

Embrace All Limited Sydmar Lodge

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 04 June 2015. Our previous inspection of 22 January and 02 February 2015 found that the provider had followed their plans in relation to addressing warning notices we issued following an earlier inspection of 18 November 2014 when we found a number of breaches relating to the care and welfare of people. However, we identified one area of further concern during the last inspection, in respect of accurate and up-to-date record keeping. We carried out this inspection on 04 June 2015 to check that the provider had addressed our previous concerns, and to provide a fresh rating for the service.

Sydmar Lodge provides accommodation for up to 57 people who require support with their personal care. Its

services focus mainly on providing support for older people and people living with dementia. There were 39 people using the service at the time of our visit of 04 June 2015. The manager informed us that the maximum practical occupancy was 49 people.

There was no registered manager in post at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However, a new manager had been working at the service for five months. They had submitted their application to become the registered manager and had been interviewed by us for that role.

Summary of findings

At this inspection, there was good feedback about the caring nature of staff. We saw staff attending to people in a pleasant manner, and people were responded to in good time. There were enough staff working at the service to meet people's needs. Care reflected people's individual needs and preferences. There was also much positive feedback about the increased and improved range of activities provided by the service.

People received meals that were appetising and freshly prepared. People's nutritional needs were kept under regular review, and actions were taken to address any concerns identified. People received good support with healthcare matters.

New staff underwent appropriate recruitment checks before they were allowed to work with people at the service. Staff received support to deliver care to people appropriately, including through regular training and supervision.

The quality and consistency of record keeping had improved, which helped to demonstrate that appropriate care took place.

The new manager knew the service and people using it well. There were systems of auditing quality and risk at the service, and action was taken to address shortfalls that this process identified. However, we found some risks to people's health, safety and welfare that the auditing processes had not identified, which showed that the auditing process was not fully effective. ,

Whilst there were improvements in working within the principles of the Mental Capacity Act 2005, we found that this was not being consistently applied for everyone using the service.

Whilst the service had systems of managing people's medicines, we found a number of discrepancies between medicines records and the remaining stock. We also found that health professional advice for one person's as-required medicines had not been updated on their records and use of the medicine was not being kept under review within the service. This meant that people in the service may not have been receiving their medicines as prescribed.

Whilst people's concerns and complaints were responded to, complainants were not advised of what they could do if they were unhappy with the provider's investigations into their complaint. Complaints processes were not fully accessible to everyone, and there was little analysis of complaint outcomes so as to establish trends and determine lessons to be learnt.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking enforcement action against the provider for two of these breaches because they are similar to concerns we found at our November 2014 inspection. Details of these breaches are at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. We found a number of discrepancies between medicines records and the remaining stock. Health professional advice for one person's as-required medicines had not been updated on the person's records and was not being kept under review in the service. This meant that people may not have been receiving their medicines as prescribed.

The service had enough staff, and people reported that they were attended to promptly when needed. New staff underwent a robust procedure to check they were appropriate to work with people.

The service had appropriate safeguarding procedures in place, and staff knew what to do if they had concerns about people being abused.

Requires improvement



Is the service effective?

The service was effective. People were supported to maintain good health. Healthcare professional advice was promptly sought where appropriate. People were supported to eat and drink well. Monitoring of nutritional risk took place and was acted on.

Staff received good support to deliver care to people appropriately, including through regular training and supervision.

Whilst there were improvements in working within the principles of the Mental Capacity Act 2005, we found that this was not being consistently applied for everyone using the service.

Good



Is the service caring?

The service was caring. There was much positive feedback about how staff interacted with people. We saw many examples of how staff had developed positive and respectful relationships with people.

People were involved in making decisions about the service they received.

People's communication abilities were understood and supported.

Good



Is the service responsive?

The service was not consistently responsive. Whilst concerns and complaints were responded to, complainants were not advised of what they could do if they were unhappy with the provider's investigations into their complaint. Complaints processes were not fully accessible, and there was little analysis of complaint outcomes so as to ensure improvements.

