

Ablecare Homes Limited

Belvedere Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

Overall summary The inspection was unannounced. The previous inspection was carried out 25 September 2013 and there had been no breaches of legal requirements at that time.

Belvedere Lodge is registered to provide accommodation for up to a maximum of 20 people. The service cares for people who are living with a form of dementia. At the time of our inspection there were 18 people living in the

care home. Belvedere Lodge is a large semi-detached property and accommodation is spread across three floors. Access to upper levels is provided by means of a stair lift.

A registered manager was in post at the time of inspection. 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 and associated Regulations about how the service is run.

People in the home were not always safe. We found several errors in the recording and auditing of medicines and some people's risk assessments were not comprehensive to reflect their needs. The procedures for managing people's medicines were not safe in all areas. This was around the maintaining of stock levels and lack of a robust auditing process.

Improvements needed to be made with risk assessment processes. This is to ensure people, and the staff who support them, were kept safe and protected from harm. Some people's risk assessments lacked detailed guidance for staff to follow as they were not always comprehensively completed.

Not all records were completed fully. Some people's care files lacked recordings in relation to their care and treatment. This included nutritional recording charts. This posed a risk to people's individual needs not being met effectively.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. However they were not robust in respect of medicines and safeguarding audits and had not identified the shortfalls found during this inspection.

Staff had training and awareness of the Mental Capacity Act 2005, however not all staff understood who to report safeguarding concerns to in the absence of the registered manager or the provider.

People were happy with the food and drink they received in the home. We observed mealtime activities where people's needs were being met. We found that some people did not have personalised dedicated one to one support time during the lunchtime activity. For example we saw one member of staff was stood up assisting three people with their meal.

People we spoke with were positive and felt well cared for and that their needs were met. Staff showed a caring attitude towards people they were supporting. People told us; "I love the staff" and "They're kind yes." One person said, "They haven't got a regime in here, not like being in the services."

People were supported to use the healthcare services they needed and staff arranged for healthcare professionals to visit the home as required.

Staff meetings and registered manager meetings were scheduled regularly and staff were encouraged to express their views. Meetings were held with people and their relatives to ensure that they could express their views and opinions about the service they received. People could also raise any complaints at these meetings.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 not safe.

Not all risk assessments were comprehensively completed to ensure that staff had sufficient guidance to support people safely.

Medicines audits did not take place on a regular basis as per the provider's organisation policy and discrepancies were found in the stock levels.

Some people's 'as and when required' (PRN) medicines were not recorded and administered correctly.

Requires Improvement



Is the service effective?

The service was not always effective.

Issues relating to people's mental capacity were considered in their care plans. However it wasn't always clear that the decision making process fully complied with the Mental Capacity Act 2005, to ensure people's rights were always protected.

Nutritional records were not always accurately completed to allow staff to monitor people's care to ensure their needs were met.

Not all people were supported at mealtimes in a personalised way to effectively meet their individual nutritional support needs.

Requires Improvement



Is the service caring?

The service was caring.

People gave positive feedback about the care they received and this was reflected in the observations we made during our inspection.

People were encouraged to be as independent as possible but staff provided the support people needed.

Staff provided emotional comfort to people in a sensitive manner.

Good



Is the service responsive?

The service was not always responsive.

Activities were not always delivered in a personalised way or in line with their hobbies and interests.

Staff demonstrated showed knowledge of the importance of treating people as individuals with their own individual preferences.

There were processes in place to respond to complaints. We saw that any complaints were responded to in line with the provider's complaints procedure.

Requires Improvement



Summary of findings

The staff ensured that people's healthcare needs were met and worked with the GPs and other healthcare professionals to access relevant services.

Is the service well-led?

The service was not well led.

The quality and safety of the service was monitored through monthly reporting, however the registered manager failed to have a robust systems in place to audit people's medicines.

Staff did not always receive regular supervision by the registered manager.

A system was not in place to monitor the progress of safeguarding alerts to ensure the registered manager and staff, had detailed outcomes to inform people involved.

Requires Improvement



Belvedere Lodge

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 was carried out by two inspectors on 28 October 2014 and was unannounced. The last inspection of the care home was undertaken on 25 September 2013 and at that time there were no breaches of legal requirements.

Prior to the inspection we contacted health and social care professionals who had contact with the service. However no feedback was received.

We looked at the information we had about the service. The information included the statutory notifications. A notification is information about important events which

the service is required to send us by law. Before the inspection, 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.

During the inspection we spoke with five people who lived in Belvedere Lodge, six staff which included the registered manager, the provider and the quality assurance and training manager.

As part of this inspection we used the Short Observational Framework for Inspection (SOFI).

SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed five people's care plans and associated records that included their nutritional intake records.

We looked at records relating to the management of the home such as staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

Not all risk assessments were comprehensively completed. We saw one person's support plan contained a risk assessment for providing food and drink. The risk assessment score identified the need for a risk management strategy; however, there was not one in place. Therefore the person may not receive the correct nutritional intake as a plan was not in place to ensure staff knew how to meet this person's needs.

Another risk assessment was for one person at risk of falls due to seizures. The risk assessment guided staff what action to take if and when the person had knowledge of an oncoming seizure. It did not guide staff what actions to take, if a seizure were to occur without warning. We saw information in this person's support plan from other professionals, which showed staff knew the person and how to support them; however this information had not been used in the home's risk assessment to ensure staff had full information to support the person safely. There was a risk that new staff and/or agency staff who did not know the person well would not have clear information about how to support the person safely.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Systems relating to medicines were not robust. A medicines policy was in place that set out how medicines should be managed by staff. The policy was guidance for staff to follow to safely manage people's medicines. The policy guidance included: staff training, administration and auditing of medications.

