

Four Seasons Health Care (England) Limited Preston Glades Care Home

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?

Requires Improvement



Is the service well-led?

Good



Overall summary

Preston Glades is a purpose built care home, registered to provide accommodation for up to 65 people who require nursing or personal care. The home is arranged in two units. The first floor unit provides services for people who are living with dementia. All accommodation is provided on a single room basis, with the majority of rooms having en-suite facilities. There are a variety of communal areas within the home where people can spend their time, including a room for people who smoke.

The last inspection of the service took place on 5th September 2013. That inspection was carried out to

ensure the service had made improvements and taken action to address non-compliance we had earlier identified. During that inspection the service was found to be fully compliant.

This inspection took place on 5th February 2015 and was unannounced.

At the time of the inspection the registered manager had just completed the process of registration with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 who used the service and their representatives expressed satisfaction with their care and felt confident that staff understood their needs. We found that staff worked positively with community professionals such as mental health workers to ensure that people's needs were met. However, there were some gaps in care planning information that meant people were at risk of not receiving the care and support they needed.

We received mixed feedback about how people's social care needs were addressed and the range of activities provided at the home. Trips out of the home were not routinely provided and some people felt the activities that were provided did not meet their personal preferences.

People told us they were treated with respect and dignity and described the staff team in ways such as, 'kind' and 'caring'.

There were ample numbers of staff employed to meet the needs of people who used the service. The registered manager took people's needs into account when determining necessary staffing levels on a day-to-day basis.

Staff were provided with a range of training to assist them in carrying out their roles. Over half of non-nursing staff held nationally recognised qualifications in care.

There were a variety of processes in place to assist the registered manager and the provider in monitoring quality across the service. As a result of their use, a number of developments were planned for the home, with an aim to constantly improve the service people received.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to records for people who used the service. You can see what action we told the provider to take at the back of the full version of this report.

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. Risks to people's welfare were assessed and there were clear risk management plans in place to help ensure they received safe support.

Staff employed at the service were fully aware of their responsibilities to protect people from abuse and there were clear reporting procedures in place so any concerns could be dealt with properly.

Staff were carefully selected and recruited. This helped to protect people who used the service from the risks of receiving their care from anyone of unsuitable character.

Good



Is the service effective?

Some aspects of the service were not effective. Arrangements to ensure people at high risk of malnutrition or dehydration were not adequate, because their food and drink intakes were not always carefully monitored.

People received a good level of health care support and felt staff supported them well in partnership with community professionals.

The rights of people who were not able to consent to all aspects of their care were upheld because legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were followed.

Requires Improvement



Is the service caring?

The service was caring. People who used the service were provided with care and support which was delivered in a kind and respectful manner.

The privacy and dignity of people who used the service was respected and promoted. The role of Dignity Champions helped to further promote this value.

Good



Is the service responsive?

Not all aspects of the service were responsive. There were gaps in people's care planning, particularly in relation to their social care needs. This meant people may not always receive the care they needed.

The activities programme did not meet the needs of everyone who used the service.

People felt able to express their views and wishes and were confident their comments would be acted upon.

Requires Improvement



Is the service well-led?

The service was well-led. People had confidence in the registered manager and described her as approachable and supportive.

Good



Summary of findings

There were clear lines of accountability within the service and the wider organisation.

There were systems in place to enable the registered manager and provider to monitor all aspects of quality and safety.

Preston Glades 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.

The inspection took place on the 5th February 2015 and was unannounced.

The inspection team consisted of a lead adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of caring for someone who used services for people who lived with dementia.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

The provider sent us 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.

We spoke with eight people who used the service during our visit and three visiting relatives. We also had discussions with the registered manager, area manager, three nurses, four care workers and the cook. We contacted five community professionals as part of the inspection, including health and social care worker. We also contacted the local authority commissioning team.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving care at Preston Glades and expressed confidence in the registered manager and staff team. People felt that staff understood their or their loved ones' needs and were able to meet them safely. One person we spoke with said, "I do feel safe here, yes. They know everything I need."