However, we saw that care planning reflected people's ongoing needs and preferences, and that the care and support provided was responsive to this.

Requires improvement



Summary of findings

There was much positive feedback about the increased range of activities in the service. It was evident that activities were a clear strength of the service.

Is the service well-led?

The service was not consistently well-led. There were systems of auditing quality and risk at the service, and action was taken to address shortfalls identified through this. However, we found some risks to people's health, safety and welfare that the auditing processes had not identified, which showed that the auditing process was not fully effective.

The manager knew the service and people using it well. We found that the management approach promoted a positive culture that aimed to deliver high quality care to people.

Requires improvement



Sydmar Lodge

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 04 June 2015 and was unannounced. The inspection team comprised of 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.

Before the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority. We contacted two community professionals for their views on the service.

During the visit, we spoke with 13 people using the service, five visiting relatives, two visiting community healthcare professionals, five staff members, the manager, and a member of the senior management team.

We looked at care records of seven people using the service and five staff members, along with various management records such as quality auditing records. The manager sent us further documents, relating to the management of the service, on request after the inspection visit.

Is the service safe?

Our findings

We checked the service's arrangements and management of people's looked-after medicines. We found that people's medicines were available as prescribed. There were no gaps in the medicines administration records (MAR).

However, when we checked the MAR against stock for 10 separately-packaged medicines, we found six cases of discrepancy between the records and the remaining stock. This meant that people may not have been receiving their medicines as prescribed, which put them at risk of receiving unsafe care and treatment.

Our checks for one person's medicines raised concerns that they were administered five less tablets than prescribed for twice-daily administration of a medicine for protection of the stomach and prevention of ulcers across the 27 days up to our inspection visit. This may have affected their response to the treatment prescribed. Similar checks for that person found they were administered four and six tablets less than prescribed for two other medicines across the same period.

Our checks for another person's medicines raised concerns that they were administered one less tablet than prescribed for daily administration of a medicine across the 17 days up to our inspection visit. We also found concerns that they had been administered one more tablet than prescribed for daily administration of a medicine across the 13 days up to our inspection visit.

Our checks for a third person's prescribed medicine raised concerns that an incorrect entry was made for the amount of the medicine in stock at the start of the current MAR. This was because the amount carried forward on the MAR would have meant the medicine would have run out a day later, however, administration records showed that it had not.

This person was also prescribed half a tablet of a medicine on an as-needed basis. The MAR preceding the current MAR recorded the medicine being administered on five occasions as needed. However, the records of the amount of the medicine in stock at the start of these two MAR raised concern that half a tablet more had been administered than recorded, which put the person at risk of receiving unsafe care and treatment.

We saw a record of healthcare professional advice for this person from two months before our visit, clarifying the circumstances in which the above as-needed medicine could be offered to them. However, the MAR, the undated individual protocol for the as-needed medicine, and the person's care plan had not been altered to reflect this advice. Subsequent records of administration did not demonstrate that the new advice was being followed.

The healthcare professional advice above was in response to an incident of behaviour that challenged the service. Whilst there was evidence of prompt healthcare intervention following the incident, we noted that the person's care plan had not been altered to reflect the incident and clarify whether or not the specific support provided was to be the approach staff should use were a similar incident to occur. We found no documented evidence of anyone at the service reviewing the incident, or of the five administrations of the as-needed medicine for aggression in the three weeks subsequent to the above incident. For example, the person's Support Plan Monthly Evaluation document did not refer to these occurrences, and the situation was not recorded as an incident under the provider's incident policy. This failed to undertake reasonable precautions to mitigate against the risk of unsafe care of the person.

We noted, during the morning of our visit, that two medicines for the above person had been signed as refused for the evening of the day of our visit, which indicated that staff were not always ensuring the MAR was accurately recorded on.

