Laurels Lodge Limited

Grosvenor Park Care Home

Inspection report

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County Durham
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 16 March 2016. The inspection was unannounced.

Grosvenor Park Care Home is a residential care home in the Eastbourne area of Darlington, County Durham. The home provides personal care to older people and people with dementia type conditions. It is situated close to the town centre, close to local amenities and transport links. The service was registered for 61 people and at the time of our inspection there were 59 people using the service.

The home had 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.

We spoke with a range of different team members; carers, kitchen, maintenance, domestics, activities co-ordinator and senior carers who told us they felt well supported and that the registered manager was supportive and approachable. Throughout the day we saw that people who used the service and staff were comfortable, relaxed and had a positive rapport with the registered manager and with each other. The atmosphere was welcoming, relaxed and not hurried in anyway. We saw that staff interacted with each other and the people who used the service in a friendly, supportive, positive manner.

From looking at people's detailed care plans we saw that they held personal information and detailed accounts of care needs and a record of daily activity. On inspection the care files were in the process of being updated with more person centred information including items like; a 'one page profile' that made good use of pictures, personal history and described individual likes and dislikes. These were being updated by the activities coordinator. We were shown the care files in the process of being updated and some completed ones that were person centred and held life history information.

The care plans that we looked at did not contain any end of life plans that reflected people's wants or wishes that they may have. The care plans also didn't hold any 'hospital passports' that contain information that would be easily accessed if someone was admitted to hospital.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, optician or chiropodist.

We observed how the service stored medicines and we found that this was not safe. We saw how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the senior staff about how administration was carried out and how senior staff were trained to administer medicine and we found that the medicine administering process was at times not safe.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

When we looked at the staff training records they showed us staff were supported and able to maintain and develop their skills through training and development opportunities that were accessible at this service. The staff we spoke with confirmed they attended a range of training and vocational training that offered personal development opportunities.

They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

There was a redecorating programme underway during our inspection and we saw that the physical environment throughout the home was being changed and some improvements had been made to make the service more dementia friendly.

People were encouraged to participate in activities that were organised, including outings and regular entertainers. We saw staff spending their time positively engaging with people as a group and on a one to one basis in activities. We saw evidence that people were being supported to go out and be active in their local community.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and fresh snacks. The daily menu that we saw offered choices and had a picture menu and people could request different items if they wished.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were complimentary to the care staff and the service as whole. People also had access to advocacy when we inspected and there were services promoted if needed.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views at meetings, surveys and via the handy I pad that fed into the online system.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Topical medicines were not administered correctly and some medicines were not stored safely.

There was sufficient staff on duty to safely cover the lay out of the building and the needs of the people using the service.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures

Is the service effective?

Good

This service was effective.

The service had developed a supervision structure to regularly supervise staff.

Staff were appropriately trained with the skills and knowledge to meet people's assessed needs, preferences and choices.

The service understood the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

Is the service caring?

Good

This service was caring.

People and their families were valued and treated with kindness and compassion and their dignity was respected.

Care staff were knowledgeable of, and people had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social isolation, age and disability.

Is the service responsive?

Good

This service was responsive.

People received care and support that reflected their preferences, interests, aspirations and diverse needs.

People and those that mattered to them were involved and able to make their views known about their care, treatment and support.

People had a range of activities and outings to access, that they valued.

A robust complaints and compliments procedure was in place and used appropriately.

Is the service well-led?

Good

This service was well led.

The manager had an approach that supportive and promoted an open culture.

There were effective quality assurance systems in place to continually review the service including safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

There were good community links and partnership approaches to tackling social isolation and inclusion.

There were good links with the wider community and voluntary sector to provide networking support to the service.

Grosvenor Park Care Home

Detailed findings

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Requires Improvement

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe living at Grosvenor Park Care Home. One person who used the service told us; "I feel safe here."

We looked in the room where the medicines were kept and we saw the medicine fridge daily temperature record and although a record was kept daily of the treatment room and fridge temperatures a number of these recordings were found to be missing. The fridge temperature had been completed for the mornings but missed from 9 March 2016 in the evenings. The fridge was very hot to touch and a large fan was in place cooling it down. When we asked staff about the fan they told us that it had been reported and they were told that the fan was in place because the room was too hot. The room temperatures had not been recorded since 11 March 2016 but the thermometer on the wall showed the temperature of 22c which was appropriate. This meant that temperature records were not kept up to date. The medicines may have been at risk if correct temperatures were not maintained to ensure safe storage. When we asked the registered manager about this they were aware of the issue with the fridge and agreed to purchase a new one immediately.

