Park Homes (UK) Limited

Holly Park Care 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

Holly Park Care Home is part of the Park Homes (UK) Ltd group. The home is registered to provide accommodation, personal and/or nursing care for up to 43 people who may be living with dementia or have mental health needs. Accommodation is provided over two floors, which can be accessed using a passenger lift.

The inspection took place on the 21 March 2017 and was unannounced. At the time of the inspection, 26 people were living in the home and nursing care was not being provided.

A new registered manager was in place, who registered with the Commission in January 2017. 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 last inspection in November 2015, we rated the service 'Requires Improvement' overall and in the 'Safe' and 'Well Led' domains, due to issues identified with medicines and a lack of evidence of sustaining previous improvements over time. At this inspection, we again rated the provider "Requires Improvement" in the same areas. This was due to concerns over the way medicines were managed and because systems to monitor and improve the service were not sufficiently robust. However we also identified some good areas of practice with the 'Effective', 'Caring' and 'Responsive' domains rated as 'Good.'

People and relatives provided positive feedback about the service. They said good, personalised care was provided and said they would recommend the home to others.

People said they felt safe living in the home. Following incidents and accidents, investigations were undertaken to help keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place to help keep people safe.

The premises was warm, homely and suitably spacious. However we identified some defects with the premises, including a lack of hot water in some areas of the building.

Medicines were not consistently managed in a safe way. Some people did not always receive their medicines as prescribed.

During observations of care and support we saw staff were available to provide prompt care and assistance. Some people told us that at times, they thought there were not enough staff on duty. In light of these comments and due to new people coming into the home, we have made a recommendation about the need to review staffing levels in the home.

New staff were recruited safely to help ensure they were of suitable character to work with vulnerable people.

Staff received a range of training and support relevant to their role. People provided good feedback about the quality of the staff that supported them.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was gained and where people lacked capacity the correct processes were followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Nutritional risks were well managed by the service. People had access to a range of suitably nutritious food. There were several options available at mealtimes and snacks and drinks were provided throughout the day.

People's healthcare needs were assessed and appropriate plans of care put in place. The service worked with external healthcare professionals to help meet people's needs.

Staff were kind and caring and treated people with dignity and respect. We found a warm and inclusive atmosphere within the home with all levels of staff taking the time to interact and chat with people.

People choices were sought and respected by staff. We saw a personalised approach to care and support was practiced by staff.

People's needs were assessed and appropriate plans of care put in place. We saw care and support delivered in line with people's plans of care.

People were provided with a range of activities which was based on people's individual likes and preferences. We saw these were well received during the inspection.

A system was in place to log, investigate and respond to complaints. People and relatives said management were approachable and they were able to raise any concerns.

People and relatives praised the registered manager and said that since their appointment a number of improvements had been made to the service. The registered manager knew people well and took the time to listen and act on any comments they had.

Systems were in place to assess and monitor the service however these were not sufficiently robust, for example in preventing the shortfalls in medicines management from occurring. Care plans were not always kept up-to-date and required reviewing.

We identified one breach of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we asked the provider to take at 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 consistently safe.

Medicines were not safely managed. People did not always receive their medicines as prescribed.

People told us they felt safe. Risks to people's health and safety were assessed and plans of care put in place for staff to follow. Action was taken following incidents to help prevent a re-occurrence.

The building was kept warm and homely with sufficient space for people to live comfortably. However we found some defects to the building including a lack of hot water in some areas of the home.

Is the service effective?

Good

The service was effective.

Staff received a range of training and support relevant to their role.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had access to a range of suitably nutritious food.

Is the service caring?

Good

The service was caring.

There was a positive and inclusive atmosphere within the home with staff treating people in a friendly and warm manner.

Staff had taken the time to get to know people to help provide individualised care and support.

Choice was promoted and people were listened to.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and clear and person centred care plans put in place.

People had access to a range of suitable activities and staff had time to chat with people and meet their social needs.

A system was in place to log, investigate and respond to complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were in place to assess, monitor and improve the service, but some of these needed improving to prevent the issues we identified from occurring, for example in relation to medicines management.

People and relatives were happy with the overall quality of the service. We found an open and inclusive atmosphere and culture within the home.

People's feedback was regularly sought and used to make positive changes to the service.

Holly Park Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 21 March 2017 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the care of older people.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home.