The above evidence demonstrates a breach of Regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they thought there were enough staff to meet their needs. Comments included, "The staff work hard", "...always on call" and "They come quite quickly when I ring my bell." A visiting relative told us, "Staffing levels have certainly improved in recent months since there are now dedicated catering staff." Staff confirmed that the additional use of catering staff to support people at mealtimes, and the upgraded call-bell system, was helping for there to be enough staff working to meet people's needs.

We saw that staff were available and responsive to people during our visit. For example, we heard someone calling for

Is the service safe?

support around the time when staff were helping people to get up and dressed. Various staff members provided reassurance that the allocated staff member would be along shortly, and within two minutes, that staff member attended and interacted with the person in a pleasant manner. We also walked around the service during this period, and did not find anyone being left calling for support or call-bells being responded to slowly.

Staff told us how there were fewer agency staff employed “which means this is a good thing for everyone, residents do not see lots of strangers.” The manager told us that they had had to use three agency staff in the last six weeks. This significantly improved on the number of agency staff being used at the last inspection.

We found that staff recruitment records were up to date and appropriate. This included criminal record checks, two written references from appropriate sources, and no unexplained gaps in employment. This helped to ensure that the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

People we spoke with told us they felt safe. One person said, “Staff make me feel safe.” Staff, including those in non-care roles, told us about safeguarding processes and demonstrated an understanding of the signs of abuse. One staff member said, for example, “We must report immediately to the manager and they must take action.”

We observed how staff were skilful in defusing potentially aggressive situations between people using the service. For example, we saw one staff member engage with a person and support them to move to a safer place. The staff member later told us, “When you work with people, you get to know how best to work with them.”

At the time of drafting this report, we were aware of ongoing safeguarding cases for three people who were using or had used the service. The provider and manager were engaging with the local authority’s safeguarding processes for these cases.

The manager and provider operated systems of keeping accident and incident reports under review. This enabled oversight of specific risks and trend analysis, so as to take action to reduce risks to people at the service. For example, the manager told us that this process had helped to identify four people who had recently been referred to the local Falls Clinic for further support. The manager showed good awareness of factors influencing and reducing the risks of falls.

We found that maintenance of the service was up-to-date. For example, we saw that the service’s maintenance worker had performed checks of internal fire safety, wheelchairs, and bed-rails regularly. There was an ongoing record of maintenance concerns reported by staff, which the maintenance worker was promptly attending to. Audit tools demonstrated that professional checks of the service’s premises and equipment were kept up-to-date.

Is the service effective?

Our findings

At our inspection of 18 November 2014, we found that the provider's systems of ensuring that the service enabled people to consent to care and treatment in line with legislation and guidance had not been effectively implemented. There had also been little staff supervision in the months preceding that inspection. This meant the provider was in breach of two regulations. We did not assess these breaches at our subsequent inspection on 02 February 2015 as we concentrated on the most significant breaches that had direct impact on people using the service.

At this inspection, we looked at the actions taken by the provider to address our previous concerns. We found that the provider had addressed the supervision concern. The manager showed us a supervision matrix, which reflected when care workers received supervision. It demonstrated that most staff had received a supervision meeting at least every other month, as per the provider's policy. There were records of further supervision dates booked for staff. Our checks of staff files established the accuracy of the supervision matrix.

Staff told us they received training, both face to face and through e-learning, which enabled them to do their job. A new staff member, who had previously worked for an agency at the service, told us they got further training when they became employed by the provider. Training records confirmed this, for example, on medicines, dementia, safeguarding and deprivation of liberty.

We found that the provider had taken action to address the consent concern. People we spoke with told us staff always asked for their consent before providing any care and support, which we saw occurring. Staff we spoke with were familiar with the Mental Capacity Act 2005. They could tell us about consent and how they made sure to ask the person's permission before assisting them. Records showed that staff had received training in this respect.

However, records for one person included consent forms for photographs and for sharing of information with appropriate professionals. Neither form answered a question of whether a capacity assessment for the proposal was required, and there was no record of a capacity assessment taking place in line with the provider's

policies. These forms were then filled in within the best interests section by family members and an activity worker, thereby assuming a lack of capacity for the person to make the decision themselves.

