

Bury Metropolitan Borough Council

Bury Council - Elmhurst Residential Care Home

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?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This was an unannounced inspection which took place on 18 May 2015. A further announced inspection took place on 26 June 2015 at one of the Bury Metropolitan Borough Council offices. This was to look at the staff recruitment procedure and examine several staff recruitment files.

Elmhurst Residential Care Home is situated close to the local shops and facilities of Whitefield. There is a nearby bus route for Bury and Manchester. The home is run by

Bury Metropolitan Borough Council and is registered to care for up to 27 people. Care is provided permanently for one person who has been resident at the home for several years and for people who require respite, short term, emergency or day care. On the inspection day of 18 May 2015 there was one person in permanent residence and 17 people receiving short term care.

Summary of findings

We last inspected the home on 21 May 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

We were notified prior to our inspection that the registered manager was on long-term absence. 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. A recently appointed interim manager was overseeing the management of the service.

During this inspection we found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We found the system for managing medicines was not as safe as it should have been. The provider did not ensure the proper and safe management of medicines and did not ensure that sufficient quantities of medicines were available to meet the needs and safety of the people who used the service.

We found that harmful cleaning substances were not kept securely locked away. This placed the health and safety of people who used the service at risk of harm from hazardous substances.

We saw that people were not always provided with appropriate support or supervision when their meals and drinks were being served. This placed their health and welfare at risk of harm.

Meals were provided by an independent provider, who since February 2015 had established a Community Café within Elmhurst, known as the bistro. We were made aware that suitable and nutritious food was not routinely available 'out of hours' as the bistro was closed after 7pm each night. **We recommend that the provider looks for a best practice solution to ensure that suitable and nutritious food is available between meals, particularly during the evening and night time hours.**

We were made aware that the cook from the bistro had not received any specific training in relation to special

diets. **We recommend that, to help ensure the health and well being of people is protected, the provider looks for a best practice solution to ensure suitable training is provided for the cook.**

We were told that people who used the service were not allowed to use the toilets situated close to the bistro. Staff told us that this sometimes caused distress and also did not protect people's dignity. This was because some people needed to use the toilets quickly or were incontinent if they did not get to another toilet in time.

We recommend the provider looks for a best practice solution to ensure that people who use the service are made aware that they can use the two toilets situated close to the bistro. This will help to ensure their dignity is protected by ensuring that all communal toilets are available for their use at all times.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

People who used the service told us they felt the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff.

We saw there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

We found the provider understood the requirements of the Mental Capacity Act 2005 (MCA) and

Summary of findings

the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as questionnaires and meetings, for people to comment on the facilities of the service and the quality of the care provided.

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?

Some aspects of the service were not safe.

The provider did not ensure the proper and safe management of medicines and did not ensure that sufficient quantities of medicines were available to meet the needs and safety of the people who used the service.

We found that harmful cleaning substances were not kept securely locked away. This placed the health and safety of people who used the service at risk of harm from hazardous substances.

Suitable arrangements were in place to help safeguard people from abuse.

Sufficient suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

People were not always provided with appropriate support or supervision when their meals and drinks were being served. This placed their health and welfare at risk of harm.

Suitable and nutritious food was not routinely available 'out of hours'.

Records we looked at showed systems were in place to ensure staff received regular supervision and appraisal.

The provider was aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Requires improvement



Is the service caring?

The service was not always caring.

People who used the service were not allowed to use the two toilets situated close to the bistro. Staff told us this did not respect people's dignity as they could become distressed and possibly incontinent if they did not get to another toilet in time.

People who used the service spoke positively of the kindness and caring attitude of the staff.

The staff showed they had a good understanding of the care and support that people required.

Requires improvement



Is the service responsive?

The service was responsive.

Good



Summary of findings

The care records contained sufficient information to guide staff on the care to be provided.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

The service was not well led as, due to an extended absence, the registered manager was not involved in the day to day management of the service. An interim manager had been appointed.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Requires improvement



Bury Council - Elmhurst Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 18 May 2015 and was unannounced. A further announced inspection took place on 26 June 2015 at one of the Bury Metropolitan Borough Council offices so that we could look at the staff recruitment procedure and examine several staff recruitment files.