The provider submitted a PIR (Provider Information Return). This document gives the provider the opportunity to tell us about their service and any planned improvements.

We used a variety of methods to gather information about people's experiences. During the inspection we spoke with ten people who used the service and two relatives. We spent time observing how people were supported in the communal rooms and looked at four people's care records. We looked at the way people's medicines were managed and looked at other records relating to the management of the home such as maintenance records and meeting notes. We looked at three staff files and training records. We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with the cook, the maintenance person, one care worker, the registered manager, the administrator, the quality manager and the provider. We also spoke with a health care professional who visit the home on a regular basis.

Requires Improvement

Is the service safe?

Our findings

We looked at how people's medicines were managed within the service. None of the people who used the service were administering their own medicines. The registered manager told us no one living in the home was having their medicines given covertly, (in a hidden or disguised format).

We found a number of shortfalls in relation to the management of medicines. Some medicines are prescribed with specific instructions about when they should be given in relation to food. We found the home did not have suitable arrangements in place to make these instructions were followed consistently. This meant these medicines were not given in line with prescribers instructions.

When people were prescribed medicines to be taken 'as required' we found staff were not provided with clear guidance to ensure they were used consistently. There were generic protocols in place but they had not been personalised to reflect people's individual needs. This risked inconsistent administration of these medicines.

We saw a number of medication administration charts (MARs) had been hand written by staff. When MARs have to be handwritten NICE guidance recommends they should be checked and signed by two members of staff. We found this was not always done and in one case the handwritten MAR had not been signed by any of the staff. On the same MAR we found the dosage and instructions for one of the medicines had not been recorded.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. When we checked the controlled drugs we found one person's pain relief medication patch had not been changed since 10 March 2017. It was prescribed to be changed every week and should have been changed on 17 March 2017, four days before our inspection. The medication was out of stock and this had not been picked up until we brought it to the manager's attention. This meant the person may have suffered unnecessary pain and discomfort.

In another example we found one person had not received their medicines on the day before our visit. The manager had picked this up when they did the morning medicine round but we were concerned it had not been identified and dealt with on the previous day.

When people were prescribed thickening powders to add to fluids we found the instructions were not specific. It is important people receive thickened fluids at the correct consistency to reduce the risk of aspiration. We concluded the service did not have proper systems in place to ensure the safe management of medicines.

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

Medicines were stored securely. The temperature of the treatment room and the medicines fridge was

monitored to make sure it was within the recommended range. Staff were trained to support people with their medicines but did not administer insulin injections, this was done by the district nurses who visited the home on a daily basis. There were suitable arrangements in place to make sure people received their prescribed creams and lotions.

People told us they felt safe living in the home. One person told us "I feel safe because I can't just go out without staff supporting me" and another person said "I feel perfectly safe, staff check on you often, wanting to know if you got any problems." Safeguarding procedures were in place and we saw they were well understood by staff and the manager. We found appropriate liaison had been taken place with the local authority safeguarding team where safeguarding incidents had occurred. Where concerns had been identified, the home had taken action to investigate those concerns and put measures in place to help prevent them re-occurring.

Risks to people's health and safety were assessed in a number of areas. This covered areas such as falls, skin integrity and any risks specific to that individual such as the risk of scalding from radiators. These were generally appropriate and relevant to the person. They were subject to regular monthly review although we found many had not been updated for nearly two months. In one person's records we found the person's Malnutrition Universal Screening Tool (MUST) and Body mass index (BMI) had been calculated incorrectly and their care plan evaluation made no reference to a recent weight loss of over 5%. Although they were still within a healthy weight range, we concluded more diligence was needed in the review of this person's care. During observations of care and support we saw staff had good regard for people's safety. For example transfers using hoists and wheelchairs were done safely and carefully.

Incidents and accidents were recorded. Incident forms provided clear evidence that preventative measures were put in place following incidents to help keep people safe. This included liaison with health professionals and the updating of plans of care. People and visitors praised the way the service responded to keep people safe. One visitor told us "I raised an issue with the former manager, my mum was given wrong medication to take home, I am happy it was sorted," and another visitor said "Staff check if everyone is safe, they are responsive, I seen one resident stumbled and fell, staff were there in seconds." We reviewed recent incidents and found a low number of falls and incidents had occurred in the home with no concerning trends noted.