We saw that prescribed creams for topical application were not dated on opening or discarded every month. A topical administration chart was not available for creams in people's rooms accessible to care staff to administer. When we asked staff about this they explained that these were going to be put in place. We found cream in one person's bedroom with no date of opening and was dated as prescribed on 3 February 2016 but the cream actually belonged to another person who used the service. This meant that topical creams were not administered as prescribed.

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

During the inspection we observed the senior staff administer medicine. We noted that the staff took time to explain to people what medicines they were taking and were patient. We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medicine records which identified the medicine type, dose, route, for example, oral, and frequency and saw they were reviewed monthly and were up to date.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medicine protocols. These were readily available within the medicine administration record (MAR) folder so staff could refer to them when required. Any refusal of medicines was recorded on the MAR record sheet and all medicines for return to the pharmacy were disposed of safely.

The service had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and

information to make sure that people were protected from abuse. One relative told us, "I don't need to complain but if something wasn't safe, I would and it would get sorted."

The staff we spoke with were aware of who to contact to make safeguarding referrals to or to obtain advice from. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us, "I have done loads of safeguarding training. Oh yes I am more than comfortable to raise things and if I didn't get any joy from the management I would go direct to safeguarding." This showed us that staff were informed and confident to react to safeguarding issues.

The service had a Health and Safety policy that was reviewed and up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. This was also kept in the service's emergency 'grab bag' that held everything needed in an emergency. The PEEPs provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw the records that recorded this along with; fire door checks, escape routes, fire extinguisher checks and emergency lighting testing.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people's needs such as; nutrition, falls and skin care. This meant staff had clear guidelines to follow to mitigate risks.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us records that were in place and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the home. They showed us how actions had been taken to ensure people were immediately safe.

We observed that in people's care plans there were different methods used for recording and monitoring falls and some people had monthly monitoring and others didn't. When we raised this with the registered manager they explained that they had tried to implement a new recording system but were now reverting back to a previous system and showed us previous examples as this was a preferred method.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

On the day of our inspection there were 59 people using the service. We found the layout of the home was

spread over two floors. On each floor there were bedrooms which were personalised. The service also had several small shared lounge areas for people to use. On the ground floor there was a dining area small lounge areas for everyone to access and all of them were used regularly for events. We saw that that people could choose which lounge to sit in and people had their preferences.

We spoke with the registered manager about staffing levels, they told us they were using a dependency model and explained how this was calculated and that they brought extra staff in when needed. They explained how the dependency tool worked out how many staff were required to care for people based on the numbers of people using the service and their needs We found that call buzzers were responded to promptly and there were enough staff on duty to meet people's needs. One relative told us; "You never have to wait long for staff to come if you need them."

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms were clean, pleasant and odour-free. Staff made use of protective clothing and equipment and were trained in infection control.

Good

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided effective care and support. One relative told us; "The staff are 110% effective in caring for their relative." One person who used the service told us; "The staff have the skills to look after me."

During the Inspection we looked six people's care plans. Care plans are documents that that the staff need to be able to support people effectively and we found that they didn't contain any 'hospital passports' or similar type of document. These hold essential information to take with a person in the event of a hospital admission and they would contain information relating to the person's care and individual needs. We discussed this with the registered manager as best practice and they agreed to implement them.
We saw in the care plans that people used a wide range of community professionals and they were involved in the care and treatment of the people who used the service, such as, dietitians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments and these appointments were recorded clearly in the daily records. We spoke with the visiting community matron who told us; "The staff always have the information available for me. This is such a help and is so professional and shows how much they care and how much they want to know. They are always asking about things they don't understand."
We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team. The courses included; end of life care, medicine, food safety and vocational training for personal development. We could also see that staff either had or were working towards their NVQ (National Vocational Qualification) Levels two and three in health and social care. One member of staff told us; "I've finished my induction and now starting my NVQ level two and I've enjoyed every bit of it."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the Care Certificate induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files.

We saw staff meetings took place regularly. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. The meetings covered the following on a regular basis; safeguarding, standards and training.

Individual staff supervisions were planned in advance. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to raise concerns and discuss personal development.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and fresh homemade snacks and support to have them if needed. Drinks were also out in people's rooms and jugs of juice were out in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal and was compiled with the people who used the service to reflect their favourite meals. We could see that if a person didn't want what was on the menu or even changed their mind that this was not a problem and other options could be arranged. The kitchen staff told us; "We try different things, people didn't like fish pie and people asked for spaghetti so we put that on. We have lists of what people like and don't like."

