

Marist Sisters Villa Maria

Inspection report

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Date of inspection visit:
01 August 2016
02 August 2016

Date of publication:
08 September 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 1 and 2 August 2016. The previous inspection on 23 September 2014 found no breaches in legislation.

Villa Maria is owned by the Sisters of the Marist Congregation. It provides accommodation and personal care for up to 28 older people and is suitable for those with poor mobility. At the time of the inspection 22 people were living at the service, the majority which were Sisters of the Marist Congregation. The service is a detached purpose built building and it is set within large gardens overlooking the sea in Hythe and within walking distance to local amenities. Bedrooms are set over three floors with access via a passenger lift. Each person has a single room, with ensuite and there are further assisted bathrooms. People have access to two large lounges and further quiet seating areas, a dining room, conservatory and chapel. There is a well maintained garden, set on a slope with a level paved access around the building and pretty flower tubs and baskets. There is parking available.

The service is run by 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.

People and relatives spoke positively about the service received and were happy with the quality of care and support provided.

Most risks associated with people's care and support had been assessed, but there was not always clear or up to date information about how staff should manage these risks in order to keep people safe.

People received their medicines when they should, but guidance in relation to medicines prescribed 'as directed' required more detail, to ensure people received these safely and consistently.

People were involved in the assessment and the initial planning of their care and support and some had chosen to involve their relatives as well. However care plans varied in the level of detail and all required further information to ensure people received care and support consistently and according to their wishes. Some care plans did not reflected people's current care and support needs. People told us their independence was encouraged wherever possible, but this was not always supported by the care plan.

New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. However staff did not have regular opportunities for one to one meetings, to monitor their practice and enable them to carry out their duties effectively. Some staff had gained qualifications in health and social care.

There were audits and checks undertaken to ensure the service was effective. However action was not

always taken in a timely way to address shortfalls that had been identified.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of the inspection no one at the service had their liberty restricted. People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were protected by safe recruitment procedures and had their needs met by sufficient numbers of staff. People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and sometimes used banter and good humour.

People had a varied and healthy diet. People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals when required.

People attended regular chapel services each day and in addition there were opportunities to join in a range of activities, which people enjoyed. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally.

The registered manager had an open door policy and they took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People received their medicines when they should, but there was a lack of guidance in relation to some areas of medicine management.

Most risks associated with people's care had been identified, but there was not always sufficient or up to date guidance about how to keep people safe.

People were protected by robust recruitment processes and sufficient numbers of staff on duty.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received care and support from trained staff, but staff did not always receive regular opportunities for meeting with and support from their manager.

No one was subject to a DoLS authorisation and no one's liberty was restricted. Staff encouraged people to make their own decisions and choices.

People were supported to maintain good health. Staff worked with health care professionals, such as doctors and physiotherapists to resolve and improve any health concerns.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive and caring approach.

Staff encouraged and supported people to maintain and develop their independence.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed

in the company of the staff.

Is the service responsive?

The service was not always responsive.

People's care plans were not always up to date and varied in detail. They did not reflect all the detail of their current routines, their wishes and preferences or what they could do for themselves, to ensure consistent care and support.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People were not socially isolated. They were able to attend regular chapel services held each day and a range of other activities and get-togethers.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received were not totally effective in driving improvements in a timely way.

There was an open and positive culture within the service, which was focussed on people. Staff were aware of the provider's core values and these were followed through into their practice.

There was an established registered manager who was supported by a deputy and team of staff who worked hard to drive improvements.

Requires Improvement 

Villa Maria

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 checked 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 1 and 2 August 2016 and was unannounced. The inspection carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information, such as the previous inspection report, we held about the service, we looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, three staff recruitment files, staff training and supervision, rotas, medicine, servicing and maintenance checks and quality assurance records and surveys results.

We spoke with five people who were using the service, two relatives, the registered manager, the service improvement manager who was visiting the service and seven members of staff. We also spoke with two members of staff employed by the catering company who provide meals within the service. We used the feedback from the provider's most recent quality assurance surveys where 13 surveys were returned from people and their relatives

Following the inspection we contacted one health professional who had had contact with the service and received feedback from them.

Is the service safe?

Our findings

People told us they felt "very" safe living at Villa Maria. One person told us, "They are extremely careful and particular here". People and relatives told us they felt staff handled people's medicines safely.