One adult social care inspector carried out this inspection. Before the inspection we reviewed the previous inspection report and notifications we had received from the service. We also contacted the local authority commissioners to seek their views about the service. They informed us they had some concerns in relation to medicine management, care issues and training. We used the information we had to help plan our inspection.

During this inspection we spoke with five people who used the service, one visitor, the interim manager, three care staff and the cook. We did this to gain their views about the service provided. We looked around all areas of the service, looked at how staff cared for and supported people, looked at three people’s care records, seven medicine records, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

We found the system for managing medicines was not as safe as it should have been. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of seven people who used the service. We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them.

Inspection of one person's MAR showed that two of their prescribed medications were not available. We were told that one prescribed medication had 'run out' on the morning of the inspection and the other prescribed medication had 'run out' two days previously. This meant the person who used the service did not get their medicines as prescribed. This placed their health and welfare at risk of harm. This person had been resident in the service for sufficient time to allow their medications to be ordered and be available.

Staff told us that the responsibility for re-ordering medicines for people who were 'short stay' rested with their families. We were told that this was sometimes difficult to implement and subsequently the ordering of medicines could be fragmented. An inspection of the policy and procedure for medicine management made no reference to this information that we were given. To ensure that supplies of people's medicines are always available, clear guidance for the ordering of all medicines must be in place.

One person was prescribed a food supplement but there was no evidence on the MAR to show that it had been given following the five days since it had been supplied. No explanation could be offered by the staff as to why it had not been given. Failing to give prescribed medication placed the person's health and welfare at risk of harm.

The MAR of another person showed that the stock balance of their medicines did not correspond with the amount dispensed and the amount recorded as having been given. For one of their medicines there were two more tablets than there should have been and for another of their medicines there was one more than there should have

been. No explanation for the discrepancy could be offered by the staff. If stocks of medicines cannot be accounted for it is not possible to tell whether or not they have been given as prescribed.

Inspection of the MARs showed that some people were prescribed medicines, such as painkillers and sedatives, to be taken only 'when required'. In three of the MARs there was no personalised information for care staff to follow in order to ensure that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person.

We found several prescribed wound care dressings that had gone past their 'use by date'. We asked if they were being used for any specific person. We were told they were used in the event of any person needing wound care and where no wound dressings were immediately available. Dressings must not be used after the expiry date and must not be used for people they were not prescribed for. This could result in people receiving unauthorised and ineffective treatment that placed their health and wellbeing at risk of harm.

We found the provider did not ensure the proper and safe management of medicines and did not ensure that sufficient quantities of medicines were available to meet the needs and the safety of the people who used the service. This was a breach of Regulation 12(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around all three units and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. Records showed that risk assessments were in place for all areas of the general environment and policies and procedures were in place in relation to ensuring compliance with health and safety regulations. The records also showed that the equipment and services within the units were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We found however that harmful substances were not kept securely locked away. We identified early in the inspection that cleaning solutions were left in an unlocked sluice room and in the unlocked activities room. We informed the

Is the service safe?

interim manager that they posed a hazard and needed to be removed. Later in the day we found that the cleaning solution remained in place in the sluice room and the sluice room remained unlocked.

The health and safety of people who used the service was placed at risk of harm from hazardous substances. This was a breach of Regulation 15 1(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was undertaken for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management.

There were no on-site laundry facilities. We saw that in two of the toilets the waste bins were not pedal operated. To prevent staff from touching surfaces that may be contaminated, pedal operated bins should be in use. The interim manager agreed to address the issue as soon as possible. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. Good hand hygiene helps prevent the spread of infection. We saw that colour coded mops, cloths and buckets were in use for cleaning; ensuring the risks from cross-contamination were kept to a minimum.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in a file at the 'staff station' to ensure they were easily accessible in the event of an emergency. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Inspection of the staff rosters, discussions with staff and people who used the service showed there were sufficient suitably experienced and competent staff available at all times to meet people's needs. One staff member we spoke with told us, "We have enough staff at the moment". One person who used the service told us, "They don't keep me waiting. I get plenty of attention when I need it".

We saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The computerised information for three staff members that we looked at showed the following; application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed most of the staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Staff we spoke with were familiar with the policy and knew they could contact people outside the service if they felt their concerns would not be listened to. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

Is the service effective?

Our findings

One of the people who used the service told us, “I think they [staff] know what they are doing. I think it’s fair to say I trust them”.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We were informed that meals were provided by an independent provider in the Community Café [known as the bistro] within the service. We were told by senior managers that this was a pilot scheme for a period of 12 months.

We were told the bistro was open between the hours of 7.30 am to 7pm, seven days a week and was also open to the public between these hours. We were told it was a way of bringing the community into the service and therefore helping to provide support and stimulation for people who used the service. During the inspection day of 26 June 2015 we met with two senior managers. They told us they had received compliments about the service from visitors as it enabled them to sit and have meals with their relative or friend.

During the inspection we saw that staff did not directly supervise the serving and dining experience for people who used the service. We saw staff did not enter the actual dining area but observed people from a distance. We were informed staff were told by the owner of the bistro that they were not to be involved in the serving and supervision of the meals and they were to observe from a designated area. People should receive appropriate support, which may include encouragement as well as physical support, when they need it. We saw one of the bistro staff assisting a person who used the service to eat their meal. The staff member had not been trained in this aspect of care. This could have placed the person at risk of harm.

We were made aware that one of the people who used the service was prescribed a ‘thickener’. Thickeners are added to drinks, and sometimes food for people who have difficulty swallowing, and they may help prevent choking. We were informed of an incident whereby the person who used the service had been given a drink by a member of the bistro staff without any thickener being added. This

placed their health and welfare at risk of harm. To ensure the safety and welfare of people who use the service, staff who support them must be trained and have clear guidance to follow when using these prescribed thickeners.

We found this was a breach of Regulation 14(4)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not provided with appropriate support or supervision when their meals and drinks were being served.

We were shown the bistro menu. It was a weekly menu. Senior managers informed us they had discussed the content of the menu with the independent provider before it was implemented. This was to ensure the menu was balanced and nutritious. Although ‘specials’ were written on the menu board we were told by the care and bistro staff that the ‘specials’ had to be paid for as ‘extras’ by people who used the service.

We were told by the cook that they were given a list each morning of any special diets that were required. We asked the cook if they had received any specific training in relation to special diets. We were informed they had not received any specific training but they had a “lot of experience”. **We recommend that, to help ensure the health and well being of people is protected, the provider looks for a best practice solution to ensure suitable training is provided for the cook.**

A discussion with the cook informed us that people who used the service could have the choice of a light meal at lunch time. This was either soup and sandwiches or a jacket potato with a choice of fillings. For dessert there was a choice of cakes. For the evening meal there was a more substantial meal and a vegetarian meal choice plus a choice of dessert. We were told that for breakfast people had toast and cereals, tea/coffee or fruit juice, but not both. We were told that a cooked breakfast was served on a Saturday. The cook told us what the cooked breakfast consisted of and also told us that one person who used the service had asked for, ‘fried bread’. The cook told us that they would not cook fried bread as it was not good for the person’s heart. We asked the cook if they had been given any instructions from care staff about not giving the person fried bread and we were told that they had not. We informed the cook that it was not for them to make a decision about what a person could not have and that the person who used the service was being denied their right to make food choices.

Is the service effective?