The inspection team observed the people who used the service having their lunch in the dining room. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed and the people who used the service were sitting where they wanted to enjoying their lunch.

From looking at people's care plans we could see that the MUST (Malnutrition Universal Screening Tool) focus on under nutrition was in place, and up to date. Food and fluid intake records were used when they were needed. We saw that special diets were managed and the kitchen staff had up to date information of people's needs on display in the kitchen. The kitchen staff told us, "I've been on training in MUST and first aid and I'm going on another to learn about thickeners." We asked the kitchen staff if they knew and understood people's preferences and they told us; "I go and talk to people to find out what they like."

We saw that people's weight was managed and was recorded regularly. Where supplements or other changes to diet were required this was also recorded. One person who used the service and their relative told us how they had improved and gained weight since using the service. When we asked the kitchen staff how they prepared different meals for individuals. We saw the planned menu that made use of pictures. The staff also showed us their white board that had people's allergies and needs at a glance. This showed us that the kitchen staff communicated well with the rest of the team and had knowledge of individual's likes, dislikes and nutritional needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were a number of people who used the service who had DoLS in place. The remaining applications had gone to the local authority for processing at the time of our inspection. We also saw in the staff training records that staff had received training on DoLS and the MCA. One member of staff told us; "I've been on the training and it's all about keeping people safe but not to deprive them and it's about reducing risks."

Mental Capacity Assessment records we looked at confirmed that where necessary, assessments had been undertaken of people's capacity to make particular decisions. We also saw a record of best interest decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. We saw an example of this regarding medicine administration. This meant that the person's rights to make particular decisions had been upheld and their freedom to make decisions

maximised. Consent to care and treatment records were signed by people where they were able and if they were unable to sign a relative or representative had signed for them.

At the time of our inspection the service was redecorating and some rooms had been moved round to make better use of space and to reflect people's preferences by turning one room back into a lounge as it was where people preferred to sit. We saw that different colours were chosen for corridors, themes for different rooms, tactile decorations and clear signage was on display for people living with dementia.

Good

Is the service caring?

Our findings

When we spoke with the people who used the service they told us that the staff were caring, supportive and helped them maintain their independence. One person who used the service told us; "I chose this home after being in another place. The staff are kind." Another told us; "I have all that I want."

Without exception we saw staff interacting with people in a positive, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together.

We observed staff transferring a person from their chair to a wheelchair using the appropriate equipment and at all times the staff explained what they were doing, what was happening and talked them through the process to put them at ease. This showed us that people were supported by very kind, caring and dedicated staff.

Staff were motivated and knew the people they were supporting very well, and had good relationships with them and their families. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's person centred care plan information. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times. One relative told us; "[Name] their independence has improved here they used to live in a flat and were more at risk."

Throughout the inspection there was a relaxed atmosphere at the service. We found the staff treated people with dignity and respect and privacy was important to everyone. We spent time observing people in the lounges, dining area and around the home and we saw staff knock on people's door first and being discreet.

Where possible, we saw that people were asked to give their consent to their care before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. We saw that there was information on advocacy on display for visitors and people who used the service to see.

When we asked if people had access to advocacy we were told by the registered manager that people did have advocates and about the relationship they had with the local organisation they told us; "The staff and I are part of a networking group and we are regularly in contact with DAD (Darlington On Disability) who provide an advocacy service locally." One person who used the service told us; "I don't have an advocate, I can speak up for myself and I know any issues would be addressed." Another told us how they are the chair of the residents committee they said; "It's so that we can air our views." This showed us that the service respected people's choices and their rights.

We saw that in the six care plans we looked at there were no end of life advanced care plans in place. These

are plans so that the person and their families were able to be involved in all decisions about their care and wishes at this time. These plans would cover any advance decisions, and needs such as resuscitation, communication, spirituality, and pain symptom management. When we asked the registered manager they told us that they didn't have them in place but understood that they needed to be implemented and assured us that they would be. At the time of our inspection there was no one receiving palliative or end of life care

Good

Is the service responsive?

Our findings

During the inspection we could see there was a weekly timetable of activities. There were some organised activities going on throughout the day including arts and crafts and knitting for those who enjoyed it. Other planned activities included, gardening club committee, bingo, hairdresser, mobile shop, ball games, movie afternoons and church services. When we asked people about the activities they told us that they valued them, one person who used the service told us; "I was asked to help with the gardening and I enjoy it." They told us that more plans were being made to dig flower beds and plant vegetables.

