Barham Care Centre Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 13 May 2016 and was unannounced.

Barham Care Centre is a nursing home which provides accommodation and support to older people and those living with dementia and other specialist care needs including nursing. The service can accommodate a maximum of 34 people. On the day of our inspection there were 24 people who were using the service.

There was a registered manager. 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 our last inspection in August 2015 we had moderate concerns about the safe handling of people's medicines and the lack of robust and effective audits which would identify and respond to medication errors. We asked the provider to send us an action plan describing how they would make improvements. The provider sent us an action plan which described the action they would take to ensure compliance.

At this inspection we found some improvement. There were improved systems in place with clear records and regular management monitoring audits of stock against administration records. Where previous errors had been identified there was a clear system for logging, reporting and actions described in responding to errors in a timely manner. We found that there were detailed medication profiles in place which described the medicines prescribed, the reasons for this and a description of how people chose to receive their medicines including information as to any allergies people might have. However, further work was needed as we were not assured that people prescribed topical creams and lotions had received their medicines as prescribed.

The provider did not always operate safe and effective recruitment procedures which would ensure that all satisfactory checks had been completed and satisfactory before staff started their employment.

Care staff appeared knowledgeable about the care needs of the people they supported. They demonstrated their understanding of the needs of people living with dementia and what to do when people became distressed and reacted in a way that may present a risk to themselves or others.

Infection control monitoring within the service was satisfactory as control measures had been introduced in some areas. However, people were not protected and others from the risks associated with the unsafe management of food and ineffective cleaning regimes in the main kitchen.

People and their relatives were positive when describing the culture of the service. People told us staff treated them with kindness and compassion and that they had positive relationships with their care workers. They also expressed confidence in the management of the service.

There was sufficient staff available to meet the needs of people. Staff had access to training relevant to the roles they were employed to perform. Staff received regular supervision including nursing staff clinical supervision and regular staff meetings.

The provider did not have effective systems and processes in place to ensure the quality and the safety of the service was effectively monitored. The provider's system for auditing the quality and safety of the service did not identify the shortfalls we found at this inspection.

The management team and provider expressed a commitment to develop the service. This was evident during our feedback to the provider and immediately following our inspection where the provider sent us information describing the actions they had taken in response to shortfalls we identified.

During this inspection we identified 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 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.

People were not protected and others from the risks associated with the unsafe management of food and ineffective cleaning regimes in the kitchen.

At the time of our visit staff were deployed in sufficient numbers to meet people's care and treatment needs.

The provider did not always operate safe and effective recruitment procedures which would ensure that all satisfactory checks had been completed and satisfactory before staff started their employment.

Is the service effective?

Requires Improvement

The service was not consistently effective.

We continued to receive mixed feedback from people and their relatives about the quality and variety of the food provided.

Staff were provided with training relevant to the roles they were employed to perform.

Staff received access to regular supervision including for nurse's clinical supervision and regular staff meetings.

Is the service caring?

Good

The service was caring.

People told us staff treated them with kindness and respect.

Where people who were able to express their views, they were regularly consulted about how they lived their daily lives.

Some people's choices, wishes and preferences in relation to the planning for their end of life care had been considered and recorded in their plan of care.

Is the service responsive?

Good

The service was responsive.

Staff supported people to access individual and group activities.

Care staff were knowledgeable about the care needs of the people they supported. They demonstrated their understanding of the needs of people living with dementia and what to do when people became distressed and reacted in a way that may present a risk to themselves or others.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People, their relatives and staff were confident in the management of the service.

The provider did not have effective systems and processes in place to ensure the quality and the safety of the service was effectively monitored. The provider's system for auditing the quality and safety of the service did not identify the shortfalls we found at this inspection.

Barham Care Centre Limited

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 the 13 July 2016 and was unannounced.

This inspection was carried out by one inspector, a specialist nurse advisor 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. The Expert by Experience had experience of providing care and support for an older person.

Before the inspection the provider completed a provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with seven people who were able to verbally express their views about the quality of the service they received and four people's relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the registered provider and eight members of staff, including the registered manager, the deputy manager, the head of quality care, two

health care assistants, two kitchen assistants and the activities coordinator.

We looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in August 2015 we had moderate concerns about the safe handling of people's medicines and the lack of robust and effective audits which would identify and respond to medication errors. We asked the provider to send us an action plan describing how they would make improvements.

At this inspection we found improvements. There were arrangements in place for the safe administration of medicines, including controlled drugs. Procedures were in place for the safe booking in, storage, administration, stock control and disposal of medicines. We carried out a check of stock against medicines administration records (MAR). Apart from one medicine which did not balance with MAR records, there were no other errors identified.

There were clear records with regular audit of stocks. Nursing staff carried out a daily stock check of medicines and recorded this on the MAR record. Where previous errors had been identified there was a clear system for logging, reporting and actions described in responding to errors in a timely manner.

We found that there were detailed medication profiles in place which described the medicines prescribed, the reasons for this and a description of how people chose to receive their medicines including information as to any allergies people might have.

People told us, "I get my medicines when I should. I don't know what I take them for but they [staff] know", "If I am in pain they get the nurse to get me a pain tablet." And "I get my medicines when they are due. I think they are very good on the medical side."

Where people were prescribed medicines on a 'when required' basis, for example pain relief, or when they were prescribed variable doses, for example 'one or two tablets', we found that staff did recorded the number of tablets administered.

Where people were prescribed transdermal patches applied to the body on a weekly basis for pain relief, there was a clear system in place to evidence where on the body these had been applied and to evidence alternative sites used at each administration. However, where people were prescribed topical creams and lotions we found gaps in MAR records to evidence when staff had administered these medicines. Staff administering creams and lotions had not been provided with easy access to body maps which would guide staff where these medicines were to be applied. This meant we could not determine if people had received theses medicines as prescribed. Immediately following our visit the provider sent us an action plan which described the action they would take to address this shortfall identified.

This demonstrated a continued breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected and others from the risks associated with the unsafe management of food and ineffective cleaning regimes in the kitchen. We found ingrained dirt, food debris and dust on and under work

surfaces and drawers. Utensils in drawers had been ineffectively cleaned with food debris still on them. Shelving, fridge and freezers door handles were found to be unclean and unhygienic. Freezers were found heavily encrusted with ice and overdue for defrosting. We reviewed cleaning schedules where staff signed to say they had cleaned specific areas of the kitchen. We found staff had signed cleaning schedules to say they had carried out cleaning of areas which appeared not to have been cleaned for a significant period of time and signed to say they had defrosted freezers when this was clearly not evident. We noted that the provider's quality and safety audits did not include monitoring the level of cleanliness within the kitchen. We were therefore not assured that the provider had systems in place to effectively monitor and maintain the standard of cleanliness in line with current legislation and guidance.

Food deliveries which included items in need of refrigeration such as cream and milk were left on the work top in the kitchen for a significant period of time without any kitchen staff available. As there was an absence of kitchen staff available we requested the provider have these items placed in the fridge.

We observed staff involved in the support of people with personal care enter the kitchen without wearing protective aprons. This had the potential to put people at the cross infection risk of acquiring health related infections. The provider told us aprons were available for staff but we observed were not easily located and within easy reach. In response, immediately following our inspection the provider took action to install a dispenser with disposable aprons at the kitchen door entrance.

We reviewed a recent inspection report following a visit to the service from the local authority, environmental health, food and safety team in May 2016. In their report inspectors had highlighted areas of concern which required urgent attention. For example, kitchen staff found not following safe hand washing good practice guidance in the preparation of food, washing up of crockery in a food only sink, and food stored at higher than recommended fridge temperatures and lack of food temperature calibration records.

In response to the shortfalls we identified during our tour of the kitchen we asked the homes manager and provider to join us in the kitchen so that they could observe what we had seen. The provider took immediate action to instruct kitchen staff to clean the kitchen.

This demonstrated a breach of Regulation 15(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always operate safe and effective recruitment procedures which would ensure that all satisfactory checks had been completed and satisfactory before staff started their employment. We looked at the staff recruitment records for four of the staff most recently appointed. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with older adults. However, we noted that for two staff had started working at the service prior to the provider having received satisfactory disclosure and barring checks (DBS) and satisfactory references.