We were told by care staff that people who used the service were 'allowed' one drink with their meal and that any additional drinks from the bistro had to be paid for separately. Staff told us that mid- morning and mid- afternoon drinks were prepared and given out by the care staff and there was no extra charge for this. We were also told that suitable and nutritious food was not routinely available 'out of hours' as the kitchen was kept locked after 7pm. Care staff told us that only biscuits were available 'out of hours'. We were told however that the bistro staff would leave sandwiches out in some instances; such as when people had been sent to hospital and had missed their meals. **We recommend that the provider looks for a best practice solution to ensure that suitable and nutritious food is available between meals, particularly during the evening and night time hours.**

Care staff and bistro staff told us that food was not available between meals for people who used the service unless they paid an additional cost. Although we saw that the service user guide for the service documented that, 'any additional food and snacks in addition to the breakfast, lunch and dinner provided are available for purchase in the community café', staff told us that some people who used the service were not aware of this or found it difficult to understand.

Records we looked at showed that following each meal staff completed records for those people who required monitoring of their food and fluid intake. Staff told us that it was difficult sometimes to be assured that people had eaten their meals as they were not closely supervised by the care staff.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk was identified.

We asked one of the senior care staff to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people were referred to the service from either a hospital or community social worker or from the person's GP. We were told that people were assessed by the referring professional. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

Records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress at work and also discuss any learning and development needs they may have. One staff member we spoke with told us, "It is normally every six weeks but it depends on how busy we are and on the staffing levels if we can find the time. I don't think we are far behind".

We asked the manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised.

What the manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We were told that nobody who used the service was subject to a DoLS.

We were shown the training plan that was in place for the care staff. We were told the training plan was not up to date. We were told it had been identified that not all staff had received training in some specific topics and this was being addressed by management. We saw however, that all staff had received the essential training, such as moving and handling, fire training and the safeguarding of vulnerable people; necessary to safely care and support people who used the service. The care staff we spoke with confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely.

The care records we looked at also showed that, to ensure people's healthcare needs were met, they had access to external health and social care professionals, such as social workers, GP's and community nurses.

Is the service caring?

Our findings

People who used the service were complimentary about the staff. Comments made included; “It’s like a little holiday. They [staff] are all very nice, very kind and very good to me” and “I can’t fault them, they are all so good”.

During the inspection we noted that two of the toilets close to the bistro had an ‘out of order’ notice on their doors. Following a discussion with staff it became apparent that the toilets were not ‘out of order’. Staff explained to us they were told they were not to be used by the people who used the service; they were to be used only by members of the public who used the bistro. This was to ensure the toilets were kept clean for their use. Inspection of a staff meeting record that had been held in April 2015 showed a directive had been given by management that ‘customers were not to use the two toilets near the bistro’.

Staff told us they were told to use the person’s own en-suite toilet or take them to toilets at the end of two of the three corridors. We were told by staff this was not acceptable as they felt people’s dignity was not respected. We were told that some people needed to use the toilets quickly, could become distressed, or could become incontinent if they did not get to another toilet in time.

During our discussion with senior managers we were informed that, prior to the refurbishment of the unit, the toilets were designated for staff use only. This meant that people who used the service had not previously used the facilities. Senior management told us they accepted that at times this could cause problems for people who used the

service. We were told the two toilets could be used for people who used the service if they needed to. We were informed however, that the two toilets were now clearly signed as being for the use of staff and visitors. **We recommend the provider looks for a best practice solution to ensure that people who use the service are made aware that they can use the two toilets situated close to the bistro. This will help to ensure their dignity is protected by ensuring that all communal toilets are available for their use at all times.**

We saw people looked well groomed and wore clean, appropriate clothing. A discussion with staff showed they had a good understanding of the needs of the people they were looking after. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people’s bedrooms. This was to ensure people had their privacy and dignity respected.

We saw that ‘verbal handover’ meetings were undertaken on each shift to help ensure that any change in a person’s condition and subsequent alterations to their care plan was properly communicated and understood.

We asked the interim manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that staff had not received ‘end of life’ training and there was nobody in the service receiving ‘end of life’ care at that time. The interim manager told us they could rely on the community nurses and GP’s to provide advice and guidance in the event of any specialised care being required.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; “They look after me well. They know what’s wrong me with me and do their best” and “I’m well looked after. I can’t fault them”. We also spoke with a pastoral visitor from a local church who told us they visited regularly to sit and chat with anybody, regardless of their faith, who wished to. We were told they felt the staff answered people’s call bells quickly, were courteous, pleasant and treated people with respect.

