The Allenbrook Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 19 May 2015 and was unannounced. Allenbrook Nursing Home provides accommodation and nursing care for up to 36 people. At the time of our inspection there were 32 people living at the home. At the last inspection in June 2014 we found that the provider was not meeting the regulations in relation to people's care records.

During this inspection in we looked to see if improvements had been made in line with the action plan that had been produced by the provider. We saw that some improvements had been made; people's care records were held electronically but staff had access to up to date care summaries to guide them in providing care to people. Staff also had access to daily information to alert them to changes in people's care needs. We also saw that and other measures were planned to include updating people's care plans with all aspects of their care needs, such as their capacity and their hobbies and interests.

Summary of findings

In July 2014 the registered manager left the home. There had been a period where there was interim external management support. In January 2015 the interim manager started to work in the home on a fulltime basis. The manager was in the process of applying to become the 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.

All the people we spoke with told us they felt well cared for and felt safe living at the home. People and their relatives told us that the staff were kind, considerate and caring. People had regular access to a range of health care professionals and we saw they had regular health checks with for example dentists, chiropodists and opticians.

People's safety and care needs were met by sufficient numbers of staff who knew how people liked to be supported. People told us that they were very happy at the home and were happy with the care provided. We saw that people were supported by staff who knew them well and tried to ensure that their needs were met in a way that they preferred. Staff were trained to provide care and support and were supported to obtain qualifications to enable them to ensure that care provided was safe and appropriate.

Staff had received training to support them to understand the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This law supports the rights of people who do not have the capacity to make their own decisions or whose activities have been restricted in some way in order to keep them safe. We saw staff sought people's consent regarding their every day care needs. We saw that important information about the decisions people had made such as in relation to 'do not attempt resuscitation' [DNAR] was in place to protect people's decisions. However further improvement was needed to ensure the process was consistently followed to show how decisions were made in people's best interest.

The Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications for authority to deprive someone of their liberty. Some people's mental capacity had not been assessed or considered where they lacked capacity to consent to aspects of their care that might restrict their liberty. Although the manager had knowledge about DoLS this was not consistently applied.

People told us and we saw there was a range of activities organised to include trips out of the home. Newsletters kept people informed of upcoming and past events.

There were systems to check on the quality and safety of the service. With some minor improvements these would be more effective. In the short time the manager had been in post she had made a positive impact on people. People, their relatives and staff reported the manager had made positive changes at the home. The manager had plans in place to make further improvements such as involving people more in the consultation process about how they wished their needs to be met. There was evidence that the manager was working in a way that reflected continuous improvement.

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 safe.

Staff understood their role and responsibilities in detecting and reporting suspected abuse. Risks to people's needs had been identified and staff had the knowledge to manage these.

There were sufficient numbers of staff available to meet people's individual needs.

People had their medicines when they needed them, supporting information was needed.

Good

Is the service effective?
The service was not consistently effective.

Further improvements were needed to ensure decisions were made in people's best interests where people did not have the capacity to make decisions about their own care.

Staff were trained to deliver care and support. People's nutritional needs were understood by staff and people were supported to eat and drink enough. People were supported to maintain good health and had access to health care professionals to meet their specific needs.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with kindness and respect. Staff were patient, understanding and attentive to people's needs.

Staff encouraged people to make their own choices regarding their daily routines.

Good

Is the service responsive?
The service was responsive.

Staff responded to people's individual needs and people felt they were consulted about their preferences although these were not fully captured in a personalised plan.

People enjoyed a range of recreational activities.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Good

Is the service well-led?
The service was not consistently well led.

Requires Improvement

Summary of findings

People and their relatives were happy with the quality of the service and said the manager and staff were accessible, friendly and helpful.

The management of the home had changed; the manager was in the process of applying to be the registered manager. The manager had not been in post long enough to make all the required improvements.

Systems to monitor the service needed some further development. There was evidence the manager was working towards continuous improvement.

Allenbrook Nursing Home 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 19 May 2015 and was unannounced. The inspection team comprised of two inspectors.

We looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These are called notifications and help us to plan our inspection. We contacted other organisations such as the commissioners and safeguarding team for information.

We spoke with 9 people who lived at the home, three relatives, the manager, nurse, external auditor, chef, 9 care staff and a member of the administrative team. We looked at the care records of six people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service. We spoke with two visiting health care professionals and carried out observations of people's care.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have no concerns about my safety, I'm safe and my possessions are safe". Another person told us, "I feel safe both in my bedroom and in the lounge; the staff are very good and would help me if I needed it". Relatives of people living at the home also told us their relative was safe in the home. One relative said, "I think the home is safe and the staff are very good and look after people well".

Staff told us they had received training in safeguarding adults and were able to tell us how they would respond to and report allegations or incidents of abuse. Staff told us that people were safe. One staff member said, "People are really safe here, there's always someone here".

Another staff member told us, "Staff really do care; I've never seen any bad practice. I'd report it". People living at the home and their relatives told us they were asked if they were happy with the support being given and if they had any concerns about their safety. We saw an incident where a person became quite agitated and verbally aggressive towards another person. We saw staff responded to both parties and offered reassurance so that people did not experience any bullying or harassment. A person told us, "They're good like that, step in quickly".

The manager had ensured that risks to people's safety had been identified. We saw records identified the risk and provided a detailed summary of what staff needed to do to mitigate the risk. For example a person who required oxygen to keep them safe had signs in place to alert staff and guidance to staff about checking/using the oxygen. Staff were able to tell us how they managed this risk to ensure the person's safety. We also saw that each area of risk was colour- coded for quick reference. This ensured staff could access information and guidance quickly on risks such as people not eating or drinking enough, the risk of getting sore skin or falling. We saw that a range of actions had been planned for each person that might reduce the risk of them falling again, such as walking aids or alarm mats to alert staff to movement at night. We spoke with two visiting health care professionals who were visiting the home on the day of the inspection. We saw that the occupational therapists from the enablement team had assessed the mobility needs of a person who regularly fell to try and reduce the possibility of further falls. Both professionals told us that they were happy with the staff attitude and approach towards people's mobility needs. They confirmed staff were receptive to their recommendations.

We saw throughout the day that staff were aware of how to reduce risks to people by ensuring they used safe techniques to move people and used equipment correctly such as the hoist. We saw people who needed support so that their skin did not become sore had pressure relieving equipment in place so that risks of sore skin were minimised. A staff member said, "We never run out of equipment", another staff member told us, "The people are safe here, we make sure they are, we do turning (positional changes for people with fragile skin)". The monitoring of risk reducing actions needed some attention. For example we saw in two people's care plans they required their legs to be elevated but we observed they were not.

People who lived at the home and relatives we spoke with told us they felt there were enough staff to keep people safe. A staff member told us, "There are enough staff to meet people's needs, it gets busy but there are enough of us so people don't go without". We saw that there were sufficient numbers of staff on duty and that staff were visible in the communal areas at all times. We observed people being responded to in a timely manner; to assist them to the toilet, change position or reassure people who were distressed or agitated. One person told us, "The staff do come when I need them", another person said, "Oh yes at night if I ring my buzzer they come and you generally don't wait long". The manager told us staffing levels were based on people's needs and adjusted accordingly when people's needs changed. Staff told us extra staff were on duty at times they needed to support people to hospital appointments. We saw there was a system for pre-booking agency staff where sickness or absence needed to be covered. The registered manager told us this ensured better consistency because the agency staff knew the people they were supporting.

Staff recruitment systems were robust and records showed that checks had been completed before staff took up post. Records confirmed that pre-employment checks such as references and checks with the Disclosure and Barring Service (DBS) to check if the prospective person had a criminal record which might make them unsuitable to work with people, had been undertaken. One staff member said, "I've had a police check and interview". We saw where

Good

Is the service safe?

agency nurses were utilised checks were in place to ensure they had been recruited safely. Competency checks on agency staff ensured they had the correct skills to ensure safe practice. This also demonstrated that the provider had learned from previous safeguarding concerns and put systems in place to protect people.

