

Balkerne Gardens Trust Limited

Freda Gunton Lodge

Residential Home

Inspection report

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Date of inspection visit: 23 July 2014
Date of publication: 27/05/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. This meant the provider did not know we were going to inspect. The last inspection took place on 4 February 2014, during which, we found there were no breaches in the regulations.

Summary of findings

Freda Gunton Lodge Residential Home is a purpose built care home that provides accommodation for up to 40 older people and older people living with dementia related care needs. At the time of our inspection there were 38 people living at the service.

The provider is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection a registered manager was employed at the service.

People told us that they were happy with the care and support provided at the service. We saw that staff provided good levels of care and staff were able to demonstrate that they knew the needs of the people they supported.

Medication practices at the service were not robust and did not ensure that people's medicines were managed safely.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions formally assessed. At the time of our inspection, DoLS referrals to the supervisory body (Local Authority) were being considered.

We found that appropriate systems were in place to ensure that there were sufficient numbers of suitable staff employed at the service. Arrangements were in place to ensure that newly employed staff received an induction

and received opportunities for training. Records also showed that staff received regular supervision and an annual appraisal in line with the service's policy and procedures.

The care needs of people living at the service were assessed and recorded. Risk to people's health and wellbeing were clearly identified so as to minimise these and ensure people's safety. We found that people's healthcare needs were considered and access to healthcare professionals provided where appropriate.

Our observations throughout our inspection showed that people's privacy and dignity were respected and upheld.

The provider had responded to people's complaints and concerns in line with the complaints procedure. We found that people had been listened to and the issues raised had been acted upon. People told us that they felt confident and able to raise issues.

We found that people's nutritional needs had been recorded and the dining experience for people living at the service to be positive.

The provider was able to demonstrate that there were effective systems in place that assessed and monitored the quality of the service provided. The views of the people who used the service, their relatives, staff employed at the service and visiting healthcare professionals had been sought and the majority of comments were positive.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This referred specifically to the management of medicines and assessing and monitoring the quality of service provision. You can see what action we told the provider to take at the back of the full version of the 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 always safe. People who used the service were being put at risk because the arrangements for the recording and safe administration of medication were not managed safely.

The management team and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This meant that the service ensured that people's rights were protected.

People told us that they felt safe. Staff were able to demonstrate a good understanding and awareness about how to recognise and respond to abuse or any potential abuse correctly.

There were sufficient numbers of staff to keep people safe and recruitment and selection procedures were appropriate.

Requires Improvement



Is the service effective?

The service was effective. People received a varied diet and were supported to have adequate nutrition and hydration. The dining experience for people at the service was observed to be positive.

Although staff received appropriate opportunities for training, several staff members required refresher training so as to maintain their knowledge and skill base.

All newly employed staff received a suitable induction. Staff received regular supervision and an annual appraisal.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Good



Is the service caring?

The service was caring. People who used the service and those acting on their behalf were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was responsive. The care needs of people living at the service were assessed and planned so as to ensure that the delivery of care met the needs of the people they supported.

Good



Summary of findings

The provider had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Is the service well-led?

The service was well-led. The management team of the service were clear about their roles, responsibility and accountability. People knew who the director, deputy director and manager was and found them to be approachable. People told us that the service was well-run.

Arrangements were in place to monitor the quality of the service. However we found that the current arrangements were not as sufficiently robust to audit and monitor the quality of the service provided as only a small percentage of data would be captured over a 12 month or 24 month period.

Good



Freda Gunton Lodge Residential Home

Detailed findings

Background to this inspection

This inspection team consisted of one inspector, one pharmacist inspector, a specialist advisor and an Expert by Experience, who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor was a Tissue Viability Nurse [TVN]. The role of the TVN is to offer support and advice to people who use the service, carers and healthcare professionals on complex wound management and techniques.

Before the inspection we asked the provider to complete 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 also reviewed the information we held about the service and contacted four healthcare professionals to obtain their views about the quality of the service provided at Freda Gunton Lodge Residential Home.

We spoke with 18 people who used the service, four relatives, six care staff, the registered manager, two deputy manager's, the director and deputy director.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed eight people's care plans and care records. We looked at the service's staff training plan, staff recruitment records, staff induction, staff supervision and appraisal records. The records for people who were considered at risk of developing pressure ulcers were viewed. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

We found that the arrangements for the management of medicines were not safe. We found that medicines were stored securely but the temperature of the room where medicines were stored was above the recommended maximum of 25C on the day of our inspection and on 18 of the previous 28 days. We reported this to the manager and deputy director and they told us they would be taking immediate steps to install a cooling unit. This meant that people's medicines had not been stored in a way which would maintain their quality and effectiveness.

