glucose levels should be tested before meals. We discussed with the homes management team about arrangements which were in place for the management of people with diabetes. The home manager and the regional manager told us that the CHAP should check the blood glucose levels of people with diabetes before food and pass on their findings to the nurse. We spoke with the management team about the nurses' accountability giving insulin to people in their care based on another person's findings. During our inspection we carried out observations of the nurse on duty. A CHAP had taken the person's blood sugar levels and the nurse was to administer their insulin. The nurse found a staff member had given one person with diabetes their lunch. The nurse on duty then took the appropriate action to monitor the person's blood glucose levels and contact their doctor. When asked, staff told us they had not received training in how to support people with diabetes. We found the arrangements in the home for blood glucose monitoring did not follow a clear pattern and people were put at risk of inappropriate treatment. The managing director directed the regional manager and the home manager to set up training for staff in diabetes and stop CHAPS from monitoring blood glucose levels until the issues could be considered.

This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

From the training records we saw that staff had been provided with training including equality and diversity, moving and handling, safeguarding adults, fire safety, first aid awareness, infection control. On the first day of the inspection we noted that on one unit providing care for people with a dementia that none of the staff allocated to support those people with complex needs were found to have completed training in relation to caring for people with a dementia. We spoke with the dementia care lead for the service who told us staff may have completed the training in another care home and the training attendance records had not been passed to the relevant manager. The manager confirmed that there was no record available of the training these staff had undertaken in relation to caring for people with dementia type conditions.

We spoke to four staff who were supporting people with complex dementia care needs. Two care staff told us they had some training in relation to person centred dementia care, which they said they found interesting and helped them understand the needs of the people in their care. However, when we looked at the training records we saw in total only four care staff had completed training in relation to person centred dementia care. We did however see a further 20 staff had completed training in relation to 'distress reaction'. This is the name given to training to help staff understand why some people with dementia may become distressed and agitated.

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

We saw that the physical environment throughout the home did not reflect best practice in dementia care. The NICE Guidelines 'Dementia: Supporting people with dementia and their carers in health and social care 2006' states, 'Built environments should be enabling and aid orientation. Specific, but not exclusive, attention should be paid to: lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment'.

We spoke with the dementia specialist who told us the provider was about to launch their new dementia strategy. When we talked to the manager they told us the provider had adopted the PEARL approach to dementia care. This stands for Positively Enriching and Enhancing Residents Lives. This approach includes home design. However, other than the visual prompts guiding people to the toilets, lounges and dining areas, some of which were placed too high on doors for people to see. There was no evidence of adaptations to the environment to show good practice guidelines had been put into practice. For example, there was no evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and toilet seats in bathrooms, despite these areas being recently re-furnished by the provider. Corridors were all similar in colour, and bedroom doors did not have a picture or memory box people could associate with to help them find their personal space.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found applications had been made to the relevant supervisory authority to deprive people of their liberty. At the time of the inspection the provider was waiting for the applications to be processed.

We saw documentation within the care records that we viewed that mental capacity assessments had been carried out for some people where this was appropriate. One person using the service and their relatives described how they had recently attended a review meeting and had been fully involved in decisions about their future care.

Records showed that there were gaps in staff supervision meetings. A supervision meeting is a one to one meeting between a member of staff and their supervisor to consider the progress of the staff member, any training they might require and any concerns they may have. The new manager had started to address the gaps and hold supervision meetings with staff. A staff member showed us the plan going forward in 2016 and when they were required to have supervision meetings with staff. This meant that despite supervision meetings not taking place on a regular basis the provider had addressed the issue and had a plan in place going forward.

We looked at three staff recruitment files and found checks had been carried out to ensure only staff who

were appropriate to work with vulnerable people had been employed at the home. In all we found important information had been checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. For example, in all staff records we looked at there were references to verify people's previous employment history and satisfactory evidence of their conduct in previous employment. We also saw records which confirmed a Disclosure and Barring Service check had been carried out by the provider for all staff prior to them starting work at the care home.

Is the service caring?

Our findings

Visiting relatives were very complimentary regarding the attitude of the staff. They told us "When we were looking for a care home it was the attitude of the staff here that impressed us. The staff here know how to talk to and address residents with humour and care." Other comments included "The staff are lovely I can't fault it here" and "I'm happy with my mother's care. She's been here 6 ½ years." People using the service said "The staff here are very nice." One relative said, "Staff know how to support people with humour and care." One person said, "The staff are very nice. The food is good and there are things to do. I can get up what time I like and go to bed when I want."