A relative we spoke with described how the care staff were always careful when transferring their loved one and also commented on the security of the home, which they felt was very reassuring. Another person said, "The environment is always clean and has a pleasant smell compared to the previous home we used."

We observed staff supporting people in a safe and careful manner. We saw that care staff were patient and cautious to ensure people's safety when supporting them, for example, when assisting them to mobilise.

When viewing people's care plans we saw that any risks to people's safety and wellbeing, in areas such as falling or developing pressure ulcers were assessed. Where risk was identified, there was clear guidance included in people's care plans to help care workers support them in a safe manner. For example, we viewed the care plan of one person who was at high risk of choking. We saw there was a very clear risk management plan in place to address this.

Care workers we spoke with all demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

Clear procedures were in place providing staff with guidance about their responsibilities to protect people who used the service from abuse. The guidance included information about different types of abuse and advice on how to identify warning signs that a vulnerable person may be at risk of abuse. Contact details for the relevant safeguarding authorities were also included in the guidance, so staff had the information they needed to refer any concerns to the correct agencies, without delay.

In discussion, staff demonstrated awareness of safeguarding procedures and were able to describe actions they would take if they identified any concerns about the

safety or wellbeing of a person who used the service. All the staff members we spoke with confirmed they had received training in safeguarding and that this training was updated on an annual basis.

Care workers were aware of the service's whistleblowing policy, which provided support and guidance for people intending to report any concerns and reminded staff of the importance of doing so. Staff told us they were confident the registered manager would deal with any concerns properly and felt they would be well supported by her.

The registered manager had a formal tool in place which enabled her to work out necessary staffing levels in line with the needs of people who used the service. The registered manager told us that when used effectively, this was a very useful tool and was able to demonstrate she kept staffing levels under constant review.

The registered manager was able to give us examples of how she had ensured staffing levels were adjusted in line with the needs of people who used the service. One of the examples was when a person who used the service had experienced deterioration in their health and had presented with some complex mental health needs. The registered manager had immediately put additional staffing support in place to ensure the safety of the person who used the service and those around him was maintained.

People who used the service felt staffing levels at the home were appropriate to meet their needs. One person told us staff always responded very quickly when he used his call bell, during the day or night. Another said, "I can't think of a time I have had to wait too long for anything."

Staff we spoke with also felt staffing levels were adequate. One care worker commented, "Staffing levels are pretty stable now. There have been times in the past when we have been rushed off our feet but not now. It's really enjoyable when staffing levels are ok. It's just nice to have time to care properly."

We viewed a selection of staff personnel files. These demonstrated that a formal selection and recruitment process was routinely carried out by the registered manager, when employing new staff.

Records showed that all applicants were required to complete a detailed application form, which included a full employment history. A formal interview was also carried

Is the service safe?

out to enable the registered manager to assess the candidate's suitability for the role they were applying for. Following a successful selection process, candidates were required to undergo a series of background checks, which included references and a criminal record check. These measures helped to protect people who used the service from receiving their care from staff of unsuitable character.

Whilst, criminal record checks were verified on all the staff files we viewed, some of them had been carried out a number of years ago. One person had been employed at the home for a period of eight years and had not been requested to provide an updated criminal record check during that time. We spoke with the registered manager and area manager regarding the provider's policy on the renewal of criminal record checks for staff, who were both unsure of the policy. The registered manager agreed to check this with the provider.

As part of the inspection we assessed how people's medicines were managed. We viewed medicines stored within the home and records associated with medicines administration.

Medicines, including those requiring refrigeration and controlled drugs, were stored securely and in an organised manner, so that they were easy to access when required. Items with a limited shelf life, such as eye drops, were clearly dated on opening to ensure they were disposed of within the correct timescales.

Records relating to the administration of medicines were well detailed, clear and competed to a good standard. Records for every person who used the service included

clear information, such as any allergies, assistance required to take their medicines and photographs to help reduce the possibility of care workers mistaking someone's identity when administering their medicines.