This demonstrated a breach of Regulation 19(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff used a computerised risk assessment tool to monitor risks to people's safety. These records included personalised risk assessments and guidance describing actions for staff to take in the planning to reduce the risk of harm to people. These included the risks associated with inadequate food intake, the risk of falls and the safe moving and handling of people with plans which guided staff in how to carry out these procedures

safely. However, we found that for some people with bed rails in place, risk assessments had not been fully completed and lacked detail to guide staff in monitoring the safe use of this equipment. The provider did not have an effective system to regularly check the safety of bed rails. When bed rails are used in a care home national guidance states that the provider must ensure regular checks are carried out. These checks should include a check that they are in good working order, safe and risks to entrapment between poorly fitting mattresses, rolling over the top of the bedrails are considered and action taken to protect people from the risk of harm. We discussed this with the provider who immediately implemented a review of care plans. They also put in place an audit tool to ensure regular safety checks of bed rails were carried out to ensure people were protected from the risk of harm.

There were policies and procedural guidance for staff describing actions staff should take in the event they suspect abuse had taken place. Staff told us they had received training in recognising abuse and we noted that newly appointed staff induction training included raising awareness of what constituted abuse and guidance as to what action to take in response. Staff demonstrated the required knowledge of how they would report poor practice to the management and how to contact other safeguarding authorities.

Everyone we spoke with told us they did not have any concerns about their safety. One person told us, "They [staff] try and treat you as family. I'm happy. The second day I was here I knew I wanted to stay." Another person told us, "Some of them [staff] are alright, they are friendly enough. Nothing has ever worried or frightened me."

We observed people had their call bell within easy reach which meant they could call for staff support whenever this was needed if they had the capacity to do so. When we asked people if there was enough staff to meet their needs, we received a mixed response. Comments included, "Sometimes they can be a bit slow in answering when you call. Sometimes as long as five minutes, it can feel like a long time and it makes me feel uncomfortable", They [staff] come fairly quick, they let me know if they are getting somebody, they say to me 'I'll get somebody' and then they don't come back", "The response time varies, it can be quick but normally up to five minutes for them [staff] to respond" and "I think they are overworked sometimes, so I have to wait. They don't always have time for a chat, I just feel they are doing their job." One person who remained in bed told us, "They are sometimes understaffed particularly at night, sometimes they say, 'we are very busy'. Sometimes I think they need more staff." One relative told us, "I think most of the time they have enough staff. I never have any fault with any of the staff. There is a good mix of staff, the older more experienced staff support the newer ones."

The manager told us that the staff team was stable with only one senior health care assistant, one health care assistant and one kitchen assistant staff vacancies. They also told us they rarely used agency staff as they covered vacant shifts from within the team. Staff we spoke with told us, "You could always do with more staff but we are a good team and support one another." Another told us, "Most of the time there are enough staff. It's only when staff phone in sick last minute that it is sometimes difficult to find replacement staff to cover."

Our observations showed us that staff were not rushed; some spent time talking to people and responded to call bells promptly. People's medicines were administered in a timely, unrushed manner. However, we observed during the lunch time period a lack of staff delegation which meant that there was occasions where staff appeared to be confused as any plan as to who was delegated to the task of collecting meals from the kitchen, to the dining room, taking meals to people's rooms and who was delegated to support people with eating their meals. This impacted on people's ability to enjoy an atmosphere of calm and order which would have enhanced their meal time experience.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in August 2015 we had moderate concerns because there was ineffective monitoring and planning for people at risk to ensure their nutritional and hydration needs were being met. We asked the provider to send us an action plan describing how they would make improvements.

At this inspection we found there had been some improvements. People's weight was appropriately monitored. Where anyone started to lose weight and show signs of potential malnutrition, food and fluid intake was monitored and appropriate referrals had been made to the access specialist support such as a dietician or speech and language therapist. People's nutritional assessments showed that action had been taken to boost calorific intake using food first principles by adding cream shots and providing milkshakes as well as prescribed supplements.