People were not fully protected against the risks associated with their care and support. Most risks had been assessed, but there were not always clear written procedures in place to keep people safe. For example, one person's care plan showed they were at 'high risk' of developing pressure areas to their skin, but there was no written guidance in place about the action staff were taking to reduce this risk. One person had moved into the service three months prior to the inspection and a moving and handling risk assessment had been put in place. However this noted in most sections that the person 'would need to be reviewed and assessed', but the risk assessment had not been reviewed and the support the person required no longer reflected the support detailed in the risk assessment.

Some people were prescribed medicines 'as directed' or 'as required' to manage skin conditions or pain. In most cases there was some guidance in place about how staff should administer these safely, but not always. For example, where these were tablets for pain or eye drops individual guidance was not present within the care plan. Where these medicines were topical the guidance lacked detail about what action staff should take and when on their continued use.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were individual personal emergency evacuation plans (PEEP) in place in the event of a fire. However these did not contain information about how the person would be evacuated from the building, should this be necessary although this information was included in the provider's full evacuation plan. The registered manager agreed to contact the Fire Safety Office to clarify whether the information was required to be in the individual PEEP.

There had been a number of medicine errors, although each one had been investigated and during this time the staff member who had made the error had been suspended from administration and did not administer medicines again until further training and/or competency checks had been undertaken to ensure people received their medicines safely. There were robust audits in place, which quickly identified any error to ensure swift action could be taken.

There was a clear medicines management policy in place. Staff had received training in medicine administration and had their competency checked with observations of their practice. Medicines were ordered and checked when they were delivered to ensure sufficient quantities had been received. Medicine Administration Records (MAR) charts showed people received their medicines when they should. Medicines were stored securely and temperature checks were carried out to ensure their quality. There was a system in place to make sure medicines were returned to the pharmacist when they were no longer required. Some

people administered some of their own medicines and risk assessments had been undertaken to ensure this was safe.

Where people had behaviours that challenged, guidance was in place to help staff manage these safely.

People were protected from abuse and harm. During the inspection the atmosphere was quiet and relaxed. Staff were patient and people made their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a clear safeguarding policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited in the last 12 months. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. People told us they felt there were enough staff on duty. In the provider's last quality assurance survey people indicated that staff 'always' or 'mostly' had time for them. During the inspection staff responded when people approached them or when call bells sounded and were not rushed in their responses. There was a staffing rota, which was based around people's needs, which the registered manager kept under review. In addition to the registered manager there were a minimum of five care staff on duty 8am to 2pm, four care staff 2pm to 8pm and three members of staff on wake night duty 8pm to 8am. Staff were supported by housekeeping and domestic staff, a maintenance person and an administrator. There was an out of hour's on-call system covered by the registered manager and senior staff. The service used existing staff and the provider's bank staff to fill any gaps in the rota and then outside agency. Outside agency had been used on an ongoing basis to cover leave and vacancies. At the time of the inspection new staff had been recruited or were going through their pre-employment checks.

People benefited from a spacious purpose built home, which was homely and well maintained. People all had their own bedrooms, which had an ensuite. There were two very spacious lounges and other seating areas where people could spend their time. There was also a dining room and separate conservatory with views to the sea and the service had its own chapel. Gardens were well maintained although on a slope, but there were level paths around the building, which people used. People and relatives told us the equipment and the premises were always "very, very well maintained" and in good working order. People, relatives and staff told us when there was a problem things were fixed quickly and we saw the maintenance person working on issues that had been identified. Records showed that people had recently been involved in choosing plants for the conservatory wall and had chosen honeysuckle and clematis, which had been purchased.

Is the service effective?

Our findings

People and relatives were satisfied with the care and support received. One person said, "We are very well looked after". Other comments included, "It is homely and friendly". "It's very much as we want it". "I am quite happy".

People and relatives told us staff had the right skills and knowledge to provide care and support that met people's needs.

Staff told us they felt well supported by the deputy and registered manager who were accessible for support. However records showed that staff did not have access to regular one to one meetings (supervision) with their manager. The registered manager told us that the provider's policy was that staff should receive five supervision meetings and an appraisal each year. Records showed that eleven care staff had received between none and two supervision meetings only during 2016 to ensure they were working effectively. The registered manager told us no appraisals had taken place during 2015 and only one had taken place during 2016 to date. Appraisals gave staff the opportunity to discuss their learning and development.

The provider had failed to ensure staff received appropriate supervision and appraisal to enable them to carry out their duties effectively. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two team meetings had been held during 2016 where staff discussed people's current needs, good practice guidance and policies and procedures.

