

Homely Care Limited

St Theresa's Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This unannounced inspection of St Theresa's Rest Home took place on 10 February 2015. This care home provides accommodation and personal care for a maximum of 23 older people, some of whom have dementia. At the time of our inspection 18 people were using the service.

At our last inspection on 21 January 2014 the service did not meet Regulation 10 (1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At that inspection, the service did not have specific risk assessments and risks to people were not always being monitored on a regular basis. Therefore the service did

not have an effective system in place to identify, assess and manage the risks to the health, safety and welfare of people who used the service. Our inspection on 10 February 2015 found that the service had specific risk assessments for people and these were being monitored on a regular basis.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the service told us they felt safe in the home. Relatives of people who used the service told us that they were confident that people were safe in the home. The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse.

We found that some aspects of medicines management were not safe. The service was not following current guidance and regulations about the management of medicines. Some medicines were not stored safely, some medicines records were not up to date, and controlled drugs were not managed safely. This meant that people were not protected against the risks associated with the unsafe storage and recording of medicines.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the home and the support they received from the registered manager and their colleagues. We noted there was a lack of documentation to confirm that staff had received medicines training and made a recommendation in respect of this.

We saw people who used the service were treated with kindness and compassion by care staff. People were

being treated with respect and dignity and care staff provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

People received personalised care that was responsive to their needs. Care plans were person-centred and specific to each person and their needs. We saw that people's care preferences were also reflected. Risk assessments had been carried out in respect of various risks posed to people who used the service. People we spoke with were not positive about the activities available to them at the home and we saw a lack of evidence to confirm that people were involved in regular activities. In light of this we made a recommendation that further activities were available to people in the home.

During the inspection we found that there was a lack of documentation available relating to the management of the home. This included a lack of documentation in respect of supervision meetings, induction, appraisals and staff meetings.

Systems were in place to monitor and improve the quality of the service. However, the system was not effective as it failed to identify the issues in respect of medicines and documentation relating to the management of the home.

Professionals who provided us with feedback stated that they were satisfied with the quality of care provided and there were no concerns regarding communication.

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.

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 safe because the service was not managing medicines properly and this was putting people at risk. There were issues with the storage and recording of some medicines.

People who used the service told us that they felt safe in the home.

There were safeguarding and whistleblowing policies and procedures in place to protect people.

Most risks to people were identified and managed so that people were safe and their freedom supported and protected.

Cleaning substances were stored in a cupboard that was not locked. We were concerned that this meant that people who used the service may be put at risk.

Inadequate



Is the service effective?

This service was not always effective. The majority of staff had completed relevant training to enable them to care for people effectively. However, there was a lack of evidence to confirm that staff had received medicines administration training. Staff told us they felt well supported by their colleagues and the registered manager.

Staff told us that they received regular supervisions, appraisals and an induction. However, there was a lack of documented evidence to confirm that these took place and appropriate records relating to the management of the home were unavailable.

People were able to make their own choices and decisions. When speaking with the registered manager, she showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

Requires Improvement



Is the service caring?

This service was caring. People were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and knew people well.

People's privacy and dignity were respected by staff and staff were able to give examples of how they achieved this.

Good



Summary of findings

Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs.

Care plans were person centred and included details of people's preferences and choices.

On the day of our inspection, we saw that there were some activities available for people however when we spoke with people who used the service they were not complimentary regarding the activities available to them. Further, there was a lack of evidence to confirm what activities were available to people.

There were clear procedures for receiving, handling and responding to comments and complaints.

Requires Improvement



Is the service well-led?

The service was not always well led. There were a lack of effective systems in place to monitor and improve the quality of the service. Quality monitoring systems and safety audits were not always effective or robust enough to identify problems within the service. Further, we found that some essential records such as staff meeting minutes were not available and therefore there was no evidence that these were documented consistently.

We found the service had a clear management structure in place with a team of care staff and the registered manager. Staff we spoke with told us that they felt supported by the registered manager and spoke positively about working at the home.

Requires Improvement



St Theresa's Rest 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 provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of St Theresa's Rest Home on 10 February 2015. The inspection team consisted of two inspectors and a pharmacist inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people.

Most of the people who used the service were able to communicate with us verbally. We also observed how the staff interacted with people who used the service and how people were being supported during the day. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

As part of our inspection, we spoke with four people who used the service, seven relatives of people who used the service, two care professionals and one visitor who had contact with the home. We also spoke with five members of staff including the registered manager. We reviewed seven care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People who used the service told us that they felt safe in the home. One person said, “I feel safe here.” Relatives of people who used the service told us they felt the home was safe.