Arrangements were in place so that medicines were available for people when they needed them. One person told us, "I'm happy that I get my medicines when I need them as I'm not able now to do it myself". A relative told us, "She has medication and it seems to help her as she is a lot better now", another relative told us, "They are very good; sorted all her medicines out she is so much better now". Medicine records we looked at showed people had received their medicines as prescribed by their doctor. We observed the 'booking in' process and saw this was safe and accounted for the medicines received into the home. People's medication administration records [MAR] charts were accurate, up to date and signed consistently. We saw there were reminder cards to alert nurses to people's allergies and a photo of the person to identify them. Medicines were stored securely and safely. We saw written protocols were in place to guide nurses how and when people needed specific medicines. However some of these were missing from people's files. The nurse was aware when to give PRN medicines but the lack of a written protocol could compromise this. The registered manager told us this would be rectified. We saw some people required creams to be applied and these were located in their bedrooms. The nurse confirmed there was no clear process of auditing the use of body creams. Medicine records. were checked daily. A nurse said, "Any medicine error would be picked up as we check daily and an incident form is completed for action via the manager." The nurse said, "I think the home does medicines safely."

Requires Improvement

Is the service effective?

Our findings

We observed staff practiced in a way that reflected the principles of the Mental Capacity 2005 (MCA). They did this by seeking consent from people regarding their every day care needs. We saw they asked people before supporting them with their continence needs, what they wanted to eat, what to wear or whether they wanted their medication. We saw there was a clear system in place to easily identify those people with a 'do not attempt resuscitation' [DNAR] in place. These were easily available to staff and ensured that important information about the decisions people had made was available to send to hospital when needed. We saw that the services of an advocate had been considered to ensure decisions about one person's future accommodation could be made. We observed and discussed with staff that some people lacked capacity to make decisions about some aspects of their care. For example one person had medicines covertly hidden in their food. Although the G.P had authorised this there was no capacity assessment or evidence of best interest's decisions being made to support this practice. In some instances relatives had inappropriately signed consent forms on behalf of people living there for example for the use of bedrails. The manager confirmed that people's mental capacity had not been assessed or considered and action taken when they lacked capacity to consent. We concluded that the application of the MCA guidance was not always consistent.

The manager and staff had received training on the MCA and the Deprivation of Liberty Safeguards (DoLS). The manager told us that no one in the home had a DoLS authorisation. We observed a person who was unable to exercise choice in respect of their ability to go out from the home. Staff we spoke with told us the person regularly tried to open the doors and leave the home. Staff were aware of how to keep this person safe and tried to practice in the least restrictive manner. However there was no capacity assessment on the person's file and we did not see that an application had been submitted to the supervisory body to consider restricting this person's movements. We found that there was not a clear process in place when considering people's capacity or actions that might restrict their liberty. Although the manager had knowledge about DoLS this was not consistently applied. Following our inspection the manager informed us that three referrals had been made to deprive people of their liberty and that MCA assessments would be carried out on people where their capacity to exercise decisions was compromised. We were also informed that best interest meetings had been arranged as appropriate.

People told us they were happy with the way staff supported them with their needs. One person told us, "The staff understand my needs and I'm very happy with the care they give me". A relative told us, "I am very happy with the standard of care staff provide and my relative is well cared for".

People that we spoke with told us that they were happy with the care and support they received. They were confident staff had the right skills and a positive attitude to their care. One person told us, "They know what they are doing and they are trained to use equipment". A relative told us, "Staff are very good, I can't stress how important they have been in caring for [Relations name]; they understood her needs and stayed with her all night for weeks on end when she was agitated".

Staff confirmed they had received an induction when they started work at the home which included the opportunity to shadow more experienced staff. Staff told us they felt well prepared to do their job. One staff member said, "I had an induction, filled in lots of paperwork. I shadowed for a few days". Staff had regular supervision in which they could discuss their care practice and identify any training needs. One staff member told us, "I've had two supervisions and there are team meetings".