Instructions for variable dose medicines were very clear and easy to understand. This helped reduce the chance of errors. Clear information was in place for people who were prescribed any medicines on an 'as required' basis. This helped to ensure people received their medicines at the right times.

There was clear information in place for each person, regarding the use of homely remedies (medicines that could be bought over the counter). The information included a list of homely remedies that could be administered if required. This meant that people could benefit from the use of homely remedies and wouldn't have to wait for a GP to prescribe medicine such as pain relief.

We cross checked some loose medicines (those not included in the daily blister packs made up by the pharmacist) against medication administration records. All those checked were found to be correct, demonstrating staff handled medicines in a careful manner.

Processes were in place to ensure any loose boxed medicines were subject to daily counts. This meant it would be immediately identified if a staff member signed for a medicine, but didn't give it. More in depth audits were usually carried out on a weekly basis to help ensure any errors were quickly identified. However, records showed that the weekly audits were not always carried out as scheduled. We pointed this out to the registered manager who advised us she would investigate this and rectify it.

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the health care support they received. One visiting relative described how staff had supported their loved one very well to ensure changes to their medicines met their needs. The relative commented that the care provided had been 'vigilant', 'responsive' and 'effective' and told us staff had worked effectively with community health care professionals to ensure their loved one's needs were met.

Another person told us how staff at the home had worked positively with community physiotherapists to ensure their relative was provided with safe and effective care. This person complimented staff on what they felt was a very good level of support.

Care plans viewed during the inspection demonstrated further evidence of effective joint working between staff at the home and a variety of community professionals. We saw examples of input from a number of external workers, such as mental health specialists, to people's individual risk assessments and care plans. This input had often been arranged by the registered manager in an attempt to ensure people received care and support that met their needs.

Care plans included written consent from the person who used the service or their representative, to all aspects of their care and support. We saw that people's care plans reflected their personal needs and wishes and recorded their or their loved one's involvement in review processes.

We saw that people were supported to access independent advice where appropriate, to assist in dealing with their affairs. During our visit, we spoke with a legal professional who was in regular contact with a person who used the service, to provide them with support and advice about their affairs.

We viewed the care plan of one person who had been assessed as lacking capacity to consent to certain aspects of their care. We saw the manager had worked carefully to ensure the person's legal rights under the Mental Capacity Act 2005 (MCA) were upheld.

The registered manager had arranged a number of formal meetings with the person's relatives and various community professionals involved in their care, to formally consider the best interests of the person and how their care

should be provided. The registered manager had also ensured that due processes had been followed under Deprivation of Liberty Safeguards (DoLS), so that the person was not unlawfully restricted or deprived of their liberty.

There were clear care plans in place for the person, which included the input of a variety of community professionals and gave staff clear guidance on how to support the person safely. In addition, arrangements to regularly review the care provided were in place to ensure any changing needs the person experienced were addressed.

Training in the MCA and DoLS was part of the home's mandatory training programme, which meant all staff were required to complete it. Those staff spoken with during the inspection demonstrated a good understanding of this area. They were able to describe how they supported people who were assessed as not having capacity to consent to any aspects of their care.

A nutritional risk assessment was carried out for each person, which assessed the support they required to maintain adequate nutrition and hydration. We looked at the care plan of one person who was assessed as being at high risk of malnutrition due to a low weight and poor appetite.

We saw the registered manager had arranged for involvement of external professionals in the person's care and a community dietician was involved in their support. Another measure was to ensure that the person's food intake was carefully monitored. However, we observed the person dispose of some sandwiches at lunch time. When we later checked their food intake records, we noted that a care worker had recorded they had eaten them. This was of concern as it meant the food intake records being maintained for the person were not always accurate. We also noted there were some gaps in the person's food and fluid intake charts, which meant clear information about what they had eaten or drank was not always available. There was a failure to carefully monitor the person's food and fluid intake and as such, arrangements to ensure they were provided with effective care were not adequate.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service were generally quite positive about the meals provided. One person commented, "I

Is the service effective?

really like the food. For breakfast I had porridge and a full English with bacon, sausage, eggs and beans. All of it was very tasty.” Another told us, “We certainly don’t go hungry here. You can’t complain about the food, it’s spot on.”