Staff had completed an induction programme, this included shadowing experienced staff, completing workbooks and attending training courses. The Care Certificate had recently been introduced and new staff had completed this training. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff felt the training they received was "good" and enabled them to meet people's needs. Training was refreshed in order for staff to keep their knowledge up to date. Staff training included emergency first aid, infection control, health and safety, food hygiene, moving and handling, medicine administration and fire safety. Some staff had received some training in dementia and a health professional told us they felt staff would benefit from further dementia training. Training in caring for people living with Parkinson's disease was booked.

Seventeen out of twenty staff had a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

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 Mental Capacity Act 2005. The application procedures for this in care

homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and no one living at the service was restricted.

Some people had signed care records and people's consent was gained by themselves and staff talking through their care and support or by staff offering choices. One person told us, "We have chats about how I want things, my hair and clothes". In the provider's last quality assurance survey people indicated 'always' or 'mostly' to being offered choices by staff. Staff had received training and understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The situation had not arisen that anyone had required a best interest meeting, but the registered manager demonstrated they understood the process which would be followed.

People had access to adequate food and drink. People had their nutritional needs assessed and were weighed regularly to ensure they remained healthy. Since the last inspection the catering arrangements had been outsourced. People told us there had been teething problems, but these had now been resolved as the caterers had been "receptive to suggestions". There was a varied menu and people were offered three meals a day with choices available at each meal. The main meal was served at lunch time and a light meal at tea time. Two people we spoke with did not appear to realise the full choices on offer at tea time and the registered manager agreed to address this. The food looked appetising and people said they especially enjoyed the lunches. People and their visitors were able to make drinks for themselves at kitchenettes around the service and other drinks, such as morning coffee and afternoon tea were also served by staff. Appropriate referrals were made to dieticians where there were concerns and some people were prescribed meal supplements drinks. Some people used beakers to aid their independence when drinking. A health care professional told us whenever they visited people had drinks to hand.

People's health care needs were met. People told us they had access to dentists, doctors, chiropodist and opticians. People said if they were unwell the staff contacted the doctor and a visit was arranged and we saw this to be the case during the inspection. Appropriate referrals had been made to health professionals. For example, one person had recently been visited by a community psychiatrist nurse, another by the Parkinson nurse and another person was awaiting a visit from a physiotherapist. People's health needs were monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. Where people suffered from conditions information had been obtained and was available for staff within the care plan. For example, allergies to insect bites or stings and hiatus hernia. A health care professional told us that any advice and guidance was followed through into staffs practice.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People and relatives said they liked the staff and they were all kind and caring. Comments included, "The carers are lovely". "They are very good, very helpful and very kind". "Such caring attitudes". "Very friendly". "They are always willing to help me". "Their attitude is marvellous, so caring and so good". "Care staff are excellent, kindness and caring outstanding".

In the provider's most recent quality assurance survey people rated staff as 'always' acting in a professional manner. People indicated that they were 'always' treated with dignity and respect and staff were 'always' or 'mostly' kind and cheerful.

Some people talked about staff that "Went that extra mile". One person told us, "Since she (staff member) has come it's been great. She is marvellous and she misses nothing". One person had written some letters and we observed that staff offered to walk with them to the post box to post them. A healthcare professional felt staff were very caring.

During the inspection we observed how the service had a real community feel. People visited one another or went to a person's room to walk down to chapel or afternoon tea in the lounge with them. When people were unwell they were visited by other people living there just to have a "little chat" or perhaps sit with them.

The service had received several compliment letters or cards about the care and support provided. One relative wrote, "We should like to thank you for the kind help and attention given by everyone to (family member) during her stay (and of course the lovely hospitality given to me at lunch)". We think her stay with you was extremely beneficial following her operation. Do keep up your excellent work. Another relative wrote, "We visited a number of times and were always made so welcome". "You have a beautiful place there. Keep up the good work". A person that had stayed at the service for respite care wrote, "This picture on the card is a reflection of me during my last three weeks stay with you. The picture of contentment. I had the most enjoyable time with you. Despite the weather outside the house was full of a spirit of warmth and love. Thank you very much for all your kindness".

During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff and communicated happily.

Throughout the inspection staff talked about and treated people in a respectful manner including them in conversations, and getting down to their level when speaking with them. Sometimes this included banter and good humour. One person had a small mark on her cardigan and was going out to lunch with family later, staff sensitively pointed out the mark and offered to go with them to change the cardigan, which they accepted.