Information received prior to our inspection told us that within the last 12 months there had been seven medication errors at the service.

We found arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for ten of the 38 people who used the service. We found some discrepancies between the amount of medication in stock and what should have been available if the records were accurate. For example, we found several unexplained omissions in the records were made when medicines were given to people. If medicines had not been administered we found the reasons for the omissions were not recorded. Where people were prescribed medicines in variable doses, for example, "one or two tablets", the actual quantity given was not recorded. This could result in people being given too much or too little medication. We found that some people were not being given their medicines in line with the prescribed instructions. This meant that people were not given their medicines as prescribed. We spoke with the manager and staff on duty at the time of our inspection who administered medication about the discrepancies and omissions in the medication records. They could not explain why they had happened.

Some people received their medicines in the form of a skin patch. We looked at the records made when these patches were applied and found that the site of application was not recorded. This could result in damage to a person's skin if the same site was used repeatedly. Staff spoke with confirmed that the site of application was not recorded and they were not aware of the manufacturer's instruction not to use the same site within a three week period. Where people were prescribed medicines on a "when required" basis, for example, for pain relief, we found there was no

guidance for staff on the circumstances these medicine were to be used. Although staff spoken with could tell us what these medicines were prescribed for, we were not assured that people would be given medicines consistently and appropriately to meet their needs.

We observed medicines being given to some people during lunch time and saw that this was done with regard to people's dignity and personal choice. However, we found that care staff were not following the service's medication policy. This stated that "Prescribed medicine must only be used for the person for whom they have been prescribed". We found this was not the case as people were given doses of medicines from a bottle labelled for someone else. This meant the prescribed dosage and directions may be different and this could lead to a person being given the wrong dose of medicine.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living at Freda Gunton Lodge Residential Home told us that they felt safe and secure. Out of 18 people spoken with, no-one living at the service raised any concerns about how staff treated them. One person who used the service told us, "Most definitely we feel safe at all time." Another person told us, "I feel very very safe." We spoke with three family members of people living at the service and asked them if they would recommend the home to others. Each person stated that they would recommend the service as they felt that the service provided was of a very high standard.

The staff training plan showed that the majority of staff employed at the service had received safeguarding training. The provider had policies and procedures in place and these were freely available for staff to access for guidance. We spoke with four members of staff and they were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. This meant that staff were aware of the arrangements in place to protect people from the risk of abuse. The records showed that there had been no safeguarding concerns raised about the service in the preceding 12 months.

We looked at the provider's arrangements for managing money belonging to people who used the service. The

Is the service safe?

provider was able to demonstrate that there were appropriate procedures in place to ensure that peoples' monies were managed safely on their behalf and held securely for safekeeping.

The staff training plan showed that the majority of care staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. The service had policies and procedures in place to support staffs practice. Four members of staff were able to demonstrate a good awareness and understanding of MCA and DoLS.

Records viewed showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the rationale as to why it was in the person's best interests had been clearly recorded. Records showed that these were reviewed which ensured that the information remained relevant.

The directors of the service told us that no applications to deprive a person of their liberty had been made to the supervisory body (Local Authority) for their consideration.

The directors advised that they were currently liaising with an Independent Mental Capacity Advocate (IMCA) for a small number of people living at the service. The purpose of an IMCA is to represent, support and safeguard the person who lacks capacity in relation to their 'best interests' and, to ensure that they can participate in the decision-making process. This showed us that the service understood the key requirements relating to DoLS so as to protect people's rights and freedom.

The care records for people who used the service were looked at. We found that risks to people's health and

wellbeing were appropriately assessed, managed and reviewed. Information included the specific detail of the risk and the steps to be taken by staff to minimise these. This referred specifically to risk assessments being in place for people regarding behaviours that challenged, people at risk of falls and people at risk of developing pressure ulcers. No restrictions were placed on people's freedom and they were allowed to come and go as they wished. People told us that they had to sign in and out of the home. They told us that this was for their safety so that staff knew they had gone out.

The staff recruitment records for three members of staff appointed within the preceding 12 months were viewed. Records showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This meant that suitable arrangements were in place to ensure that the right staff were employed at the service.

We looked at staffing levels in the service. The director advised us as to the numbers of staff on duty and the numbers of people living within the service. We found that the dependency levels of people who used the service were determined as the basis for deciding the services staffing levels. People who used the service told us that their care needs were met in a timely manner and they had found that there were sufficient staff available to provide the care and support they required. We reviewed four weeks of staff rosters for the period 30 June 2014 to 23 July 2014 inclusive. These showed that the staffing levels as told to us by the director were maintained. We spoke with three relatives and they told us that there were always enough staff available. In addition, they told us that the staff were excellent and when they left to go home, their relatives were in safe hands.