Discussions with the manager and training records showed there was a programme of training for staff. Staff spoken with told us they had received training in a range of areas to be able to do their job effectively. One member of staff said, "We did training here; manual handling, safeguarding and Health and Safety." Staff spoken with told us they also received training in more specific areas of care so that they had the knowledge to meet people's specific needs such as pressure care management and dementia care. We saw staff applied their training when meeting people's needs for example supporting people to move safely with the use of equipment or aids. Staff told us they were aware of people's communication methods and how to identify if people were in pain. For example by observing their body language and facial expressions. Staff told us they would

Requires Improvement

Is the service effective?

speak with the nurse to seek advice on how to meet people's needs effectively. Staff were able to tell us about the individual needs of people as well as any health conditions that affected their care.

People's health care needs were met. One person said, "If I need a doctor they would get one". Another person told us they had their eyes tested and their risk of weight loss had been reviewed by their doctor. A relative confirmed that their family member had access to the mental health team consultant to review their needs. We saw from people's care records that they had regular access to a range of health care professionals such as dentists, chiropodists and opticians.

Records showed that people had an assessment to identify what food and drink they needed to keep them well. All the people we spoke with were positive about the choice and availability of meals. One person told us, "The meals are lovely, always a choice". We saw staff asked people about their preferences before the food was served. We saw several examples of where the chef had ensured people with specific dietary needs were catered for. This included a person with diabetes, a person who required a high potassium diet and a few people who preferred homemade soups or only sandwich type meals. Staff were aware of people who had specific dietary needs and the support they needed. We saw people who had food allergies or required their food to be pureed due to swallowing difficulties were supported with this. People told us they had been actively involved in deciding the menu choices. In addition people told us their specific likes were attended to. We saw nutritional assessments had been completed. Food and diet care plans were evident to guide staff and fluid monitoring charts were in place.

Good

Is the service caring?

Our findings

People told us that staff were kind and had a caring attitude towards them. One person told us, "It's alright here, the staff are very good. They are kind and helpful. They listen to what I want". A relative said, "I have no complaints. The staff are nice, kind and patient. We feel involved in the care. They're always very approachable; they listen".

We saw people and staff were friendly towards each other and people appeared relaxed with staff. People and their relatives told us about the qualities they valued most in the staff; a relative told us, "They do seem to have a caring attitude; they kept us informed of what's going on." A person living at the home told us, "They're nice and friendly – they try to make you feel at home." Another person said, "We had a birthday party, It's very nice here the girls are very nice".

One relative told us how staff had supported their family member through a difficult period of illness. They told us, "They could see how distressed she was and stayed with her chatted to her, they showed her they cared". We observed staff display warmth and patience where people had difficulty in expressing themselves. Staff tended to people who displayed confusion and distress quickly and listened and reassured them. For example we saw staff explain patiently to a person that the window was shut, because they were getting anxious about it. This helped the person to understand and they relaxed. Staff displayed calmness and used low voices when responding to a person who was constantly shouting 'help me'. Staff explained to us the importance of the approach for this person as it worked well when reassuring them. Some of the staff had worked at the home for a long time and told us this had helped to get to know people well and build positive relationships with them. Staff were able to explain the individual needs of people, their personal preferences and their characters. We saw they understood people well and what mattered to them.

We saw that staff observed the principles of respect, privacy and dignity when supporting people. For example discreetly attending to people's personal care needs. We saw they protected people's modesty when carrying out tasks so that their clothing was appropriately adjusted and ensured their dignity was promoted when assisting them with eating.

We saw people had been supported to maintain their appearance because staff had ensured their hair styles, clothes and accessories were of their choosing and they had been supported with the level of help they needed to maintain their personal hygiene. A relative told us, "I am pleased that [Name of my relative] is always clean, well-cared for and they take the time to dress her in a style she would choose if she were able". We saw staff responded to spontaneous requests such as someone requesting a jumper and staff supported them to put it on. The interactions between staff and people were warm and friendly with good communication. A person told us, "The staff are incredible here – they are human and they understand people. They conjure up patience; they treat everyone very good indeed. They go out of their way to help people".