We found that some aspects of medicines management were not safe. All prescribed medicines were available, there were regular reviews of people’s health by their GPs, and arrangements were in place so that people received their medicines regularly, however the service was not following current guidance and regulations about the management of medicines. Some medicines were not stored safely, some medicines records were not up to date, and controlled drugs were not managed safely. This meant that people were not protected against the risks associated with the unsafe storage and recording of medicines.

The arrangements for controlled drugs were not safe. The service did not have a controlled drugs cupboard. We saw that two controlled drugs which required special storage in a controlled drugs cupboard were not being stored legally, according to the Misuse of Drugs Safe Custody Regulations. Additionally, one of these controlled drugs was not stored in the box it had been dispensed in and was not labelled with the drug name, patient name or instructions for administration. There were no arrangements in place to safely dispose of controlled drugs. Some entries in the controlled drugs register were incomplete, e.g. the balance of one of the controlled drugs had not been recorded since at least August 2014, and we calculated that there was a discrepancy of 40 ml from a bottle containing 250 ml over a period of 26 days. Some entries in the register had been completed in advance. Therefore controlled drugs were not being managed in accordance with good practice and regulations.

Some medicines were not being stored safely. We saw that the door to the medicines room was kept unlocked during the day when not in use. Although most medicines were stored securely in a locked trolley, there were spare supplies of medicines and medicines for disposal stored on top of and inside an unlocked cupboard within this room. The quantities of these spare supplies of medicines were not recorded anywhere. This meant that these medicines were not stored safely or properly accounted for, which increased the risk of unauthorised access or misuse.

Some medicines records were incomplete. Although there was no evidence that people were given their medicines incorrectly because of this, inaccurate recording increased the risk of this happening. Although we were told that prescribed creams were being used, when care staff applied creams no records were made of this; therefore there was no evidence that these were being used as prescribed. The allergy status field had not been completed on people’s medicines records, and the manager told us that two people had allergies to penicillin. We saw that two medicines had been stopped, the dose of two medicines had been changed, one medicine prescribed to be given at lunchtime was being given at night-time and a sedating medicine for agitation prescribed to be given only when needed was being administered regularly twice a day. Although the registered manager provided evidence that the GP or community mental health teams had authorised these changes and that people were receiving their medicines correctly, their medicines administration records had not been updated with the new dosage instructions. The registered manager told us that one person was having their medicines crushed, as they were unable to swallow tablets, however there were no instructions on this person’s medicine’s record indicating that this medicine was to be crushed, and the pharmacist had not been consulted to check whether it was safe to do this. Appropriate arrangements for the use of medicines prescribed to be used only when needed, or “PRN”, such as pain relieving medicines and medicines for agitation, were not in place, which meant that staff did not have sufficient instructions on when to administer these medicines. These “PRN” medicines were being given regularly every day, instead of only when needed. The registered manager told us that the GP had authorised these changes, but had not changed the directions on the repeat prescriptions. Medicines administration records had not been updated with the new dosage instructions. The lack of written guidance or care plans for these medicines placed people at risk of incorrect or inappropriate use of these medicines.

When we asked how the service ensured that medicines were managed safely, the registered manager told us that the pharmacist responsible for supplying medicines to the service carried out an audit once a year. The last audit was carried out in February 2014, and no problems were identified with medicines at that time. By way of explanation for the issues we noted with how medicines were being managed, the registered manager told us that

Is the service safe?

the service had been experiencing difficulties recently with the ordering of medicines after the GP surgeries began electronic prescribing. This meant that prescriptions were being sent electronically from the GP to the pharmacy without being checked by the service first. The registered manager told us that they were spending a significant amount of time dealing with incorrect and incomplete prescription orders, to ensure that supplies of medicines were available for people on time, so that people did not miss any doses of their medicines. This meant that less time had been spent on other aspects of medicines management, and the standard had slipped recently.

The above issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection on 10 February 2015, the registered manager wrote to us on 13 February 2015 to confirm that they had made arrangements to order a controlled drugs cupboard, that all medicines were now stored safely, and that the pharmacist was due to carry out a medicines audit on 17 February 2015, to help the service make the necessary improvements with issues we identified. The registered manager also confirmed that staff would receive medicines training within the next eight to twelve weeks.

There were safeguarding and whistleblowing policies. However, we noted that the home's safeguarding policy did not refer to social services and raised this with the registered manager. The registered manager confirmed that the policy would be amended to ensure that details of social services were included.