Is the service effective?

Our findings

People who used the service told us that their healthcare needs were well managed at the service. Information relating to people's healthcare needs were clearly recorded. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing. A record was maintained detailing staff interventions and the outcomes of healthcare appointments. Four healthcare professionals were contacted by us prior to the inspection so as to find out what they thought of the service provided at the home. One healthcare professional responded and their comments were noted to be positive. They told us that the provider always acted on and implemented their advice. In addition, they told us that in relation to one person's pressure ulcer management, the provider had already put in place a repositioning chart and had acquired the appropriate equipment needed prior to the healthcare professionals arrival. This showed that the service was proactive to the person's healthcare needs. Relatives spoken with told us that they were kept informed of changes to their relative's healthcare needs and the outcome of healthcare appointments.

We spoke with three people who lived at the service and they were able to tell us about the menu choices available. The director told us that there was a 'rolling' five week seasonal menu and this included a vegetarian choice and alternatives to the menu each day. We spoke with the provider's chef and they advised that there were no specific cultural needs to be catered for, for example, Halal, Asian or Jewish. The chef told us that six out of 38 people living at the service required a soft or pureed diet. The meals provided looked appetising and each item of food was portioned separately and not mixed together so that people who used the service would not be able to recognise what was provided. This also meant that the food was visually attractive to the person eating it. The director and chef told us that in order to cater for people's nutritional needs in the evening, a 'night-bites' menu was available which provided canapés and alcoholic drinks for those who wanted this.

We spoke with five people who used the service and they told us that they could eat their meals where they wished. This referred specifically to the dining room, communal lounge or their bedroom. A separate dining room was

available for people to enjoy a meal with family members or friends. A comments book about the quality of meals provided was located within the dining room. This recorded people's feedback and included comments such as, 'The lunch today was wonderful', '[Name of person who used the service] said that the rice pudding tonight was lovely and reminded them of home and making it for their children' and, 'Pizza was yummy.' One person who used the service told us, "The food could not be better. The choice is too much and I never know what to eat." Another person told us, "I really wanted gammon for my tea. It came with a full mixed grill."

Our observations of the breakfast and lunchtime meals showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. Meals provided were sufficient in quantity and looked appetising. The tables were laid and jugs of fruit juice and water were readily available for people to independently access. Where people who used the service required support and assistance to eat their meal or to have a drink, staff were observed to provide this with sensitivity and respect. For example, people were not rushed to eat their meal and staff were noted to provide positive comments to encourage individual's to eat and drink well.

Where people who used the service were considered to be at nutritional risk, we found that an appropriate referral to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made.

The provider's training and development policy and procedure recorded that core training for staff was completed at annual, bi-annual and three yearly intervals. The staff training plan showed that the majority of staff had received core training within the last three years. However, several members of staff were noted to require refresher training as this had either not been updated as scheduled or was due to run out. This referred specifically to manual handling, food hygiene, fire awareness, safeguarding of vulnerable adults, infection control, health and safety, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and basic first aid. The directors told us that a plan had been put in place to ensure that staff received this training. We spoke with three members of staff and they confirmed that there were regular opportunities for them to receive training and that the training provided enabled and supported them to do their job well.

Is the service effective?

The manager told us that in line with recent published guidance by the National Institute for Health and Care Excellence (NICE), they had produced a pressure ulcer prevention learning pack for staff to follow and refer to for guidance. For example, staff were able to practice using the formal assessment tool 'Waterlow'. This is used to give an estimated risk score for the development of a pressure ulcer. In addition, a question and answer sheet was available for staff to complete so as to determine their understanding and knowledge of pressure ulcer management and treatment.

The induction records for three members of staff employed within the preceding 12 months were viewed. The records showed that each person had completed an 'in-house' induction and where appropriate completed Skills for Care Common Induction Standards. These are the standards people working in adult social care need to meet before

they can safely work unsupervised. The latter is completed over several weeks and sets out the first things a new worker needs to know in relation to their job role and the people they are to provide support to.

The director told us that all care staff should receive formal supervision each month but no less than bi-monthly. The supervision records for three members of staff employed longer than 12 months were viewed. The records showed that staff received regular supervision. We spoke with three members of staff and they confirmed that they received regular supervision and felt well supported. The records showed that each staff member had received an annual appraisal within the preceding 12 months and objectives for the forthcoming year had been identified and agreed. The purpose of an annual appraisal is to review a member of staff's overall performance within a specified timeframe.