We continued to receive mixed feedback from people and their relatives about the quality and variety of the food provided. Some people told us that the food was to their liking but others were less complimentary. Comments received included, "They [staff] do know the foods, I cannot eat because they know I become unwell if I eat them. Because the food comes in bulk they do not always know what is going to be on the menu in advance", "I don't know until five minutes before the grub comes out what there is to eat. They bring out two hot meals and if you don't like either they try and find you something else. They never leave you without anything" and "The breakfasts they have provided everything I have asked for but the main meals they provide, the portions are too small, you can't ask for more because they have to think of all the other people here. They do have nice desserts though, custard, rice pudding, tapioca, they are all the things I like." A relative told us, The food is adequate, the cooks rely on prepared veg too much, it's too wet and tasteless. The meals are not presented with care and attention and not always appealing."

We observed the experiences of people whilst eating their meals. Although meals were not being prepared and cooked on the premises as frozen meals were ordered and heated on the kitchen, we saw that people's individual needs and wishes were being catered for where possible, including specialised diets. Staff were attentive and ensured that people were happy with their meal choice and that they had sufficient drinks available at all times. However, we noted that the tea time meal provided was not according to the menu produced as there was not enough of the meal as stated on the menu for everyone. All of the people we spoke with told us they did not have access to a menu and did not always know what would be provided for them to eat at each meal.

Biscuits were provided with drinks. However, the choice was limited and we observed that there were limited other snacks available other than biscuits and a bowl of fruit on display. Staff and people told us that if they asked for snacks; toast, biscuits and crisps were available to people when they wanted them but was reliant on people having capacity to ask for them.

Where required people had been provided with supportive equipment that enabled them to eat and drink independently.

We observed good interaction between staff and people who used the service. Where people required assistance with eating or drinking we saw that staff supporting them encouraged eating and drinking in a sensitive and unrushed way. This meant that people were supported to eat and drink sufficient amounts to meet their needs.

Staff knew the people who used the service well and were able to tell us what people's care needs were. One person told us, I think they look after me well. Not all of them know how to give you a good shave." Another said, "Most of the staff look like they know what they are doing. Staff are so willing to undertake any job, you explain what the problem is and they don't blame you, they tell you not to worry." A relative told us, "The staff do appear to be knowledgeable and know what they are doing. They are quite open to people's opinions and aware of their ability to do things. If someone tells them they need help with something they always encourage them to be independent and ask 'can you manage this'. If people can't manage then they ask 'what do you think is the best way to do it? They are quite hot at keeping an eye on people."

Nursing staff told us they had been supported with access to updated training and clinical professional development opportunities. This enabled them to update their knowledge and clinical skills. For example, in providing specialist palliative care and up to date training in the use of syringe drivers for the administration of controlled drugs to aid pain relief.

Newly employed staff told us about their induction which included a period of shadowing more experienced member of staff. Staff told us the manager was supporting them to attain the 'care certificate'. This supported staff in their working towards and competent in accordance with nationally recognised standards of care.

Staff told us, and records confirmed that staff had access to regular one to one supervision sessions with either the manager or senior staff. This meant that staff had regular opportunities to discuss their professional development and any issues relating to the care of people who lived at the service.

Staff confirmed that most had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were clear that people's capacity to consent could fluctuate and each person was assessed individually. We observed throughout the day that people's consent was sought before any care and treatment was provided. Staff supporting people to mobilise and when supporting with a hoist would explain what they were doing at each stage and reassured people when they became anxious.

When we asked people if staff sought their consent before providing care and treatment? People told us, They always ask if you need anything and yes they do ask you before they help you, they don't try and force you." "They always ask before they help me with a wash or when I want to go to bed."

People were not limited in their access to various areas of the service. However, they did tell us they were limited in accessing the garden due to the building extension works taking place.

Next of kin information recorded within people's care records was not always clear. For example, records did not describe whether the person appointed as next of kin was a family member, friend or other. It was also not clear if and when the appointed next of kin had lasting power of attorney status and held the legal responsibility if the person lacked capacity to make decision on their behalf in relation to the handling of their personal finances or their health and welfare.

A review of records showed us that people had access to a variety of healthcare services including GP's and

chiropodists. People told us staff responded promptly to support them with access to health care services when required. One person told us, "They are sorting out my problems. The doctor visits regularly. If I need a doctor they are quick to arrange this."