We looked at training records for four members of staff and saw that three of the staff had completed training in how to safeguard adults. We spoke with the registered manager about this and she confirmed that all staff at the home except one recently employed member of staff had completed safeguarding training. Care staff we spoke with were able to identify different types of abuse that could occur and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager and if needed the provider, social services and the CQC.

The previous inspection on 21 January 2014 found that risk assessments were not always clearly documented in

people's care plans. During the inspection on 10 February 2015 we looked at seven care plans and found that in all but one instance individual risk assessments were completed for people who used the service and these were reviewed monthly. In the one instance, we noted that the risk of falls had been identified by the care plan which included the measures to control the risk, however no separate risk assessment was completed. Staff were provided with information on how to manage these risks and support people. The care plans we reviewed included relevant risk assessments, such as nutrition, manual handling/mobility and falls. Pressure ulcer risk assessments included the use of the Waterlow Scoring Tool. This tool is recommended by the National Institute for Clinical and Healthcare Excellence (NICE).

Through our observations and discussions with staff and people, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. The rotas correctly reflected which staff were on duty at the time of our inspection. The majority of staff we spoke with told us that they felt that there were enough staff and had no concerns in respect of staffing numbers. We also observed that staff did not appear rushed on the day of our inspection and were able to spend time interacting and speaking with people who used the service.

We saw there were recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for four care staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references had been obtained for all four care staff. However, we noted that where professional references were obtained, these were not always stamped by the referee or on letter headed paper and therefore it was not always clear where the references were from. Where character references were obtained, the provider had not verbally verified these references and therefore it was not evident whether these were authentic. We spoke with the registered manager about this and she said that she would ensure that this was done for future staff employed.

The home had an infection control policy which included guidance on hand washing and the management of

Is the service safe?

infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with care staff. They were aware that soiled and infected linen needed to be washed at a high temperature. We noted that some cleaning substances were stored in a cupboard that did not

have a lock. We were concerned that this meant that people who used the service may be put at risk. We raised this with the registered manager and she told us that there was usually a lock on the cupboard and said that she would ensure that the door was locked.

Is the service effective?

Our findings

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the home. One care staff said, "I enjoy working here" and another told us, "I am comfortable working with the manager and staff."

We spoke with two care professionals and one visitor who had contact with the home. They said that the care provided in the home was good and they felt people were safe. One care professional said, "The care plans are good and staff are very accommodating."

We spoke with five members of staff including the registered manager and looked at staff training records to assess how staff were supported to fulfil their roles and responsibilities. Staff told us that they received regular supervision and this was confirmed by the registered manager. Some documented evidence was available to confirm that some supervision had taken place, however we noted that all supervision sessions had not been documented and this was confirmed by the registered manager. Also there was no documented evidence that staff received an annual appraisal in order to review their personal development and progress. Although staff we spoke with confirmed that they had received an appraisal.

All staff we spoke with said that they had received an induction and they said that it had been beneficial. However, we saw no documented evidence to confirm that staff had received an induction when they started working at the service.

The above was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a sample of training records for four members of staff and saw evidence that the majority of these staff had completed training in areas that helped them when supporting people and these included fire safety, safeguarding, manual handling, health and safety, the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards (DoLS). Staff we spoke with spoke positively about the training that they had received. One member of staff said, "The training has been helpful" and another said, "The training was good."

Staff we spoke with and the registered manager told us that they had received medicines training. However, the registered manager was unable to provide evidence of this training such as dates and training certificates. As a result of the issues we found in respect of medicines, it was evident that the administering medicines training had not been effective in equipping staff and management with the necessary skills and knowledge to manage medicines safely in accordance with medicines good practice and regulations.

We saw care plans contained information about people's mental state and cognition. When speaking with the registered manager and staff, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. We observed care staff asking people for permission before carrying out any required tasks for them.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had not applied for the relevant safeguarding authorisations called Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that an individual being deprived of their liberty (either through not being allowed to leave the home or by using a key pad which they would not be able to use) is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. This was not happening in the home and we spoke with the registered manager about this. The registered manager was aware of the procedures for making a DoLS application and liaising with the local authority DoLS officer to ensure that people who used the service were not unlawfully restricted. Following the inspection, the registered manager confirmed that she would contact the local authority DoLS lead to ensure that the necessary assessments were carried out and also informed us that they had commenced applications for three people who used the service.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people

Is the service effective?

had the capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives to get information about their preferences.