People told us they received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. Some staff had worked at the service for

several years and they had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and information about their personal histories. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person told us how they had lost confidence when they came to live there, but how much better they were now. They said, "When I came I was in a wheelchair and now I am mobile". Another person talked about how poorly they were when they arrived, but were now walking without staff assistance and had a much better appetite. The registered manager talked about one person who had been supported by a staff member to build their confidence so they could access the local community independently. This had involved staff escorting them several times on visits to places within the community and teaching them how to use a mobile phone until they were confident.

People told us they were involved in the initial assessments of their care and support needs and planning their initial care. Some people had also involved their relatives. Most people felt care plans reflected the care and support they received. The registered manager told us at the time of the inspection most people did not require support to help them with decisions about their care and support, but if they chose were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. A healthcare professional told us that staff were always polite and courteous and knocked on people's doors before entering. Information given to people confirmed that information about them would be treated confidentially.

Is the service responsive?

Our findings

People and relatives were happy with the care and support people received.

People and relatives told us they had been able to come and look round the service before they moved in. In addition their admission had included staff carrying out a pre-admission assessment often during visits to people in their own environment at that time. Information was also obtained from the funding authority or hospital. The care plan was then developed from these assessments, discussions and observations.

Care plans should have contained a step by step guide to people's preferred daily routines and information within this about their wishes and preferences. This should have included what they could do for themselves and what support they required from staff.

Care plans varied in detail and all required further detail to ensure that people received care and support consistently, according to their wishes and staff promoted people's independence. Some care plans did show people's preferred routine and reflected what they could do for themselves in some areas, but not others so this did not ensure people's independence would be maintained.

Records and discussions showed that not all care plans were up to date reflecting people's current care and support needs. For example, during discussions with staff one staff mentioned that a person was being assisted to eat as they were unwell. However afterwards another staff member told us they had not known this was happening. In other care plans it was not always clear what arrangements were in place to meet people's dietary needs.

One person's health had deteriorated and the care plan was not being updated as the deterioration had progressed, to ensure staff had clear information in order to deliver consistent and safe care. For example, the care plan still stated that the person could undertake most of their personal care themselves, but due to their health this would not have been the case at the time of the inspection and staff advised that their health had been deteriorating for a little while.

Another person's health had improved since they moved in three months earlier resulting in them being able to do a lot more for themselves. However although the care plan had been reviewed monthly it had not been changed to show the changes. For example, the care plan stated that the person ate their meals off a small tea plate due to their poor appetite. Staff told us this was no longer the case and the usually dinner plate was used. The care plan detailed the person's preference for breakfast, but this was not what she had for breakfast. It talked about staff bringing a bowl of water from the ensuite into the bedroom, but the person and staff told us they walked to the ensuite and had their personal care there. The care plan stated that the person would advise staff of their preference of a bath or shower in time, but records showed that the person had always had a bath since moving in and the person told us how they enjoyed their bath. The care plan was not detailed about the person's preferences and stated at times that the person would 'verbally express my preference'. It stated that one staff member would need to be present during personal care to fully assist me with this, but records showed that some days when staff went to assist the person

they had already done their personal care and were dressed.

This meant that people would have to explain their preferred routine to any new staff or agency staff that were being used or would not receive consistent and safe care. One person told us, "Some (agency) don't know my routine and I have to tell them what to do".

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were supported to follow their interests and take part in social activities. People told us about how they spent their time. People talked about attending regular services every day in the chapel and if people did not feel up to going to the chapel they could watch the service on television in their own room. People told us how they had enjoyed some talks from outside speakers, such as one about the Queen's 90th birthday and there was another from the Kent Wildlife Trust. Other people spent time reading, writing letters, knitting, watching television, playing games, such as bingo and Ludo or enjoyed their walks outside. People were not socially isolated, each afternoon people enjoyed coming together in the lounge when they had tea and cake. Some people told us they also had plenty of visitors and enjoyed going out with family and friends.

People told us they would speak to the deputy, the registered manager or a sister if they were unhappy. They felt any problems would be addressed. There had been one complaint received by the service since the last inspection, which had been investigated and the person received a timely response. There was a clear complaints procedure in place and people knew where this was displayed. During the inspection people came freely to the office or staff as they wanted. The registered manager told us that any concerns or complaints were taken seriously and used to learn and improve the service. No one had any complaints and one person said, "I have no complaints, they are exceptional". In the last provider's quality assurance survey people had indicated that complaints or concerns had been dealt with to their satisfaction or the question was non-applicable as they had never had to complain.