During our inspection we saw staff interacting with people in a very caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, the staff knew when people were communicating, by their gestures and body language, if they were upset or anxious, and understood the best way to support people at such times.

We spoke with five staff and found they knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. For example staff were able to tell us about people's past employment and one member of staff told us how a person could be engaged using the tools of their previous trade.

We saw staff respected people's diverse needs. For example, arrangements were in place for those people who practiced Catholicism to receive Holy Communion. One member of staff we spoke with said "I love my job. I find it really interesting finding out about people like [name of service user] who used to be a boxer. I know he loves singing and I know his favourite song." Another member of staff we spoke with demonstrated a good understanding of how a person with dementia might feel when receiving personal care. They said "I think about how I would feel if someone tried to undress me and put me in a bath."

We heard staff address people respectfully and explain to people the support they were providing. We saw staff knelt or sat down when talking with people so they were at the same level. Staff were patient and waited for people to make decisions about how they wanted their care to be organised and closely followed people's way of communicating. For example, we observed how staff respected one person's decision not to have a shower when asked. People were supported to choose where they wanted to spend their time

We found family members had acted as natural advocates for their relatives and we observed staff responding to relative's requests for drinks and information.

During our inspection we found multi-disciplinary meetings were being held which involved everyone who could contribute to the discussion to support a person's well-being. The staff told us about the history of one person's behaviour in the home and about their analysis of the behaviours. They told us they had

identified the points where the person became angry and so they could contribute to the meeting and find solutions to improve the person's well-being.

We looked at people's bedrooms and saw that these areas were personalised with people's belongings. This meant people had access to items which had meaning to them and provided them with memories.

Is the service responsive?

Our findings

In November 2015 we saw a safeguarding alert had been made to the local authority regarding a person who had been admitted to the home from hospital. The local authority safeguarding team had carried out an investigation and as a result the provider had agreed to carry out a number of actions to improve the way it managed admissions from hospital. One action was that the home manager would ensure patient information was collated by staff at Abigail Lodge from hospital notes, professional assessments and hospital staff. This was to ensure full details of the persons needs were identified and shared with relevant professionals. During this inspection we found that this process had not been followed. We looked at the records of one person who had been recently discharged from hospital. We saw that the hospital discharge plan contained specific details of the care and treatment that was required to meet their needs. However when we checked these against the homes records of care we found that the discharge plan had not been followed at the home. The manager also examined the homes records and subsequently confirmed that the actions from the hospital discharge plan had not been put in place. During our feedback meeting with the management team the manager told us a staff member had made a clinical decision not to follow the discharge plan but the care plan record had not been updated.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We also looked at nine people's care plans and associated risk assessments. We saw these had been reviewed and up-dated since our last inspection. We found some good examples of person centred care and of how peoples' needs were to be met by care staff. Person centred means written in a way to describe in the best way to support each person taking into account their individual choices, preferences and life histories. This meant care planning and recording enabled staff to care for people in accordance with their preferences.

We found people's care plans were regularly reviewed to ensure they were up to date and accurate. However we found personal care charts and food and fluid charts in people's bedrooms which needed to be more person centred.

We spoke with the person responsible for organising activities. She told us they completed a life history booklet called 'My Choices' which contained information about peoples' past and what mattered to them. We saw relatives had provided information about people's past and important events in their life, which helped staff to provide personalised care and support, particular to those people living with dementia.

Relatives told us the activities co-ordinator 'was lovely worked really hard' and described how she arranged activities for people to take part in both in the home and in the community. They said "She takes [name of person] out. He's been on a trip to Beamish Museum. There are also puppet shows, musicals and other things for people to take part in." Another relative told us 'The staff went out with [name of person] shopping.' A person using the service told us "There are things for me to do." The activities co-ordinator described the timetable of activities, which included group as well as one to one activities. She also described how she supported people to attend community facilities, such as Beamish Museum, where they had workshops specifically designed for people with dementia to take part in. She described how they had

arranged a number of parties and entertainers for people over the Christmas period. We saw photographs of these events.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the home and in the community and encouraged people to maintain their hobbies and interests. As we left the building on the final day of the inspection we met volunteers bringing a dog into the home for pet therapy. They explained people who cannot communicate verbally responded to the dog which prevents social isolation. The dog had been checked and approved to go into care homes for this type of work.