In contrast, we found that the more complex information of the support plan monthly evaluation had been signed by the person to indicate that they agreed with the current support plan. This indicated that the person may have had capacity to consent to being photographed and having information shared with appropriate professionals. These points did not assure us that the service had completed the process of working in line with the principles of the Mental Capacity Act 2005 so as to ensure people's human rights were properly promoted.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the management team told us there were no DoLS authorisations in place and no applications had been submitted for people currently using the service. We did not come across anyone who we considered to be at risk of unauthorised deprivation of their liberty.

People's feedback about food and drink was generally positive. Comments included, "The food is fine – I've even put on weight since moving in", "The food is excellent" and "They try to give me what I want if I don't like what is on the menu." During lunch, we saw one person being given an alternative starter when they said they did not like what was on offer. However, we also saw that everyone had a half hour wait between the starter and main course. People commented negatively on this to us, such as "The food's all good except for the wait at lunchtime" and "It seems like we are told to be good girls and sit there quietly." We were concerned that this diminished the lunchtime experience for people, which the manager told us she would look into.

People who stayed in their rooms were given breakfast and lunch in good time. The food was at an appropriate temperature and we observed how one person was assisted to eat whilst sat up in bed. We checked their nutrition guidance and noted how the food given was in accordance with those guidelines.

People were frequently offered cold drinks, both in communal areas and in their rooms. Staff told us that they ensured people who stayed in their rooms had sufficient fluids through regular checks and communication. The

Is the service effective?

manager told us how staff were allocated people who they had responsibility for whilst on shift, which included regular monitoring, which was seen to occur at the staff handover.

People were provided with a choice of appetising meals at breakfast and lunch, as supported by the improved catering provision that had been in place for around four months at the time of our visit. People were also provided with home-baked snacks in-between meals along with drinks that addressed their needs and preferences.

Records showed that people's weight and nutritional needs were reviewed at least monthly. Where concerns were identified, there was evidence of further action such as increased monitoring and referrals to healthcare professionals.

People told us that they received good healthcare support at the service. Comments included, "If the care worker thinks it is needed, then they always make sure to call the GP" and "We can see our own GP if we wish, or the home provides one. We see a doctor quickly if we need one." People also told us of regular dentist visits.

Healthcare professionals we spoke with commented positively on how well staff knew people and provided relevant information which supported them in their healthcare roles. They added that staff made appropriate referrals to them. Records confirmed this. For example, we saw where a recent referral had been made and the specialist had made recommendations about which staff could demonstrate a clear understanding. Staff had noticed early signs of skin integrity concerns for another person, for which advice was sought from the GP the same day. This was followed by prompt healthcare professional visits, acquisition of pressure-relieving equipment, and the specific health concern being resolved within a matter of days.

The service used a diary to remind staff of non-routine health matters, for example, that on the day of our visit, two people needed to have GP appointments made about new health concerns. We saw that the two different GPs attended to these people later that day, with their recommendations clearly communicated to senior staff. Plans were also made to collect prescriptions for other people, and we saw that this occurred.

Is the service caring?

Our findings

People fed back positively about the staff and told us they experienced them as caring. Comments included, “For people like me who need attention, they are always there for you”, “Excellent carers who get to know us and we really do feel loved.” and “Staff are always very kind and caring. You can’t fault them.” Feedback within residents’ meeting minutes also praised the caring nature of staff.

A visiting relative told us, “They genuinely care; they make people happy.” We also saw an email from a relative thanking the staff for being so kind and concerned about someone who had had a recent spell in hospital.

We saw interactions that confirmed the caring nature of staff. We heard staff greeting people warmly, for example, “Your hair looks nice to the side.” We saw staff responding to people’s requests. A healthcare professional commented that people in the service were always well dressed and clean, which matched our observations. People were being encouraged to use the garden during our visit as it was a warm day. It was positive to note that staff encouraged and supported people to use sun cream.