People and staff told us there were good links with local GPs to ensure people's medical needs were met. People and family members told us they were supported to be in control of medical decisions that related to them. Staff told us there was a good relationship with the local GP surgery. We noted for one person arrangements had been put in place to set up anticipatory pain relief medicines for people who had specialist, palliative care needs.

Good

Is the service caring?

Our findings

People told us when asked if staff were kind and compassionate towards them, "They're [staff] brilliant, they listen to me, and I always have a laugh and a joke with them, they understand me, they are absolutely lovely." Another told us, "They are all very kind."

We observed people were treated with warmth and kindness. Staff had time to sit with people and chat to them. There were positive interactions and people were relaxed and comfortable in the presence of staff. We observed staff attending to people's request for support with kindness and reassurance when needed.

Where people required support with their eating and drinking this was provided at a pace that suited the individual. Staff were attentive and care was provided with dignity. Staff respected people's decision regarding how they wished to spend their time. We observed people were consulted as to where they chose to spend their time, what they ate and whether or not they chose to be involved in group activities.

People were cared for and supported by staff who knew them well and understood their likes, dislikes, wishes and preferences. People told us that staff knew their needs and described to us how staff cared for them in a personalised way. One person said, "I choose to eat in my room. I prefer a bath and I have one every day. I prefer my baths in the morning and mostly they respect this." Another told us, "I am limited in what I can do now but staff encourage me to do what I can and listen when I tell them what I cannot do for myself."

People told us they were supported, where necessary with daily living tasks and were encouraged to do as much as possible for themselves in supporting them to be independent and become more confident in their abilities. One person said, "There are some who encourage you to keep going and not give up. This is good for me as you grow tired and it's easier to have people do things for you."

People told us they were treated with dignity and that their privacy was respected by staff. One person told us, "I like my room and I can go there to be on my own when I want." Another said, "They [staff] knock on the door and call out before coming into the room. They ask if you are alright and chat to you. Although there are some who just walk through without knocking."

People who were able to express their views told us they were regularly consulted about how they lived their daily lives. One person told us, "There are few restrictions here. I can go out if I want with support from my relatives. I choose what time I get up and go to bed. I like to be outside and not cooped up inside." Another told us, "They do listen to you and explain things when you need them to." Relative's told us they were regularly updated with any changes in their relative's care and support needs.

Some people's choices, wishes and preferences in relation to the planning for their end of life care had been considered and recorded in their plan of care. For example, one person who had specified a specific item of clothing they wished to be buried in, this item had been placed in their wardrobe with their specific instructions evidenced. However, for some people there was little information or evidence that they had

been consulted with this regard. Staff told us they were supported well in meeting the needs of people who required specialist palliative care through contact for specialist support and advice which included visits from the hospice at home team.

Where people at the end of life who may need controlled drugs for pain relief, planning and arrangements had been put in place to ensure that people had access to pre-emptive medicines to access pain relief if this was required out of hours including weekends.

Good

Is the service responsive?

Our findings

Care plans held electronically had been reviewed and updated on a monthly basis. However, specific actions in relation to the use of equipment such as bed rails and continence aids were not effectively recorded and updated to provide staff with the guidance they needed. Paper copies which we were told were made available to access in the event of computer failure, for people who used the service to access their own and for agency staff. These copies were found to be out of date, contain conflicting information to the information recorded on the electronic system and had not been updated to reflect people's current care needs. It was not always evident that people had been involved in the planning and review of their care plans. Immediately following our inspection the head of quality and care provided us with an update as to action they had taken in response to our feedback.

People told us they received the care and support they needed at the times they wanted it. One person said, "They are pretty good at knowing what you need." Another said, "They help me with my washing and dressing. I have no complaints in the manner in which they care for me."

Care and nursing staff appeared knowledgeable about the care and nursing needs of the people they supported. They demonstrated their understanding of the needs of people living with complex health conditions, dementia and what to do when people became distressed and reacted in a way that may present a risk to themselves or others.

Staff including the activities organiser were knowledgeable and enthusiastic when describing how they supported the needs of people living with dementia. We observed activities staff sensitively supporting people on a one to one basis with manicures, hand massages, reading the daily newspaper, puzzles and supporting those people who required support with eating their meals.