Is the service caring?

Our findings

During our inspection people who used the service and relatives made positive comments about the quality of the care provided at the service. People told us that they received the care they needed. Relatives spoken with told us that staff were kind, considerate and caring. One person who used the service told us, "I am treated so well by all the staff here." Another person told us, "The care and support I receive is excellent and nothing is too much trouble for the staff." One relative told us, "I cannot fault the care provided to my relative. The care here is excellent." Another relative told us, "The staff are very kind and caring. Nothing is too much trouble and staff always go that extra mile."

Our observations showed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, relaxed and calm. Staff demonstrated affection, warmth, compassion and kindness for the people they supported. In addition, staff demonstrated a good understanding of people's specific care and support needs. For example, during our inspection one person who used the service was noted to experience significant poor health. Staff spoken with were aware of the person's failing care needs and the additional

support needs required to support them and their member of family who was present. Staff were seen to work well as a team and demonstrated a positive caring attitude to their role so as to maintain the person's health and wellbeing.

People told us that care staff respected their privacy and dignity. We saw that staff knocked on people's doors before entering and provided clear explanations to people prior to and when undertaking a task. For example, assisting people with personal care, assisting people with manual handling and their mobility needs. This meant that people were advised in advance about what was happening. Staff were also observed to address people by their preferred name. People were observed to receive personal care and/or to be seen by healthcare professionals in private. One person told us, "Staff always listen and I am spoken to with respect." This meant that people had their privacy and dignity respected.

We saw that people who used the service were supported to maintain relationships and friendships with others. People's relatives and those acting on their behalf were able to visit the service freely and no restrictions to this were evident. One relative told us that the day before our inspection they had enjoyed an evening meal with their relative in a private dining area.

Is the service responsive?

Our findings

We looked at the care plans for eight people. These showed that the service had appropriate arrangements in place to assess the needs of people prior to admission. This ensured that the service had taken into account all available information and was able to meet the needs of the prospective person being considered to live at the service. Three relatives spoken with confirmed that a representative of the service had carried out an assessment of their relative's needs and they had had an opportunity to visit the service prior to their member of family being accepted to live there.

Each person was noted to have a care plan in place detailing their specific care needs and how they were to be supported by staff. The director confirmed that care plans should be reviewed each month or sooner as people's needs changed. We found that each person's care plan had been reviewed and where a person's needs had changed the care plan had been updated to reflect the new information. This meant that care staff had access to up-to-date information. Staff told us that they had access to people's care plans and regularly viewed them to ensure that they were kept informed of people's care needs or change of care need.

We observed that staff were responsive to people's care needs and to individual requests. For example, we found that where call alarms were activated by people who used the service to summon assistance, staff provided support in a timely manner. We saw that where people requested a drink, required personal care or had a question, staff were responsive in their approach.

People told us that they could spend time how they wished. Some people chose to sit in their own rooms, others used the communal areas while others spent time sitting in the newly refurbished courtyard garden. An activity programme was available detailing planned activities scheduled for the period 16 July 2014 to 24 July 2014 inclusive and this included both 'in-house' and community based activities. Information relating to events and activities within the local community were displayed,

for example, Colchester Antiques Collectors Club and Colchester Cricket Festival. People told us that there was a good range of activities available to meet their social care needs. One person also told us, "If you do not want to participate in the activities available, staff sit and talk to me. I love that." Another person told us, "I love the garden and spend most of my time in it."

The provider's complaints policy and procedure was displayed. This informed people how to make a complaint and included the stages and timescales for the process. People who used the service told us that should the need arise they would feel comfortable and able to raise any concerns with the management team of the service. People told us that they were confident that any concerns raised would be listened to and acted upon. The complaint records showed that there had been four complaints received within the preceding 12 months. A record was maintained of each complaint and included the details of the investigation and action taken. Compliments from those acting on behalf of people who used the service were readily available so as to capture the service's achievements. This showed that the service was responsive in dealing with people's concerns and complaints.

The specialist advisor looked at three people's pressure relieving equipment (mattresses) to ensure that they were in full working order. They found that each mattress was clean and set on the correct setting. This meant that the equipment in situ was effective in preventing the development of pressure ulcers.

There was evidence to show that there were meetings for people who used the service and those acting on their behalf at regular intervals. This enabled them to express their views about the quality of the service provided and to share ideas and suggestions. Minutes of these meetings were readily available. The record for 29 May 2014 showed that a discussion had been held with relatives about how they as a provider intended to meet the new requirements of the Care Quality Commission. This showed that the provider was keen to make relatives aware of impending changes to the way they were inspected and the role of the Care Quality Commission.