We looked around the premises and found it to be warm, spacious with suitable amounts of communal space for people to spend time. This included a large living area, dining room and enclosed garden areas. Bedrooms were personalised to people's individual tastes and people were encouraged to furnish the rooms with their personal possessions. Window openings were restricted to help prevent the risk of falls and wardrobes attached to walls to help ensure people's safety. However we identified some shortfalls in the provision of a suitable environment. We found some areas of the building including toilets and bedrooms did not have an adequate supply of hot water with taps remaining cold after several minutes running the hot tap. Monthly water temperatures had also not been taken since 27 January 2017 demonstrating a lack of consistent monitoring of this. We found the locks had been removed from two people's doors to prevent these people from accidently locking themselves in their rooms; however this left gaps in the door which could undermine their fire protection. We also found intumescent strips missing around some other fire doors undermined their effectiveness. We referred these concerns to the fire service. Safety checks were undertaken on the fire equipment within the home, equipment such as hoists and bed rails and the gas and electrical systems to help ensure these systems operated safely.

We reviewed staffing levels within the home. At the time of the inspection, three care workers were deployed during the day and two at night to care for the 26 people who were using the service. They were supported

by the registered manager who worked five days a week and helped out with care and support at busy times and an activities/laundry worker, who also undertook support tasks and provided people with social interaction. On the day of the inspection, two care workers were absent, so staff cover was provided from bank staff and other homes run by the provider. The registered manager confirmed there were always staff to call upon when regular staff were absence to maintain safe staffing levels. People provided mixed feedback about staffing levels within the home. One person told us "I just wish there was enough staff, so someone can take me out often" and another said "They could do with more so when we press the buzzer, it does not take ages before staff respond." A visitor said "We feel staff are on top of things" and another visitor said "Not really enough to take people for walks and stuff…they are good with residents, they very welcoming."

During observations of care and support we found there were sufficient staff to ensure people received prompt care and regular interaction. We saw call buzzers were responded to in a prompt manner. Although on the day of the inspection we found there were enough staff, we recognised that when the registered manager and activities co-ordinator were both not working, staff workload would increase. In addition, we recognised that at night when people who required two staff were being cared for, there would be a lack of staff to oversee other areas of the home. We raised this with the registered manager. They said they were undertaking a review of staffing levels particularly as four new people were due to be admitted to the home and their dependencies would be reviewed to determine whether increases in staff were needed.

We recommend staffing levels are promptly reviewed to ensure they remain safe and appropriate.

Robust recruitment procedures were in place to help ensure new staff were of suitable character to work with vulnerable people. We looked at three staff files and saw they contained all of the required documentation. Application forms were completed and contained a full employment history; references had been obtained and Disclosure and Barring checks had been carried out before new staff stared work. The DBS (Disclosure and Barring Service) carries out checks to make sure people do not have a criminal record which would make them unsuitable to work with vulnerable people. Where new staff had previous qualifications these were checked to help determine the level of support and training they required.

Good

Is the service effective?

Our findings

Staff received a range of training relevant to their role. Newly employed staff were inducted to the home and completed the Care Certificate. The Care Certificate is a set of standards for social care and health workers to give them the knowledge and skills they need to provide safe, compassionate care. At the time of the inspection, most training was delivered by the registered manager but plans were in place to distribute this responsibility to others within the provider's management team. Staff received training in topic such as manual handling, first aid, fire, safeguarding and Mental Capacity Act (MCA). We looked at the training matrix which showed the majority of training was up-to-date. Staff had been supported to achieve further qualifications in health and social care to further enhance their skills.

External training was also provided to staff. This included medicine training for seniors and safeguarding training run by the local authority. The manager told us they had started 'React to Red' training. This training is designed to help reduce the incidence of skin damage due to pressure by raising staff awareness of the need for early intervention. The manager told us they were also currently reviewed staff skill and competence to determine where further training and support was needed.

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 provider had made appropriate DoLS applications where people lacked capacity and they judged that the accumulation of restrictions placed on the people amounted to a deprivation of their liberty. Three authorisations were currently in place with a number of other applications awaiting assessment by the supervisory body. We looked at the three authorisations in place, and found appropriate oversight of these, with re-applications being made in a timely way when authorisations expired. We found care plans had been produced following DoLS authorisations to ensure any conditions attached to these authorisations were met. Overall, we found people's conditions were being complied with, although in one person's DoLS care plan, the monthly care plan evaluation did provide a review of whether the condition was being continuously met.