We saw people had made decisions about their care and these had been respected. For example people told us they chose the time they got up, went to bed, whether they stayed in their rooms, or in communal lounges, where they ate and what they ate. This ensured they retained a degree of control over daily events.

We observed relatives and friends visiting without restriction. We heard staff talking with and providing support to visitors about matters of concern to them and updating them about their relatives care. Staff made visitors feel welcome and we observed them being offered refreshments.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in discussions about their care. The care plans and reviews of care we saw did not clearly show the contributions of people or how they had been involved in contributing to the development of their care plan. The manager told us they would look at ways to improve the involvement of people and their representatives in both the care plan and the review process.

Staff we spoke with had knowledge of the people they supported to include their individual ways and preferences. People told us staff provided care in the way they wanted or needed it. For example, a person told us, "They know me well, I like tea, don't like juice and I like to make my own choices". Another person told us, "I need the hoist when I have to be moved but I have a lot of pain the staff know this and I have pain relief, it helps". People told us that staff asked them how they would like to be supported and they felt they were consulted. Our discussions with staff showed they understood people's preferences and routines. We saw some of this information was written into people's care plans so that people received personalised care. However we saw where people had specific needs their care plan had not been updated to show how these should be managed. For example, one person refused care and support and three people displayed behaviour that challenged. These people's care plans did not have strategies for responding to their specific needs. Staff we spoke with were able to describe how they managed these behaviours with different approaches and frequent interventions. The lack of a personalised plan that described what staff needed to do to make sure people's care is personalised could cause inconsistency.

People told us that the range of activities and opportunities available to them reflected their interests and the things they enjoyed doing. One person told us, "I've been to the theatre" and another person told us, "There's some of us off to the Botanical Gardens this week". We saw people had the opportunity to join in a musical instruments activity, a singing session and listening to music. Staff told us, "There's stimulation every day, things to enjoy, things to get people moving, it helps keep people happy and active". We saw that there was a variety of planned events and spontaneous events; the hair dresser visited regularly and we saw staff engage people in some reminiscence where they were supported to remember and discuss earlier life events. The home had a full time activities coordinator who told us, "I get round to see each of them every day we do a monthly plan that's displayed in the foyer". A person said, "My daughter brings the cat in sometimes and we have a woman come to teach us craft once a week". Another person told us, "We have an exercise man and singers. There's quite a bit going on".

There was evidence of meetings to show how people could contribute to sharing their views about the service. A relative told us, "We had a relative's meeting". The manager told us they would look at ways in which to organise meetings for people at different points in the day or evenings possibly making it easier for relatives to attend.

We saw there was a complaints procedure in a format suited to people's needs. A record of complaints was maintained and we saw that where complaints had been received these had been investigated and responded to in a timely fashion. There had been a recent complaint about the standard of care at the home. The manager had taken action and had focused on introducing systems such as competency checks so that staff skills could be assessed. She had also reviewed the staffing compliment so that people were cared for by staff who had the skills and knowledge to meet people's needs as well as increasing the level of staff on a shift to ensure people had a choice with their routines. People told us they were confident they would be listened to if they had any concerns. One person told us, "If I had a complaint I'd raise it, they'd listen to me, it would be dealt with". A relative told us, "There's a suggestion/complaints box, that's new so we can use that".

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in June 2014 the provider was not meeting the requirements of the Health and Social Care Act 2008. At that inspection staff did not have access to people's records because these were held electronically.

At this inspection we looked to see what progress had been made. Care plan summaries were available to staff to support them in meeting people's needs. Staff told us they were aware of people's changing needs. A staff member said, "I know how to care for people because of the handover and daily sheet". We saw staff had the opportunity to discuss people's needs before their shift and a printed copy of changes was available to inform each staff member. This told them of any particular risks, such as falls, or changes to dietary needs or general wellbeing. A staff member told us, "We try to make sure we know their needs and how to support them, how they need or want it". The manager told us they had acknowledged care plans required updating and we saw they were in the process of doing this. We found that plans did not consider all aspects of people's needs. For example there was a lack of detail in relation to people's interest, hobbies or cultural or religious needs. There was a lack of information in relation to people's behaviour and a lack of consideration of people's capacity. Overall the manager had not had sufficient time to make all of the improvements needed in relation to people's records. The manager told us they were in the process of introducing greater emphasis on people's involvement in their care plans. We saw their latest audit on care plans had identified that updates were needed in relation to people's capacity, recreation and involvement and therefore saw the manager was aware of the improvements needed and had begun to take action.