We saw how staff were kind and patient with a person who had become distressed. They held the person’s hand and were able to reassure the person over a period of time. We saw this person sometime later and they were more settled. We also saw the manager pausing an administrative task to attend to someone who had gone past and was in obvious need of support.

The manager told us that there was more communication with people since our last inspection.

We noticed that staff were consistently pleasant to people and gentle in their interactions with them, both in communal areas and from what we overheard when we walked around the premises.

There were detailed communication assessments within people’s care files where needed, for example, about how

the person verbalised in respect of their dementia. There were clear statements of communication equipment that people used, such as for hearing aids and glasses, which we saw to be followed. This helped to ensure people were understood.

Staff were respectful towards people. They knocked on doors before entering people’s rooms. They greeted people whenever they passed by and made a point of talking with people who stayed in their rooms. We saw staff bending down to talk with some people at their seated level. Staff could tell us of ways in which they respected people’s privacy during personal care and support, for example, in closing doors and curtains.

One person told us that there were no restrictions on visiting times, and their visitors were always made to feel welcome. We saw this to be the case.

A staff member told us, “I try to encourage people to do as much as they can for themselves, no matter how little.” We saw staff to encourage people’s independence during our visit.

We saw ways in which people views had been taken into account in the way they received services. A monthly evaluation of each person’s support plans had been implemented. We saw that people, or their legal representative, were asked to sign that the review has been discussed with them and whether or not they agreed with it.

The manager told us that there had been recent reviews of three people’s care and support with them and their representatives. This followed recognition that these review meetings had not previously been taking place consistently. The manager told us that she aimed for these to take place with each person on a six-monthly basis. We saw recorded feedback from a relative that all aspects of care had been discussed with them. Records showed that the manager intended to further enable people and their representatives to be involved in reviewing and agreeing their care plans.

Is the service responsive?

Our findings

At our inspection of 18 November 2014, the provider did not give us specific details of recent complaints and responses when requested, and the complaints procedure was not on display in the service. This did not assure us of an effective and well-organised complaints system. This meant the provider was in breach of a regulation. We did not assess this breach at our subsequent inspection of 02 February 2015 as we concentrated on the most significant breaches that had direct impact on people using the service.

At this inspection, we looked at the actions taken by the provider in respect of our previous concern. We found that although the provider had taken some action to address this, it was not sufficient.

The complaints procedure was now on display in the entrance hall. However, at our inspection of 18 November 2014, we had stated that the complaints policy had no information on how it would be brought to people's attention, and how to support people to complain if needed. We found that this information continued not be clarified within the provider's complaints policy. Additionally, the provider's website still did not give information on how to make complaints. The manager told us that people had recently received a copy of the service's Service User Guide which included complaints processes. However, the manager confirmed that the guide had not yet been shared with people's relatives. These matters failed to demonstrate that the provider's complaints system was accessible.

Since the last inspection, the provider had copied us into their written responses to four complaints raised by relatives of people using the service. These demonstrated detailed investigations and responses to the matters raised. However, the letters did not inform the complainants of how they could take further action if they were not satisfied with the responses, either directly with the provider or using external bodies. The provider's complaints policy did not clarify this, although it did state that complaints could be made to the industry regulator. However, information on that was not included in these response letters. The failure to explain how complainants could take further action demonstrates that the provider did not take all necessary and proportionate action in response to the complaints.

The service's complaints file included a Complaints Investigation Record for a complaint made in December 2014. It stipulated clear findings and gave a statement of what improvement the service would ensure. It was noted that the regional manager would be meeting the complainant; however, the file did not have further information on that meeting, nor an outcome letter to the complainant. This demonstrated a failure in the effective operation of a system for recording complaints.

Subsequent complaints were difficult to follow within the complaints file. There was no index of complaints with statements of outcomes and actions taken in response to the complaints, although we were shown a list of complaints in relation to specific matters. This demonstrated a failure in the effective operation of a system for recording complaints.