We looked at a sample of seven care plans and saw that these were person centred. Care support plans included details of people's preferences and routines. However, we noted that care plans were not signed by people who used the service. We recommend that the provider makes sure that people who use the service or their representatives sign their care plans, to confirm that they agree to the care and support they receive. People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with healthcare professionals.

The arrangements for the provision of meals were satisfactory. We saw that there was a set weekly menu and people chose what they wanted to eat and this was accommodated for. There were alternatives for people to choose if they did not want to eat what was on the menu. The registered manager explained that people decided what they would like to have on the menu every week during the resident's meeting. People were generally positive about the food at the home. One person told us, "The food is very good. There is a variety but not a wide one." Another person told us, "The food is good." During the inspection we observed people having their lunch and

dinner, which was unhurried. Staff were respectful and supported those who required assistance. The atmosphere during lunch and dinner was relaxed and people appeared to be enjoying their meal. We saw that some people sat together at the dining table whilst other people sat in chairs and ate their meal. We saw that the food was freshly prepared and looked appetising. However, one care professional told us that when they visited the home recently, people were being served lunch at 11.30am. We noted that this was too early for people to have lunch unless they wished to eat earlier. The care professional said that they raised this with the registered manager. We noted at the time of the inspection, people who used the service had their lunch at 12pm.

We saw that people's weight were monitored and the registered manager explained that food and fluid charts would be completed for people if there was an identified risk in relation to their food and fluid intake. The registered manager confirmed that at present there were no such risks.

We recommend that staff receive medicines training and there is documentation to confirm completion of the training so that it is evident that staff have the necessary skills and knowledge to manage medicines safely in accordance with medicines good practice and regulations.

Is the service caring?

Our findings

People who used the service and relatives of people told us that they were happy with the care and support provided at the home. One person who used the service told us, "It is a nice home and I am comfortable here. I can't fault it."

Another person said, "It's a lovely home."

One relative we spoke with said, "Excellent, good care, good food" and "In terms of the care, they are very supportive." Another relative told us, "Very nice, I find all of the staff very nice" and "(my relative) has been looked after well." Another relative said, "Staff are caring and respectful."

During our inspection, we overheard a telephone conversation between the registered manager and a person's relative. It was apparent that the registered manager knew the person who used the service well and was aware of their current care and health needs.

We found people's communication needs were assessed and guidelines were included in the care plans as to how to communicate with people effectively in order to ensure they got the support they needed. Staff we spoke with were knowledgeable about people's likes, dislikes and preferences. There was evidence that people had monthly one to one key-working sessions where people's care was reviewed. The registered manager and staff told us people were asked if they wanted to make any changes to their care. However, we found the records of these reviews were not routinely signed by either the person or their relatives.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the

day. We saw care staff interact positively with people, showing them kindness, patience and respect. Staff we spoke with told us they enjoyed supporting people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time.

We saw people being treated with respect and dignity. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills. Care staff were patient when supporting people and communicated well with people and explained what they were doing and why. They were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. The registered manager and care staff we spoke with explained to us that they encouraged people to be independent.

When speaking with care staff about people's respect and dignity, they had a good understanding of this and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care staff told us, "You have to give people choices and treat people with respect." Another care staff said, "I make them feel like they have a voice."

All bedrooms were single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at seven people's care files and their needs were assessed prior to their move to the service. We found people and their family were asked about what was important to them. People's care plan contained personalised information about them, their needs and preferences and included a support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, and mental health.

People who used the service, relatives and care professionals told us that if they had any concerns or queries, they did not hesitate to speak with the registered manager. One relative said, "The manager is lovely" and another told us, "I can voice my concerns to the manager. I have a good relationship with her."

There was no formal activities timetable and the registered manager explained that this was because there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. On the morning of our inspection, we saw that there were no formal activities for people to participate in. We observed that people spent the morning watching television in the lounge. In the afternoon we observed that people took part in gentle exercises with the support of care staff.

We saw that daily notes were kept about people's daily progress, these included brief information about how people slept and what they ate and drank. However, there was no record of what activities people participated in and therefore it was unclear what activities people got involved with. We spoke with people about activities at the home and generally people did not speak positively about the activities available. One person told us, "The physical activities are boring. There are not many activities." Another person said, "There is not much in terms of activities." One care professional we spoke with told us that when they

visited the home recently they did not see any activities available for people. We spoke with the registered manager about activities available for people and she told us that she would review this.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and the Local Government Ombudsman. However, there was no reference to the local authority. We spoke with the registered manager about this and she confirmed that she would update the policy accordingly. When speaking with care staff, they showed awareness of the policies and said they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly.