Menus were clearly publicised on a notice board next to the main door entrance of the dining room. We observed people were enabled to eat their meals where they preferred, for instance in the dining room or in their own bedrooms.

We observed the lunch time service in both units of the home. On both units, this was noted to be a relaxed and sociable occasion. People, who required it, were provided with safe and effective support and there were ample numbers of staff available to ensure help was provided when needed. Staff were observed constantly checking with people if they required any assistance or would like any more food or drink.

One person started to eat their meal, which they had earlier chosen but decided they wanted a different meal instead. This was provided without any hesitation by staff. Another told care workers they ‘didn’t fancy’ their meal at that time. The staff member asked the person if they would like to save their meal for later and have a snack instead. The person replied, “The only thing I fancy is a jam butty.” This was provided immediately.

There was an induction programme in place for all new staff. This programme included areas that helped new staff members to understand their role and what was expected of them. Records of induction were maintained for each individual staff member, which should have been signed to confirm all areas of the induction had been provided. However, we viewed the records for one recently appointed staff member, which were not signed by them. It was therefore not possible to confirm the induction training had been provided.

There was an ongoing programme of mandatory training, which all staff were required to complete. This covered important health and safety areas, such as moving and handling, as well as courses to enhance people’s caring skills, including caring for people with dementia and mental capacity. In addition, all care workers were encouraged to obtain nationally recognised qualifications in care.

Figures provided by the registered manager stated that over half of the non-nursing care staff employed at the home, held either a National Vocational Qualification or a Diploma in care.

The feedback we received from staff about training was mixed. Traditionally, much of the training had been provided through ‘E learning’ arrangements (by computer), which staff told us they didn’t find particularly useful. Although they did explain that some practical learning, such as moving and handling, was provided.

In discussion, the registered manager advised us that a review of the training had been carried out and some areas for development identified. In particular, the increased use of competence assessments to ensure training provided to staff was effective, had been implemented. The registered manager also told us that more face-to-face learning was now being arranged, particularly around the care of people living with dementia. This information was supported by records confirming a training course of this nature was due to take place at the service within days of the inspection.

Staff we spoke with felt well supported and described the registered manager as approachable. People told us they had the benefit of regular supervision during which they met with a manager on a one-to-one basis and to discuss areas such as performance and development. We also spoke with a student who was on placement at the home. She told us she found the home to be well managed and that her training needs were being well met.

Is the service caring?

Our findings

We talked with people who used the service and their relatives about their views on how they were supported and the attitude and approach of care workers. People gave us positive feedback and spoke highly of the staff and registered manager at Preston Glades. One person told us, "Preston Glades comes across as very homely. There is a good feel to the place. There is no undercurrent of tension that we have experienced at other nursing homes. All the staff we have encountered are lovely and very supportive."

Another person commented, "The visiting access is really good, any time night and day. The staff are really kind to me. They always make tea for me when I visit." Another person expressed to us how impressed they were by the registered manager's caring attitude when they were choosing a care home for a relative. They told us they were also very impressed at how their loved one's needs were being met. They commented that care workers were very patient when supporting their loved one and provided a lot of encouragement.

A resident described how their personal care was provided by staff and told us their privacy and dignity was always safeguarded. They felt they were treated in a respectful manner by care workers and with kindness. Other comments we received included, "I think that all the people here (staff) are very friendly." "This place is like a hotel. The food is excellent. The staff are lovely."

Whilst the vast majority of comments we received were very positive one person who used the service told us they felt less confident in agency workers, who sometimes worked at the home during the night. This person felt that agency workers did not have a good understanding of their needs and that sometimes there were difficulties in communication. We spoke with the registered manager about the use of agency workers and she advised this was decreasing due to improved staffing levels at the home. This information was supported by rotas and other discussions we held.

We observed staff providing support for people who used the service and noted this was done in a kind and patient manner. There were ample numbers of staff on duty to meet people's observable needs and staff supported people patiently and at their own pace. We saw that staff

interacted with people who used the service and their relatives in a kind and reassuring manner. One member of the nursing team was seen providing comfort and reassurance to a relative, who was worried about their loved one.