People could participate in regular meetings where they had the opportunity to voice their opinions about their care and support and any concerns they may have had. People were asked at meetings about any concerns or changes they wish to make. The registered manager held a 'tea with the manager' meeting for people quarterly, where any concerns could be raised.

People had opportunities to provide feedback about the service provided. People and their relatives were also encouraged to complete a quality assurance questionnaire. We saw that surveys returned had had positive responses.

Is the service well-led?

Our findings

People and relatives were very complimentary about the service and its management. Comments included, "You've only got to ask they are very approachable and receptive to you". "Absolutely excellent overall". "Well run". The registered manager and deputy will resolve anything. The registered manager is "onto every issue". "(The registered manager) the boss lady is very friendly and helpful". "Good team". "Excellent". "The attitude of the people and their kindness overall it is quite excellent and they are very open". "I would recommend it". "Of all of the places this has the best feel. You get good care and nice room with ensuite". One relative had written about the registered manager, "Thank you for your kind understanding, for your support. You're one of a kind".

A healthcare professional said about the registered manager, they were "Interactive, knows what's going on in the home and knows the residents. They are proactive, answer any questions and will spend time with you".

In the provider's last quality assurance survey people and relatives rated the service as 'excellent' or 'good'.

There were systems and processes in place, which were effective in identifying most shortfalls. However action had not been taken in a timely way to ensure compliance.

A 'Baseline Audit' was undertaken in February 2016. The report showed the audit looked at two areas, complaints and governance and on the whole was very positive. However there were required actions following this audit. We discussed these with the registered manager and service improvement manager. One action identified that the service improvement plan required updating and maintaining and they told us this had not been achieved. The other action was to continue with regular supervision in line with the policy as previously (2015) this had not been met, but we found this still required improvement during our inspection.

The service improvement manager undertook a quality audit visit to the service on 25 May 2016 and produced a report of the findings. This visit identified that a care plan had been reviewed and 'no changes' recorded, although it was evident there was changes in the person needs. Actions were set to be undertaken within one month. However our inspection found it continued to be the case that a care plan was reviewed with 'no change' recorded, but there were changes to the person's needs.

The provider had failed to take timely action to ensure compliance with the requirements. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

A monthly service report was sent from the registered manager to senior management each month in order that they could monitor the service. This detailed people's current care and support needs and any changes or professional input. It also informed senior management about accidents, incidents, safeguarding, care plan and risk assessment reviews, activities that had taken place, where people had been involved in decision making regarding the service, staff sickness, leave, vacancies and agency use, training, supervision

and recruitment, compliments and complaints.

The registered manager worked Monday to Friday and was supported by a deputy manager, who worked on shift as well as dedicated administration time. During the inspection it was evident the registered manager was 'hands on', supporting staff or giving guidance when required on shift and dealing directly with any issues people raised or came to the office to discuss. The provider was a member of the Contractors Health & Safety Scheme (CHAS). This membership and attending regular managers meetings were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

There was an open and positive culture within the service, which focussed on people. People and their relatives had completed quality assurance questionnaires to give feedback about the services provided. Responses had been positive. People and relatives indicated they were 'always' or 'mostly' happy with the service they received from the senior team. The registered manager also met weekly with the Community Leader (sister) within the service to discuss the running of the service and any concerns.

The supplying pharmacist had undertaken an audit in June 2016 and made recommendations, which did not include shortfalls identified during this inspection for medicines management. The registered manager told us these recommendations had been actioned. For example a new British National Formulary (BNF) had been purchased. This is a book that provides up to date information about medicines.

The Environmental Health Officer had visited in 2015 and the service had a 5 star rating (the highest).

The provider had engaged a consultant to undertake a full audit of the service and this had recently taken place, although at the time of the inspection the report had not been received. Senior management told us this was to independently look at all areas of the service with a view to driving improvements to the quality of service people received. The health and safety department also undertook an audit every two years to monitor and assess any risks to people's health, safety and welfare.

Staff said they understood their role and responsibilities and felt they were well supported. They had opportunities for team meetings and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

The provider had a set of 'core values' and these were displayed around the service. Records showed that staff were asked about the 'core values' at each supervision meeting. Staff were able to tell us what the 'core values' were during the inspection and it was evident these were followed through into their practice.

Staff had access to policies and procedures within the service. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. Regulation 9(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. Regulation 12(2)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to take timely action to ensure compliance with the requirements. Regulation 17(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received

appropriate supervision and appraisal to enable them to carry out their duties effectively.

Regulation 18(2)(a)