We found the service had a "Comments, suggestions, complaints, compliments book" and there were no complaints since our last inspection. There was one compliment from a social worker which said, "Very happy with the care that is provided." We were also shown two 'testimonial' letters and saw relatives express how grateful they were about the care that was provided to their relatives and thanked the excellent care.

We found people and their relatives' feedback was encouraged through formal residents' meetings. There were three formal meetings in 2014 and the minutes of the meetings showed people were asked about outings, activities and about food choices. People and their representatives' feedback had also been sought through annual surveys; the latest survey was completed in December 2014 and the feedback was positive.

We recommend that the provider considers ensuring that more activities are available to people in the home. The provider may wish to refer to resources such as National Activities Providers Association (NAPA) which is a registered charity with an active interest in promoting high quality activity provision for older people or other similar resources available.

Is the service well-led?

Our findings

There was a clear management structure in place with a team consisting of care staff and the registered manager. Care staff spoke positively about the registered manager and the culture within the home. One member of staff told us, "The manager is nice. We work as a team. I enjoy working here." Another member of staff said, "The manager is very open and easy to take to. She is very approachable." All staff we spoke with told us that the team worked well together.

Staff told us they were informed of any changes occurring within the home through regular staff meetings, which meant they received up to date information and were kept well informed. Staff understood their responsibility to share any concerns about the care at the home. However, we saw that staff meetings were not consistently documented and therefore it was not clear what was discussed at these meetings.

The registered manager told us that she carried out a weekly walkabout check around the home looking at furniture, décor and access to fire safety equipment and recorded any action that needed to be taken to make improvements to the service. The registered manager told us that these were recorded in the maintenance log book. However at the time of our inspection, she was unable to locate this. Following the inspection, the registered manager sent us an extract from the maintenance book for the period of 13 December 2014 to the 6 February 2015. However, no documentation was provided for dates before this.

The above was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was not evident that appropriate records relating to the management of the home were available.

We saw evidence that the home had a system to monitor incidents and implement learning from them. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these so that staff could all

learn from these. However due to the lack of documentation relating to the staff meetings we were unable to confirm that incidents and accidents were discussed at team meetings.

Staff and the registered manager told us that the home held weekly informal meetings with people who used the service to discuss the weekly menu, upcoming activities and any concerns or queries people had. The registered manager also told us that she encouraged people and relatives to communicate with her at any time about any concerns they may have. People who used the service and relatives we spoke with told us that if they had any issues they felt comfortable raising them with the registered manager. One person said, "I feel able to ask questions to the manager if I need to."

We saw that the home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. However, there was a lack of documented evidence to confirm that the registered manager carried out monthly checks which covered various aspects of the home and care being provided such as the premises, health and safety, medication, finances and documentation relating to the management of the home. We saw evidence that the home had carried out an audit of people's care plans in January 2015. Quality monitoring systems and safety audits were not always effective or robust enough to identify problems within the service. For example, the service had not carried out any internal medicines audits and failed to pick up the issues in respect of the management and storage of medicines. Also, the lack of audit to check staff files had meant that the service had not identified the lack of documentation in respect of supervisions, appraisals and inductions.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not have effective systems in place to monitor the quality and safety of service provision.

People and their representatives' feedback had been sought through annual surveys. The latest residents' satisfaction survey was completed in December 2014. The registered manager told us the responses had not been analysed. We saw 14 feedback forms and found the feedback was very positive. Comments included "very

Is the service well-led?

friendly and helpful staff”, “the manager was always willing to listen”, “the residents are very well cared for and staff are very good” and “we do have opportunity to express our views.” The registered manager also said they had an open door policy and there was a note on the registered manager’s office door to encourage people to talk about any problems.

We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on electrical equipment and maintenance checks. Checks had been carried out for the water temperature in the home, hoists, bath hoist and wheelchairs. Fire drills and testing of the fire alarm were completed on a weekly and monthly basis.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Management of medicines), which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Service users were not protected from the risks of unsafe use and management of medicines, because the service was not following current guidance and regulations about the management of medicines. Some medicines were not stored safely, some medicines records were not up to date, and controlled drugs were not managed safely.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Assessing and monitoring the quality of service provision), which corresponds to regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Service users were at risk because the service did not have effective systems in place to monitor the quality and safety of service provision.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. (Records), which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Service users were not always protected from the risks of unsafe or inappropriate care and treatment because appropriate records and information related to the care of people and the management of the regulated activity were not always comprehensive or available