Staff were observed spending time with residents chatting and enquiring about their general wellbeing. The conversations we observed were natural and genuine exchanges and there was a positive rapport between people who used the service and staff.

Staff were seen to support people to make choices throughout the day, such as when and where to eat their meals. We heard one person who used the service ask a staff member, "Do you think it would be alright to have my breakfast later?" The staff member replied, "Of course it is. Just let me know when you are ready."

People spoken with were satisfied with the level of involvement they had in their or their loved one's care plans. One person said, "We've been asked all along what we think and if anything changes they let us know straight away."

Staff we talked with spoke in a positive and respectful manner about the people they supported and were able to tell us how they ensured people's privacy and dignity was promoted when they provided care and support. Some staff employed at the home were designated Dignity Champions and had an additional role in ensuring people who used the service received respectful and dignified support. In discussion, the registered manager advised us she was in the process of expanding the number of Dignity Champions in the home and making arrangements for some night staff to take on this role.

The registered manager was also in the process of developing the service towards PEARL (Positively Enhancing and Enriching Residents' Lives) accreditation. PEARL is a national programme run by the provider, which aims to enhance the care and support provided to people who live with Dementia. To receive this accreditation the service were required to demonstrate they could provide specialist care and support to people living with dementia. The training to equip staff with the enhanced skills to provide such support had commenced at the time of our inspection.

Is the service responsive?

Our findings

Some aspects of the service were not responsive to people's needs. Some of the care plans we viewed lacked information regarding people's social care needs. We viewed the care plan of one person who had used the service for several months. Their care plan contained a social profile, which should have included information about their social history, important relationships and preferred activities. However, the profile had not been completed. This was of concern as the person it belonged to was unable to tell staff about their likes and dislikes and things that were important to them.

Following the inspection we received some comments from three community professionals who had some contact with the home and had reviewed the care plan of a person who used the service. They advised us they found some significant gaps in the person's care plan about their daily care needs.

In discussion, the registered manager advised us that as part of the service's improvement programme, comprehensive reviews were being carried out for care plans of every person who used the service to ensure there were no gaps in care planning information. However, this process had not been fully completed at the time of our inspection.

Because of the gaps in people's care plan records, there was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We received mixed feedback regarding the provision of activities at the service. On the day of our inspection a visiting band performed and this event was attended by a number of people who used the service. People appeared to enjoy this event, which we were told took place on a monthly basis.

However, some people we spoke with felt the area of activities should be improved. One person said, "They hold no interest for me at all. I find them depressing." Another commented, "Some of the things they do are alright, but I would rather go out to be honest." When asked if they had ever been given the opportunity to go out the person said, "No never. At least not that I can remember anyway."

There was an activities coordinator employed at the home for 20 hours each week. The coordinator was observed

spending time with people on both a group and one-to-one basis. She rightly commented that it was important to provide stimulating activities for people of all abilities and stated that was her aim. A staff member commented, "There are more things going on now since the new manager has come. We do have an activities coordinator, but only part time. It would be good if we had a full time person."

There were no trips out organised at the service. The registered manager explained that transport was limited and that people who used the service were encouraged to sign up to a public dial-a-bus service. However, they were generally required to provide their own support such as that of a relative, should they wish to go out.

We recommend the provider seeks and implements guidance from a reputable source on the provision of activities and meaningful occupation suitable for people who use the service.

People we spoke with felt some aspects of the service were very responsive to their or their loved one's needs. One relative described how staff worked in a very positive way to support their loved one when they became distressed or anxious. Another person told us they were very impressed with the way care workers understood and met their relative's care needs.

We spoke with one person who used the service and had a love for animals. He was supported to feed the home's pet rabbits on a daily basis and had recently been assisted by staff to get himself a kitten. He was delighted about this and described how staff helped him look after his new pet.