The provider trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.

We found people were asked to consent to their care and treatment and their capacity considered when decisions needed to be made. One person told us "They ask for my opinion all the time." Where people lacked capacity and important decisions needed to be made, for example around bed rails and pressure mats, these decisions were undertaken as part of a best interest process in line with the Mental Capacity Act (MCA). This demonstrated the service knew how to act within the legal framework of the MCA.

People's nutritional needs were assessed on admission. People's weights were monitored and if there were any concerns about weight loss people were referred to their GP. The registered manager told us the GPs were supportive and always willing to refer people to dieticians if they had experienced unplanned weight loss.

Overall people provided positive feedback about the food served by the home. One person said "I enjoy my food, mostly every day." Another person said "Food is good, but it varies, I like their meat potatoes pie and I always ask for soup." A third person said "Very good choice of food, they feed me well." A visitor said "They get a choice, the food is pretty good, there is always snacks and drinks round the clock." People had access to a varied and suitably nutritious diet which changed on a daily basis. There was always a choice of options available. For example, at lunchtime we saw one person was provided with a chip butty who did not want any of the mainstream options. We saw people were offered choices such as vanilla sponge, chocolate sponge or mandarin oranges for dessert. The food presentation was good and colourful, the food was warm. There was a nice atmosphere at mealtimes with people and staff sharing conversation and laughter.

We saw people were offered plenty of drinks throughout the day. In the morning and afternoon staff took a tea trolley around and people were offered of choice of drinks including tea, milky coffee and milkshakes as well as varied snacks such as cakes, biscuits and crisps.

We spoke with the cook who was able to tell us how they catered for people's individual likes and dislikes. They told us if people were finding it difficult to choose they would show them the different meals which were available. We saw this occurred during the inspection. We saw photographs of the food on the lunch time menu displayed in the dining room.

At the time of our inspection they were providing diabetic diets for a number of people and a vegetarian diet for one person. They told us they used a sugar substitute when baking so the people with diabetes did not miss out on treats. The cook told us they always tasted the food before they served it and said if they didn't think it was good enough they would not serve it.

People's healthcare needs were assessed by the service and care plans put in place to help staff meet people's healthcare needs. People had access to a range of health professionals including district nurses and GP's. We spoke with a health professional who regularly visited the service. They told us they thought the home was good at meeting people's healthcare needs; they contacted them appropriately and listened to their advice. People reported they had access to external healthcare professionals. One person told us "I got no problem asking staff to get my GP when I am not well" and another person said "I wasn't feeling that well, staff got GP to come and see me last 2 weeks."

Good

Is the service caring?

Our findings

People and relatives provided good feedback about staff. Comments included; "Always like it here, everything is clean, staff treat you with respect." "Staff are very kind, it is nice to be respected." "Staff are very nice and approachable, they tend to think more about their residents." and "Staff always ask you what you feel respectfully, they are caring."

Feedback from questionnaires completed over the last year showed people regarding the atmosphere and caring nature of staff as one of the best features of the service. For example one comment read "When I visit, I find all staff make you very welcome" and another said "Holly Park Care Home was chosen because it is cosy, homely and welcoming."

We observed care for several hours within the communal areas of the home. We observed a warm, friendly and inclusive atmosphere within the home with staff and people interacting positively. We saw all groups of staff, including care staff, the registered manager, cook and the maintenance worker all chatting and engaging with people making them feel welcome and valued. Interactions we observed showed a person centred approach with staff taking the time to talk to people about their interests and sharing jokes and laughter with them. Staff had a regard for people's welfare, adjusting people's chairs and providing cushions if people looked uncomfortable. People looked comfortable in the company of staff, smiling and laughing with staff. When people became distressed or anxious we saw staff responded in a positive manner, comforting people using a mixture of verbal and non-verbal communication techniques and re-direction. We saw this was effective in making people feel better.

Staff respected people's privacy. We saw them knocking on doors before entering and adjusting people's clothing to preserve their dignity. One person told us "Staff knock at your door, I prefer keeping my door locked, don't want them come into my room without my say so, they respect my wishes."