People who lived at the home were very positive about the way the home was managed and run. A relative said, "I feel I could approach the manager if there's a problem". Another relative told us, "They're quick with the communication". A person living at the home said, "I think they couldn't do better".

The previous registered manager had left the home in July 2014 and there had been a period of time where interim management arrangements were in place. The manager at this inspection had worked in the home for less than a year. The manager told us she was progressing her registration to become the registered manager for the service. Staff told us the manager was supportive, would guide them and challenge bad practice. Staff meetings took place where staff could raise issues and discuss service provision. One staff member said, "We discuss any care issues or improvements we need to make". Staff said, "I think the home is well led. The manager responds very well once they know what is going on. We've got the greatest of respect for the owners". Another staff member told us, "It's nice, it's lovely here. The staff are lovely. The manager responds quickly. The manager's friendly".

There were opportunities to enable people who lived at the home and relatives to share any issues or concerns. For example, questionnaires had been sent to people who lived at the home, relatives and visitors. The manager told us the responses in the questionnaires were currently being analysed. We saw a sample of these which showed positive comments about the service. The manager told us that feedback from the questionnaires would be used to make improvements at the home. We saw the manager spent time with people and visitors during our inspection, this practice enabled the manager to monitor people's satisfaction with the service. A relative told us, "The manager has changed the place a lot. The care is good most of the time. You can put your complaints in a box now. The manager's better now, it has improved. We wouldn't move dad". We saw there was a regular newsletter which kept people informed of upcoming and past events.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The manager had a system in place to ensure incidents were reported to the CQC which they are required to do by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken. Staff knew about the whistleblowing policy and how to use this if they were concerned about care practices or the conduct of their peers.

We were able to see from the evidence the manager showed us that they had identified areas which needed to be improved. There had been a number of actions taken to help improve standards within the service. Staffing levels at peak times had increased to enable staff to support people effectively. Menus had increased to ensure people had a variety of meals to their liking. People reported the home was 'more welcoming' and staff 'more receptive' as the culture in the home was a caring one.

Requires Improvement

Is the service well-led?

We saw the manager had a range of tools which assisted her in gathering information about the quality of care on a weekly basis. For example the number of accidents/ incidents/people with pressure sores. This information was fed into the monthly management meetings in which the manager, operational director and provider could discuss issues, share information and make improvements.

The provider had carried out checks on the quality of the service and had in place an external auditor to do this. We looked at a sample of the audits within the home and spoke with the manager and external auditor. We found the provider's audits had not identified the issues we identified at this inspection which were mainly centred on record keeping. For example whilst there was an audit of falls this failed to show that analysis of time, place, circumstances of all falls and other incidents has been logged in a manner that any patterns or trends can be seen and responded to. This is necessary so that the manager can demonstrate learning from adverse incidents and accidents. We saw that records of visual checks for wheelchairs and hoists were in place but these were generic, rather than specific to each hoist or wheelchair. We found that bed rails were in use without a full audit trail to demonstrate the justification, risk assessment, consent, and on-going monitoring for the use of bed rails. The fire check list had not been signed each month to demonstrate it had been checked. We found there was no clear system of regular clinical team meetings in which nurses could review the nursing aspects of care provided to people. In discussion with the manager she told us that they would address this by implementing regular recorded nurses meetings so that there was a clearer clinical oversight of people's needs and support to nursing staff. We saw some written protocols for people's medicines were missing. The nurse was able to tell us how people were supported with these type of medicines. The manager told us missing protocols for people who were prescribed 'when required' medicines would be put in place. Whilst the provider had systems in place to monitor the quality of the service some further improvements were needed to establish a robust system, however we saw the manager was working towards continuous improvement.