Work had been undertaken to improve the environment for people who lived with dementia. Various areas of interest had been created such as a 'Coronation Street', where people could sit and look at various reminiscence items. We also noted that bedroom doors on the unit for people who lived with dementia had been painted in bright colours to aid recognition. The staff on the unit were in the process of developing memory boxes which would be placed on people's bedroom doors as a further aid to orientate people.

There were processes in place to obtain the views of people who used the service, including an annual satisfaction survey, which was coordinated by the provider. The survey responses were collected and analysed by the provider and action plans developed in response to any themes

Is the service responsive?

identified for improvement. The registered manager was able to give us a number of examples of changes made as a result of people's feedback. These included changes to meal time arrangements at the service.

Plans were in place to enhance the opportunities for people to be involved in the development of the service. These included arrangements for a 'Dementia Café' which was planned to start at the home. The purpose of this was to create more opportunities for people who used the service and their relatives to take part in activities and meetings at the home and share their experiences. One staff member we spoke with was very positive about this development. She said, "I can't wait for the Dementia Café, it's going to be brilliant. We will be seeing more relatives and hopefully they will get involved in activities too."

There was a complaints procedure in place, which gave people advice on how to raise concerns. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission, so people had a contact if they wished to raise their concerns outside the service.

People we spoke with told us they would feel comfortable in raising concerns, should the need arise and they expressed confidence in the registered manager to deal with them appropriately. Records showed that there had been two complaints received at the service in the preceding twelve months, which had been dealt with promptly and to the complainants' satisfaction.

Is the service well-led?

Our findings

At the time of our inspection there was a newly registered manager who had been in post for four months. The new manager had taken steps to obtain her registration quickly and efficiently demonstrating commitment to her role.

We received some very positive feedback about the approach of the registered manager from people who used the service, their representatives and staff. Three sets of relatives we spoke with took time to compliment the registered manager and the leadership of the home. One person described her as a warm and caring person who they could trust with their loved one's welfare.

Staff described the registered manager as approachable and supportive. One care worker said, "She is a really good manager, you can go to her with anything. Things have been so much better since she came. She makes sure we have enough staff and does assessments properly so we can care for people who come."

There was a well-established management structure and people were aware of the lines of accountability both within the service and the wider organisation. At the time of our inspection, an area manager came to support the registered manager and answer any questions on behalf of the provider.

Staff we spoke with told us they felt engaged in the running of the service and able to express their ideas and opinions. One care worker commented that staff meetings were more frequent and also explained there had been a recent staff survey. She said, "I think it was good. It shows they are interested in how you feel."

People also felt able to raise any concerns they had with the registered manager. It was confirmed by all we spoke with that the registered manager was both approachable and responsive. A staff member said, "We are constantly being told we must raise any concerns especially if it's about the residents."

The provider arranged monthly meetings for registered managers across the area to enable them to have the opportunity to share ideas, good practice and discuss any developments within their services or wider social care arena. The registered manager told us she found the meetings with her peers very useful.

A monthly peer inspection took place during which a registered manager from another service owned by the provider would visit and carry out a review of all aspects of the service. The registered manager also carried out these inspections in other homes, which enabled good practice to be shared. Reports were provided following the managers' visits, which were followed up by an area manager to ensure any actions were addressed.

A monthly audit took place and was carried out on behalf of the provider by the area manager. Following this process an action plan was developed with the registered manager to ensure that any opportunities for improvement identified through the audit were addressed.

In addition to the external quality assurance processes, the registered manager had an internal audit schedule, which included areas such as medicines, infection control and care plans. We saw a number of improvements were being implemented as a result of the findings from internal audits, for instance the quality of care plans across the service.

We had discussions with the registered manager and area manager about how they ensured they learned from adverse incidents such as accidents or complaints. We were advised that the provider had a computerised system in place through which all adverse incidents were reported. All incidents were then analysed and any potential learning identified and reported to the team. In addition, the system enabled managers to identify any themes or trends that could indicate further action was required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
Treatment of disease, disorder or injury	The registered person had failed to ensure proper information was maintained about people who used the service by means of accurate records about their care and treatment.