We saw the provider had in place a complaints file. Complaints were documented by the manager and we saw evidence that any complaints had been appropriately investigated. We spoke with visiting relatives who told us they felt able to complain to the manager if they had any concerns. One person told us they had raised an issue of concern with the manager about their family members care and said that this had been fully investigated.

Is the service well-led?

Our findings

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 time of our inspection the manager had applied to the CQC to become registered. Their application had been accepted by CQC. Prior to the new manager starting the deputy manager had managed the service until a new manager could be appointed and take up post.

One relative said they hoped a new manager would bring about some stability in the home after changes in the management in the last year. One staff member told us "I love it here and things have got so much better with the new manager, she is round and about the home, approachable and has an open door policy". Another staff member told us they felt happy working in the home and now that a new manager had started they hope things would become settled.

The manager explained to us they had recently joined the service, although they had been a home manager for the same provider at another location. The manager was willing to join us on a walk around the building and when we pointed out issues to the manager they told us they needed to know our findings to improve the service. This meant the manager was willing to accept feedback and learn from our findings.

The service had in place a number of audits which addressed quality issues in the home. The manager provided a weekly report to the regional manager who put together a monthly report on the service. The quality audits were delegated to different members of staff to complete and we found the manager had signed to state for example maintenance books and cleaning schedules had been checked and food safety checks were in place. A monthly bedrail check took place and a dining room experience audit had been carried out. This meant the provider had in place arrangements to monitor quality in the service. However we found some of the audits in place had been ineffective and had not identified the issues we found in relation to bed rails, mattresses and people's topical medicines.

During our inspection we found a number of issues of concern and discussed these with the managing director, the regional manager and the manager. We noted that the managing director took a very direct approach in relation to actions to be taken as a result of CQC feedback. For example catering staff were asked to confirm to inspectors and managers information regarding people with diabetes. Managers were given instructions as to corrective actions to be taken regarding the management of diabetes and training of staff. This demonstrated an authoritative management style being adopted to resolve issues and make people accountable.

We asked the manager to take us through the process when a policy has been reviewed by the provider. The manager showed us how they reviewed the policy and demonstrated to us how this is shared with staff through, for example, staff meetings. The manager told us staff had access to policies using the portable electronic devices.

We saw the provider had in place an electronic recording system for people, their relatives and visiting professionals to give feedback. We asked the manager and the regional manager how people who used the service gave feedback. They told us people could use the I-Pads or staff could complete the surveys with people. They also told us they could discreetly ask questions for example they can complement a person on the cardigan they are wearing and ask did they choose it themselves. This allowed them to tick the box that people had choice in the home. The manager and the regional manager felt this was a less formal method of asking questions about the quality of the service. Visitors to the home were encouraged to complete an electronic survey located in the entrance hall of the home.

The provider had in place awards for staff called Recognition of Care and Kindness (ROCK) where staff were nominated for their hard work and dedication on making care special. Staff were presented with an award and certificate. We saw staff in the home had been nominated by others for such an award. This meant the provider recognised the care given by the staff.

The provider had introduced, 'Our Quality of Life Programme'. This was a programme designed to improve people's care experiences introducing immediate customer feedback and the introduction of new care documentation. Minimum requirements had been put in place for managers for example seven daily walk around reviews were to be carried out each week including one on each day. There were also targets set to collect feedback. This meant the provider had in place a vision of how they wanted to improve the people's experience of the home.

On looking at people's records we found the service had worked to meet people's needs in conjunction with other community based professions. These included care managers, GP's, district nurses, occupational therapists and the Speech and Language Team (SALT), dieticians and a tissue viability nurse. This meant the service did not operate in isolation from other professionals who were able to contribute to people's care.

During our last inspection we found the service had not maintained accurate, complete and contemporaneous records in respect of each service user. At this inspection whilst we found the service had re-written and updated people's care plans and risk assessments, we found other records for example about people's personal care were incomplete or missing. We found the records required personalisation so that it was clear when people could maintain their own personal hygiene. We also found food and fluid charts in people's bedrooms were incomplete and the records for the application of topical medicines were not up to date. This meant whilst the provider was making improvements to some care records, they were not maintaining other records to the same standards.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were put at risk of the unsafe management of medicines. The provider had failed to do all that is reasonably practicable to mitigate risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment We found systems and processes were not operated effectively to prevent abuse of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not taken into consideration best practice guidance to design an environment suitable for people with dementia type conditions
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found the service had not maintained an accurate, complete and contemporaneous

record in respect
of each service user in respect of people's
personal care and food and fluid intake.