We looked at the care records [known as support plans] of three people who used the service. The support plans contained enough information to guide staff on the care and support to be provided. We saw that people also had a shorter version of their support plan in their bedroom. We were told that, due to the regular admission and discharge of people who used the service, having these support plans in place helped ensure staff were kept aware of people’s support needs. We saw the support plans were reviewed regularly to ensure that the information in them reflected the person’s current support needs.

We were told that in the event of a person being transferred to hospital or to another service, information about the person’s care needs and the medication they were

receiving would be sent with them. We were told that if a person was to be transferred to a care home, information would be given to the receiving care home when they visited to undertake their own assessment.

We looked to see what activities were provided for people. We were told that an activities person was employed to work 16 hours a week between Monday and Friday. We were shown the activities room that stocked an assortment of arts and craft supplies. Activities organised within the home included games such as bingo reminiscence therapy and board games. One person told us, “I like to be quiet but it’s good to know I can join in if I want to”.

Staff told us they had enough equipment to meet people’s needs. We saw that adequate equipment and adaptations were available to promote people’s safety, independence and comfort. Staff told us that although some people needed assistance with some tasks they did their best to enable people to keep their independence as long as possible.

A complaints policy was in place which outlined the process for reporting and investigating complaints. Leaflets were in place in the main reception area informing people about the complaints procedure. The procedure explained to people how to complain, who to complain to and the times it would take for a response.

Is the service well-led?

Our findings

Due to an extended absence, the registered manager was not involved in the day to day management of the service. An interim manager had been appointed. We were informed that the inspection day of 18 May 2015 was their first day in post as the interim manager. We were informed they had been the deputy manager at the service for the previous 15 months. The staff we spoke with told us they felt the interim manager was, “approachable and efficient”. We were concerned to find however that the interim manager had not discussed or referred onto senior management, the problems that staff felt had arisen since the introduction of the bistro in February 2015. From a discussion with the interim manager and the staff we spoke with, we identified there was an acceptance that the practice in place around meals, meal times and the toilets was to be tolerated.

There was a recognised management structure in place which staff were aware of. We saw there was an on call rota for management staff clearly displayed. We were told this was to ensure that staff had the support of management whenever they needed it, especially out of hours.

We asked the interim manager to tell us what monitoring systems were in place to ensure people were protected against the risk of inappropriate or unsafe care. We were told that regular checks were undertaken on all aspects of running the service. We saw evidence of some of the checks that had been undertaken, for example on medicine records, care records, and infection control practices.

We were told that where improvements were needed, action was identified along with a timescale for completion. Action plans were then kept under review. We saw evidence of the action plans that were in place and saw that timescales for action had been complied with.

We were shown the Dignity at Work Policy that was in place to help protect the safety and well-being of the staff. The policy contained information on equal opportunities, grievance and disciplinary procedures, bullying and harassment. Records we looked at showed that staff meetings were held monthly.

We saw management sought feedback from people who used the service and their relatives through questionnaires that were sent out throughout the year. The questionnaires asked for their views on how they felt they were being cared for, and if the facilities at the service were to their satisfaction. We looked at some of the responses. Overall they were positive about the staff, the care and the facilities provided.

We also saw information displayed informing people that monthly ‘Customer and Carer Forums’ were held monthly. Feedback cards were also available in the reception area for people to express their satisfaction or otherwise with the service and facilities provided.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found the provider did not ensure the proper and safe management of medicines and did not ensure that sufficient quantities of medicines were available to meet the needs and the safety of the people who used the service. Regulation 12(2)(f)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p>How the regulation was not being met:</p> <p>People were not provided with appropriate support or supervision when their meals and drinks were being served. Regulation 14(4)(d)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The health and safety of people who used the service was placed at risk of harm from hazardous substances. Regulation 15 1(a)</p>