Good positive relationships had developed between people and staff. We saw permanent staff knew people well and were aware of their individual needs, likes and preferences. One person said "Staff know me very well." Each person had an assigned key worker who was responsible for checking the person's welfare, ensuring they had everything they needed and were comfortable. This provided a named contact for people to raise any issues or concerns with. Most people had information boards located within their rooms, providing key information on their preferences and key care needs. Information had been gained on people past lives and interests. This demonstrate the service had sought to learn about people to assist provide personalised care.

People's independence was promoted by the service. Care plans specified areas where people could provide self-care and we saw this was encouraged during the inspection, with people encouraged to mobilise alone if they were safe to do so.

The service and its staff had regard for people's choices, views and opinions. For example at lunchtime we saw staff asked people what they wanted to eat and drink, both verbally and using show plates of both the

main course and pudding to help people choose. Large pictorial menus' were on displays in the dining room. The activities provided were flexible and dependant on people's mood and sentiment each day, which demonstrated the service had regard for people's views and feelings. People and visitors said choice was promoted and respected. One visitor said, "[Relative] prefers a bit of peace, staff respect that" and another visitor said "If [relative] is asleep or fancies a lie-in, they let her."

During care observations we saw staff patiently listened to people and respected their choices regarding what they wanted to do and if they wanted additional support for example in mobilising. We saw the registered manager was very hands on and chatted with people on a daily basis to establish how they were feeling. More formal mechanisms were in place to listen to people which included periodic questionnaires and resident meetings.

Visitors were welcomed and there were no restrictions on visiting the home. Throughout the inspection we saw a number of visitors and relatives visit at various times of day. They all said they had been made to feel welcome at the home.

We looked whether the service worked within the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our discussion with the manager and staff demonstrated an understanding of how they needed to act to ensure discrimination was not a feature of the service. During observations, we saw staff demonstrated passion and patience to accommodate people's different abilities and engagement with activities. One staff member told us of the activity they were undertaking, they said, "Everybody is different and we have to remember that, for instance there are some residents who are very artistic and those who require some support and prompting."

Good

Is the service responsive?

Our findings

People and relatives praised the responsiveness of the service and said high quality care was provided. People's needs were generally assessed prior to moving to the home to help ensure people's needs could be met. We did identify one person had moved to the service as part of an emergency admission the day before the inspection and there was a lack of information present about their care needs. We raised this with the registered manager and asked them to review how the care had been co-ordinated between agencies. Care plans were put in place which covered areas such as moving and handling, continence, skin care and social opportunities as well as covering religious needs, hobbies and preferences. These provided clear and person centred information to support appropriate care.

Daily records of care provided evidence peoples care and support needs were met on a daily basis. We observed care and support. People looked clean and appropriately dressed indicating their personal care needs were met by the service. Staff responded to people's care needs and provided prompt assistance when required meeting needs in areas such as mobility, eating and drinking, continence care and distressed behaviour.

Staff handover took place twice a day between shifts to ensure key information on people and any changes in their needs were passed on. Records were kept to help ensure good communication of information.

Overall we found people and their relatives were involved in reviews of their care and support. Care plans provided evidence that people's comments had been recorded to help respond to their needs. One person said "We sit in the office with staff, and they ask me how I feel, if I have got any concerns" A visitor said "When my mum first came, staff kept us informed every step of the way, now we involve ourselves." However some people felt they could be better involved. For example one person said "I don't feel adequately informed because I am bed-bound, it says at the door who my keyworker is but I am not quite sure what role is my keyworker supposed to fulfil."

People had access to a range of activities and social opportunities. People confirmed there were a range of activities available although some people said they would like to go out into the community a bit more. We saw a person centred approach to care and support within the home. Care workers and the registered manager spent quality time with people meeting their social needs and keeping them occupied as well as completing care and support tasks. This made for an inclusive and pleasant atmosphere. We saw some people were supported to go outside the home on the day of the inspection to help meet their needs. An activity co-ordinator had recently been employed who worked three days a week. We spoke with them who demonstrated a dedication to learn more about the people living in the home and provide person centred activities to reduce isolation and boredom. A monthly activity plan was in place which provided structured activities each day. This was flexible and the co-ordinator told us they would change these dependant on the mood and needs of people on each day. On the day of the inspection, we saw staff engaging in reminiscence with people using photobooks. This prompted conversations about people's life histories and personal experiences. In the afternoon, a number of people took part in a crafts activity which was well received and met by laughter and smiles.