A weekly plan of activities described a range of different group and individual one to one activities, aimed at meeting people's individual needs and interests. These included, exercise classes, trips to the shops, drawing and painting, card making and music sessions. One person told us, "I go on trips sometimes, in a bus. I've been put down for the trip to Felixstowe tomorrow." Another told us, "I really enjoy the music sessions when we have them. There was a bloke here yesterday playing the banjo." A relative told us, "[relative] very much enjoys the trips when they go out. It is good for them to get out in the fresh air." People also told us their views were listened to in the planning of activities. This meant that people were provided with opportunities to access activities to pursue their leisure interests and activities that promoted their autonomy and community involvement.

People and their relatives told us they were provided with information on how to access the provider's formal complaints procedure. They also told us they were informed regarding any changes to the service. One relative told us, "I had reason to complain when [relative] was admitted to hospital and they did not tell us. It turned out they didn't have the correct next of kin information. I am happy with the way they have resolved it." Another relative told us, "The one thing they really need to change and I feel they are not listening to is the quality of the food and the menu they provide. It needs to be better presented and more

varied."

We reviewed a survey carried out to ascertain the views of people in relation to the quality of the meals provided. The views of people reflected our findings at this inspection. The provider told us they had listened to people's views and had recently recruited a new cook for the kitchen who they believed had the necessary skills to implement the required changes to improve the meal time experience for people.

Requires Improvement

Is the service well-led?

Our findings

We looked at governance systems within the service to see how regular checks of the quality and safety of the service led to planning for improvement of the service. The head of quality care had recently implemented clinical audits which included infection control, falls monitoring, wound audits, clinic room audits and systems for monitoring medication administration errors. Where action was required in response, this had been identified, timescales for completion and action taken had been recorded.

The provider was present during our inspection and told us they visited the service regularly and showed us records of their quality and safety monitoring visits. However, we noted that their quality and safety monitoring of the service did not include identification of the shortfalls we found at this inspection. For example, in the monitoring of risk assessments, the management of medicines, the safe recruitment of staff and cleanliness of the kitchen.

The provider told us they commissioned the services of an external assessor who they told us carried out regular quality and safety visits to the service and produced a written report with recommendations. When we requested to see copies of these reports the provider told us they did not have access to any copies other than the audit carried out in 2012.

We were therefore not assured that systems and processes had been established and operated effectively to assess, monitor and mitigate the risks relating to the health, welfare and safety of people who used the service.

This demonstrated a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who was registered with the Care Quality Commission (CQC).

When asked to describe the culture of the service, staff told us they generally felt supported by the management team and there was always someone available to speak with if they had any concerns. Some staff said they had previously been frustrated by the lack of action in some key areas such as communication, arranging staff cover when short of staff and the regularity of team meetings. However, they also told us things had improved since the employment of a head of quality care as part of the management team. Staff told us staff morale had improved and they found the management team, "Approachable", "Hands on" and "supportive".

Relative's spoke positively of the staff and management team. They told us they were encouraged to raise concerns and were able to approach the manager and share ideas. One relative said, "We get invited to meetings which it is not always possible to attend. If I have any queries I can always speak to one of the carers or the manager, they are all very good." Another told us, "The manager is very nice, always happy to talk to you. They will do their best to sort things out. The staff are happy, you never hear anyone complaining. They are friendly and welcoming."

Staff had access to regular supervision including nursing staff clinical supervision and regular staff meetings where issues were discussed such as work performance, team work, training and planning for improvement of the service. This meant that they had been provided with opportunities to meet with their line manager to discuss their work performance and plan their training and development needs.

The management team and provider expressed a commitment to develop the service. This was evident during our feedback to the provider and immediately following our inspection when the provider sent us information describing the actions they had taken in response to shortfalls we identified.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Where people were prescribed topical creams and lotions there was a lack of systems in place to evidence staff had administered these medicines to people as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services were not protected against the risk of acquired infections as the provider's quality and safety audits did not include monitoring the level of cleanliness within the kitchen. The provider did not have systems in place to effectively monitor and maintain standards of cleanliness in line with current legislation and guidance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure quality and safety systems and processes were established and operated effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always operate safe and effective recruitment procedures which would

Treatment of disease, disorder or injury

ensure that all checks had been completed and satisfactory before staff started their employment.