Is the service well-led?

Our findings

The director for the service was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service, those acting on their behalf, healthcare professionals and staff. In addition to this the director monitored the quality of the service through the completion of a number of audits. This referred specifically to the topics of health and safety, infection control, medication, care plans, pressure ulcer management, accidents and incidents, weight loss and gain, staff training, supervision and appraisal.

An annual quality monitoring programme was in place and this detailed the frequency of audits to be completed within a 12 month and 24 month period. We discussed this with the director as we were not assured that the current arrangements were sufficiently robust to audit and monitor the quality of the service provided and, would only capture a small percentage of data. For example, the quality monitoring programme recorded that a care plan audit was conducted every 12 months and this was completed in July 2014. However, the records showed that only ten randomly selected care plans were checked. This meant that only 25% of the care plans would be checked in a 12 month period to ensure that they contained all relevant information. Following the inspection the provider told us that arrangements had been put in place to increase the frequency of audits so as to better capture data gathered.

The deputy director told us that they carried out an annual audit on the quality and accuracy of medication records. We looked at the records of the last audit completed in December 2013. We noted that this had found some errors in the administration of medication and had been investigated and resolved. We found that an annual audit of medication records was not adequate to pick up the discrepancies we found at this inspection. We were therefore not assured that there were suitable arrangements in place to identify any medication errors promptly.

The director confirmed that the views of ten people who used the service were sought between August 2013 and June 2014. The comments received were seen to be positive. One person's comments included, "I love it. I didn't want to leave my flat but it is really lovely here." Another person's comments included, "It is one of the best

places I have ever known. I can't fault it. The staff are polite and caring and they will do anything you ask. They always take time to help you." A third person's comments included, "I never feel lonely and I was lonely at home." In addition, the director confirmed that the views of those acting on behalf of people living at the service, healthcare professionals and staff had been sought. The majority of comments were seen to be positive. One relative's comments included, "The care that my relative has had since they came into the service is exemplary and a comfort to us all." Another relative wrote, "A very well run team from top to bottom." A third relative wrote, "We have no doubt that you have prolonged our relative's life expectancy and given them a sense of safety and wellbeing. Staff have a good knowledge of issues relating to end of life care. The service treats residents as individuals with their own distinctive care needs."

The provider had a registered manager in post. The manager was supported by two deputy managers and other senior staff members. In addition, to the above, the director and deputy director provided daily support and advice. It was clear from our discussions with the management team and from our observations that all members of the management team were clear about their roles and responsibilities. The manager told us that they felt supported by the organisation and had a good relationship with the director and deputy director of the organisation.

We spoke with six members of staff and they told us that they felt valued and supported by the management team, the directors and the board of trustees. They told us that the manager, deputy director and director were approachable and there was an 'open culture' at the service. Five relatives, six members of staff and one healthcare professional told us that they would recommend the service to others. Staff confirmed that they found the service to be a good place to work and that they enjoyed working there. One member of staff told us, "I feel very proud to work here." Another member of staff told us, "I love coming to work and would recommend this home to others. I would definitely be happy for my relatives to live here." A third member of staff told us, "It's a lovely place to work and I've never worked anywhere else that is so nice."

We were advised that the manager had participated in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home

Is the service well-led?

managers to promote change and develop good practice in their services. The director also confirmed that Freda Gunton Lodge Residential Home was one of three services that participated in the year-long 'Community Visitor' Pilot undertaken by the University of Essex in 2013. The aim of this was to look at community engagement and the use of community visitors in care homes. The director also advised that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project. This is a two year project that runs from June 2014 to mid-2016. The aim of the project is to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across north-east and west Essex by developing the skills of staff employed within the service. This showed that the provider worked together with other external organisations so as to promote best practice and to keep themselves up-to-date with new initiatives.

The director told us that in addition to the 12 month and 24 month quality monitoring programme, a monthly visit was conducted by a member of the board of trustees and a report collated. The reports for March 2014 to May 2014 inclusive were viewed. The director told us that in addition to the visit by a member of the board of trustees, they met with them once monthly to provide a detailed account of issues relating to people living at the service, staff employed at the service, health and safety and financial matters. A copy of the latest report was viewed. This showed that the board of trustees were kept up to date with matters that affected the health, safety and welfare of people who used the service and; the plans to continuously monitor and improve 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 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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected against the risks associated with the recording, safe keeping and safe administration of medicines.