A system was in place to log, investigate and respond to complaints. One person said "If I am not happy I will tell staff" and another person said "Staff are generally approachable." A visitor said "I complained before, and it was sorted, they know if I have an issue, I will say so." A second visitor said "If we have any problems we talk to the manager." The manager practiced a 'hands on' approach and was therefore regularly available to discuss any queries or concerns with people. Complaint records showed complaints were promptly responded to and any minor concerns were also logged. We saw action was taken to address complaints that had been received and make improvements to the service. This demonstrated that people's concerns were listened to.

Requires Improvement

Is the service well-led?

Our findings

People provided positive feedback about the overall care experience. One visitor said "It is quite a nice place, staff are loving, always keeping you informed, I have recommended this home for one of my friends mum." A person said "This is a good place, we have nice people, staff can do anything for nothing." We found a positive and inclusive atmosphere with a culture of providing personalised and compassionate care to people

A registered manager was in place. The registered manager demonstrated a good understanding the service, the way it operated and the people living in the home. We found they were very involved in the delivery of care and support which helped them to continuously monitor how the service was operating. One staff member told us "It feels great being managed by someone who was recently a member of staff, [registered manager] is reassuring and supportive." A visitor said, "The standard of care is improving faster since [registered manager] became a manager, [relative] is more relaxed, staff are doing their best." A person said "[Registered manager] is the boss, she always says 'come with me, tell me what you think', there is no messing with her." Another person said "[Registered manager] is very reliable, if you want her, she will come to you."

Systems were in place to assess, monitor and improve the service; however some of these needed to be more robust. For example, medicine audits were undertaken and whilst we saw these were effective in identifying some issues, checks on the medicines management system were not sufficiently robust to prevent the shortfalls we identified from occurring.

We found a number of care plans and risk assessments were not fully up-to-date. For example, although care plans were meant to be updated monthly, many had not been updated for nearly two months. This created a risk they would not be accurate. We found some examples where care plans were not accurate. For example one person's care records showed a best interest decision recorded around the use of a pressure mat to reduce the likelihood of falls. However the manager told us the person no longer required this, but details of this new decision had not been recorded as the care plan had not been updated. We saw care plan audits and checks had identified that care plans required updating and the registered manager told us that they recognised more time needed allocating to team leaders to allow them to keep up with care plans. A plan was in place to address these shortfalls.

A range of other audits were undertaken. This included a 'daily audit' undertaken by the registered manager at least 3 times a week. This looked at areas such as tissue viability, safeguarding, care plans, residents, staffing and people's health needs. 'Out of hours' checks were also conducted by the registered manager to help ensure the service operated appropriately at the times when a manager was not expected to be present. Management staff from the provider audited the home every few weeks. This included managers of other homes run by the provider to give a fresh perspective.

Accidents and incidents were subject to monthly analysis to look for any trends such as the time of day or location of incidents. This helped the service to monitor its safety. Complaints were also audited monthly.

We saw a low number of incidents and complaints had been received with no concerning trends.

Staff meetings were regularly held. These were an opportunity for staff to share ideas and suggestions to help improve practice as well as an opportunity for management to address quality issues identified through recent audits. We saw recently identified issues such as the use of mobile phones, care plans and the need to document effectively had been discussed. Staff sentiment was also monitored through an annual staff survey. Staff received annual appraisal and we saw some staff had received supervisions, although this was currently behind schedule. We discussed this with the registered manager as regular supervision is important to monitor staff performance and provide a support mechanism.

People's comments and suggestions were taken on board and used to improve the service. We saw this was done through various mechanisms. Residents meetings were periodically held. We saw evidence that topics such as minor concerns and activities had been discussed and the action taken was recorded. In addition, 'Family and friends' meetings were also held which provided an opportunity for this group to be involved in the home. We saw discussion had recently taken place about arrangements for an 'Easter Fun Day.' Minutes from these meetings showed people and relatives were happy with the care and support provided by the home. Although we saw these meetings took place some people said they were not aware of them. One person said
"I have been here for a few months but I have not been invited to any meeting, whatsoever" and a visitor said "I have never been formally invited to any resident's or relative meetings, it's a pity that we could all be participating in solving issues in the home, so [registered manager] does not have to carry more load without our support."

Resident surveys were periodically undertaken. We looked at the most recent results which were positive and consistent with the feedback we received from people and relatives about the quality of the service.

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 (1) (2g) People did not always receive safe care as medicines were not managed in a safe or proper way.