The complaints policy stated that complaints would be reviewed "on a quarterly basis to establish trends and determine lessons to be learnt." The quality assurance policy added that the number and nature of complaints received and resolved would be reviewed monthly. We asked for evidence of these reviews. The regional manager told us that the only audit of complaints was "reviewing to check complaints have been responded to." They added that they recognised that there was "work to do around analysis of complaints." This failure to monitor complaints to identify trends over time demonstrated an ineffective complaints system.

The above evidence demonstrates a breach of Regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that there were now records of informal complaints at the service. These demonstrated that the service was capturing informal expressions of dissatisfaction and taking action to improve, for example, in terms of malfunctioning hot water systems on the top floor which the manager told us were now fully fixed. We also saw records of two-monthly meetings for people using the service and their representatives. These showed that, along with praising much of the service, people could raise issues concerning them, and that they were listened to.

People received personalised care that was responsive to their needs. People's care files demonstrated care planning that was responsive to individual needs and preferences. For example, personal care support plans reflected

Is the service responsive?

preferences for which product to use and whether the person wished to have a bath or shower. Where a person had a high Waterlow score (which indicated the person's potential for developing a pressure ulcer), full body checks were carried out in accordance with the guidelines. We saw charts in individual bedrooms which were used if a person needed to have topical cream applied. All charts we looked at were accurate and up to date. There were individual folders about each person which included likes and dislikes and the mobility support required. They also contained daily notes which recorded the person's mood, activities, visitors and comments on what they ate and drank.

There were comprehensive assessments of people's needs and care plans reflected this. For example, where a person needed to wear glasses, the care plan stated, "Ensure glasses are being worn and they are clean." We saw that this person had their glasses on at all times. We also saw evidence of staff responding to this person's particular eating habits. For example, it was noted on their care plan how they "liked to snack during the night if they wake up." Night care records confirmed they were offered snacks when they woke.

There was an up-to-date Support Plan Monthly Evaluation form in each person's care file. Any changes were noted and recommendations made. For example, when a person became bed-bound, the recommendation was to 'ensure the person's radio is left on a station of their choosing and chat frequently with the person.' We saw care workers engaging with the person on several occasions.

We listened to the handover of information from night to morning staff. Specific updates were passed on for each person using the service, so that day staff could be aware of

specific needs people may have. For example, having a disturbed night's sleep, any pain experienced during the night, any specific health routines followed, and if they had already had medicines or support to wash and dress. This helped to ensure responsive and individualised care.

Since our last inspection, the service had employed a second activities worker, and so the range and extent of activities had improved in line with this investment. We were told of a number of community excursions now taking place, assisted by the service's minibus, such as to local museums, shopping centres and garden centres. People were therefore supported to maintain links with the community.

On the day of our inspection, despite one activities worker being on leave, three activities took place, which included flower arranging, a quiz and an entertainer. We observed how this variety of activities appealed to a wide range of people. One person we spoke with said, "I have never seen anything like the activities; I am so busy, I never used to do anything when I was living at home." This person showed us their activity programme, which also included weekends, and confirmed that everything advertised took place. Other comments included, "I like the activities and read a lot", "I'm never bored" and "There is something happening every day." A number of people also mentioned the choir that has been started.

A visiting relative told us there was "always something going on" which their relative enjoyed. Observations and feedback indicated that many people using the service engaged with the activities and enjoyed them, and so it was evident that activities were a clear strength of the service.

Is the service well-led?

Our findings

At our inspection of 18 November 2014, we found the provider's quality auditing processes to be ineffective at identifying and addressing some risks to people's safety and welfare. This meant the provider was in breach of a regulation. We did not assess this breach at our subsequent inspection of 02 February 2015 as we concentrated on the most significant breaches that had direct impact on people using the service. However, at that inspection, we found that some care delivery records were not consistently accurate and kept up-to-date, which put people at risk of unsafe and inappropriate care. This meant the provider was in breach of another regulation.