We saw that people were actively involved in planning the activities and regular resident's meetings chaired by the people who used the service were held to discuss and organise activities. We could see that events were also planned including an Easter raffle and a 60s music event. One person who had an interest in arts told us that they were in the process of starting up an arts and craft group following the last resident's committee meeting. When we spoke with the activities co-ordinator they told us; "I like to do things to be person centred, it takes longer but it's better." This showed us that the service reflected upon people's wishes when planning activities and engaging people.

The people who used the service and the staff told us about the relationship they had with the local community. The activities co-ordinator told us; "We regularly go to the shops and the community centre round the corner where we visit the café there. We also go to singing for the brain that the Alzheimer's society put on. People also like to go to the church in town. The people are well known in the community, some go for the papers regularly, and it gives them purpose and gets them out. We are very lucky there's lots going on locally." This meant people were protected from social isolation and were encouraged to remain well connected within their local community.

The five care plans that we looked at were not person centred or written in a person first format and had numerous sections relating to different aspects of care. They held daily activity logs and risk assessments and these were reviewed regularly. The service was developing separate files that held more person centred information called 'My journal' and these contained in depth details of people's likes and dislikes. These additional care plans gave an insight into the individual's personality, preferences and choices. The care plan held a 'One of a kind - one page profile' that listed all that you would need to know to care for that person in a person centred way. People's histories were also recorded in the 'My journal' these were easy to follow and some included photographs. The activities co-ordinator was in the process of developing these and updating others. They were able to show us several completed person centred plans and some in progress that reflected people's wishes and included evidence of consultation with family members. One relative told us; "My [name] is treated as an individual person and the whole family are involved in their care."

When we asked the staff, relatives and people who used the service if they knew how to manage complaints, without exception everyone told us they did. One staff member told us; "If ever there is any issue, I take it to the manager and it gets sorted – nipped in the bud." One person told us; "There is nothing to complain about but I know it would be seen to if I did need to." We looked at the complaints file and we saw that

complaints had been responded to and were fully investigated. The outcomes of each complaint were recorded and complainants had received a copy of the outcomes. This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed.

A handover procedure was in place and we saw the completed record that staff used at the end of their shift. Staff said that communication between staff was good within the service. The handover covered each person and included their daily patterns any wellbeing issues, visits or appointments and was clearly recorded and complete. This showed us that communication between shifts was in place. The registered manager told us; "We have listened to staff and are improving the hand over sheet to make it bigger with more room to record more."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post for over six years. A registered manager is a person who has registered with CQC to manage the service. One member of staff told us; "The manager is very approachable and flexible. I can go to them if there's an issue and it will get sorted." Without exception people who used the service and their relatives told us that they knew how to approach the registered manager and would do so. One relative told us, "If something wasn't getting done, the manager would address it at the staff meetings." One person who used the service told us, "The manager is supportive and will bend over backwards to help and make sure things are right." This showed us the registered manager was supportive and approachable.

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw up to date evidence of internal audit records carried out by the locality manager covering; people who used the service, their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

The staff members we met with said they were kept informed about matters that affected the service. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this.

We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there was an electronic tablet available in the service that had been programmed to enable people who used the service, their representatives, staff and other stakeholders to share their views about the service and affect the way the service was being delivered. This was in place alongside the regular surveys and residents meetings. This survey was also in place to measure the service's success in meeting the aims, objectives and their statement of purpose.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community making use of the local community centre and local schools. When we spoke with the activities co-ordinator they confirmed this and told us; "The local school came in at Christmas and we entered their gardening competition. When the school children came over they all got along so well the different generations came together."

When we spoke with the registered manager, they told us how they attended local networks along with staff

and how this had brought opportunities and information for the people who use the service and the staff. They told us; "We are part of the Healthwatch Darlington network group and also attend DAWN (Darlington aging well network) myself and other staff go along and we have found out about training events and what's going on locally and what others are doing. We found out about things that the Alzheimer's society are doing that benefit us through Healthwatch." This meant that the registered manger was making use of networks and developing links with the voluntary sector and local communities.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been one recent complaint made and there was evidence that the registered manager had investigated, recorded the complaint and responded appropriately.

We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was caring, open, inclusive and empowering.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager using an on line system and following this a weekly report was sent to the regional manager for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act. We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, local authorities and other social and health care professionals. This showed us how the service sustained improvements over time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Topical medicines were not administered correctly and some medicines were not stored safely.