At this inspection, we found that the provider had addressed our previous concern about records. Charts used for monitoring purposes, such as records of turning people regularly where they had skin integrity risks, were up-to-date from the start of the inspection visit. Staff told us they had to copy key charts about people daily, and pass them to the manager for auditing purposes. There was specific guidance in the staff office reminding staff on expectations around keeping records up-to-date.

We looked at four people's care plans and saw that the manager had recently audited them. Notes were made such as "Medication to be completed; Gaps in daily notes." There was a date set by which these actions had to be completed and we saw how they were subsequently signed off as completed. The manager told us the intention was to do a comprehensive audit every three months "in order to capture everything about the person."

We found that there were systems of auditing quality and risk at the service, and action was taken to address shortfalls that this process identified. However, we found some risks to people's health, safety and welfare that the auditing processes had not identified. Our findings demonstrated two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking enforcement action against the provider in respect of these breaches because they are similar to concerns we found at our November 2014 inspection. This shows that the provider's quality auditing process was not fully effective at assessing, monitoring and improving the quality and safety of the services provided.

The above evidence demonstrates a breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the last two Monthly Provider Visit Reports for the service, as completed by the regional manager. These gave an updated overview of the standard of service being provided to people, including checks of people's views and compliance with relevant service protocols. Each included a plan of actions for the manager to address by set dates. We were able to confirm that a number of the action points, such as audits of records and infection control, had occurred. We also saw evidence that a safety concern raised by people using the service had been addressed. This meant that the visits were helping to improve quality at the service.

We saw a wide-ranging health and safety audit for the service from the week before our inspection visit. Whilst it demonstrated the safety of the service overall, it also identified areas for improvement, for example, that staff training was not complete due to some new starters. There was also an action plan arising from the previous audit, with evidence of completion of tasks that was signed off by a member of the provider's auditing team.

An independent organisation had audited the views of people using the service in the autumn of 2014. It indicated an overall improvement in people's experience of the home compared to the previous year's results. The manager informed us that the detailed results of the audit had been incorporated into the service's action plan that we saw was being updated on a regular basis as action points were addressed.

At the time of our visit, the manager had been in post for five months. She demonstrated that she knew the service and people using it well. During our visit, we received positive comments about the manager's approach and knowledge of people. For example, one person told us that the manager is "very helpful and a nice person. There have been lots of changes but things are gradually getting better." A visiting relative said, "It is great to know there is a proper manager here now." We also saw a recent entry in the service's complement file describing the manager as "outstanding."

We found that the management of staff promoted a positive culture that aimed to deliver high quality care to people. Staff we spoke with showed enthusiasm for their

Is the service well-led?

work, and feedback positively about the management of the service, for example, having a better staff room and that a new uniform had been introduced. Their comments included, “The manager is very organised, she is fantastic. I can rely on her.” We saw opportunities for staff involvement in the running of the service, for example, to be trained in providing the staff team with face-to-face training on manual handling. Keyworking responsibilities had been clearly allocated, along with responsibilities for specific service standards such as health and safety.

Staff meetings were taking place, both during the day and at the start of the night shifts, so as to include more staff. Records of these showed evaluation of the standard of current services to people, support of staff, and guidance on expectations such as completing workbooks on diabetes and Parkinson’s disease.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person failed to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. [Regulation 17(1)(2)(a)]</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person failed to safely provide care to service users. This includes a failure to assess the risks to the health and safety of service users receiving the care, a failure to do all that is reasonably practical to mitigate against any such risks, and a failure to properly and safely manage medicines. [Regulation 12(1)(2)(a)(b)(g)]

The enforcement action we took:

We served a Warning Notice on the Registered Provider, to become compliant with the regulation by 15 July 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person failed to take necessary and proportionate action in response to failures identified by complaints, and failed to establish and operate effectively an accessible system for receiving, recording and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. [Regulation 16(1)(2)]

The enforcement action we took:

We served a Warning Notice on the Registered Provider, to become compliant with the regulation by 29 July 2015.