Medication Administration Records (MAR) showed there were systems in place to record administration of medicines appropriately. We found some entries were not clear or in line with the prescribed medicine. One person's medicines box stated 'take two tablets at night'. However, the MAR chart recordings showed this medicine was been given at different times. This medicine was not being given as prescribed by the GP as the MAR chart and instructions on the box did not correlate.

Other MAR chart recordings did not indicate if the 'when required' (PRN) medicines were offered. This was because they were not always signed correctly with the correct recording code to demonstrate this. Therefore this would

make it difficult to monitor and review how often the person was offered the medicine and refused it. Therefore it would be difficult to determine if the medicine was actually needed anymore.

We undertook an audit of some boxed medicines with the registered manager. We found several medicines stock levels did not correlate with the stock number on the bottom of the MAR charts. Therefore staff were unable to know the actual stock of the medicine held to safely monitor people's medicines.

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

Staff responsible for administering medicines confirmed they had received training. People told us they were happy with how they were supported with their medicines. Nobody in the home was managing their own medicines at the time of the inspection. However, we were told that if someone wished to do so, there was a process in place to risk assess how people could do this safely. We observed medicines given to people at lunchtime. People were advised they were being given their medicines and asked if they wanted any of their 'as and when required' medicines. One person was asked if they wanted their inhalers. One person refused their medicines and this was returned to the medicines trolley correctly. The member of staff returned later to administer. The medication administration records were completed as people were given their medicines. This meant people were given their medicines safely.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken. We were told that all such checks were undertaken by the head office staff and documentation was held at the head office. Following our inspection the provider provided evidence of the system that was in place and had devised a form that could be held at the home that demonstrated all appropriate checks were undertaken. These measures help ensure people were cared for by suitable staff.

We asked people living in the home if they felt safe. One person told us; "yes they do keep us safe. Some are better than others". Staff understood the term 'safeguarding' and what they would do when made aware of a concern about abuse. All staff told us they would report any concerns to the registered manager. However, not all staff knew what to

Is the service safe?

do if the registered manager or provider were not available. One member of staff said they would report to the Care Quality Commission (CQC) but didn't know the process to report to the safeguarding team in the local authority.

Training in relation to safeguarding was arranged by the provider. One member of staff had failed to attend the training. This member of staff was not able to fully answer our questions in relation to safeguarding. We looked at staff training records and saw most staff had completed safeguarding training and for those requiring refresher training dates were booked. Although care staff understood their responsibilities to report concerns, most staff did not understand the safeguarding procedures completely and people were therefore at risk of harm.

We saw a safeguarding referral form held on file in relation to a medicines error. This was followed through with actions to be completed that included ensuring medicines training was undertaken by staff and observations of staff administration practice. This had been undertaken and was on-going.

We saw one person who preferred to stay in their room. They had an emergency call bell within reach. They told us they felt safe living in the home. Call bells in all people's bedrooms that we viewed were in easy reach.

We saw one person's bedroom where a small area of insulation material was missing in places exposing hot water pipes. Although the pipes were not hot to the touch at the time of our observation. If more pipework became exposed this could pose a risk if the person touched it when hot water was passing through the pipe. This was pointed out to the registered manager who assured us it would be replaced as soon as possible.

People were supported by two care staff in the morning, three ancillary staff and the registered manager were also available. Two care staff and a new member of staff were available in the afternoon. The new member of staff was on their induction and was undertaking observations of care routines and getting to know the people living in the home. An activities leader was also available for part of the afternoon. We asked staff if they felt there were enough staff on duty. Staff said; "Mornings are busy, but the deputy manager helps. It's ok after that" and "There seems to be enough."

We asked people living in Belvedere Lodge about the staff that supported them. People told us; "It's hard to say, they've got some new ones started in the last couple of days" and "they are very busy but they are nice".

The registered manager told us there were sufficient staff stating; "yes as myself and the deputy are around during the day and the activities person will support the tea time meal". While we acknowledge people's physical needs were met during our inspection, we did observe periods of time where people were sat alone in the lounge area with no interaction and lacked social stimulation. This was because staff were busy supporting people's physical care needs. This meant if people needed assistance in the lounge area, they would have to wait for a member of staff to come into the area or call out for assistance.

The registered manager told us a formal dependency tool was not used to determine the staffing levels required. They told us care reviews are used as a method and they stated they had a good understanding of people's needs. We also observed one member of staff assisting three people during the lunchtime. This did not reflect a personalised or safe approach to supporting people.

Most staff were aware of the procedures to follow in the event of a fire and told us they had taken part in fire drills. Two members of staff said they did not know fire evacuation requirements. The registered manager told us personal emergency evacuation procedures were in place.

We found the home to be generally clean throughout. We saw infection control notices explaining colour codes for cleaning materials on the staff notice board. Housekeeping staff were seen responding to cleaning requirements during our inspection. Two people their rooms were kept clean.

We viewed the system for managing accidents and incidents and saw that information was recorded for auditing purposes. The system allowed any trends in the kind of accidents occurring to be highlighted so that appropriate actions could be taken to address them. The monthly audit was recorded in the form of a clock face to highlight any particular trends at a certain times of day.

We recommend that a dependency tool is used to review people's needs and ensure that staffing levels are fully effective at all times.

Is the service effective?

Our findings

We saw a risk assessment for one person who would not take critical medicines and this medication was given covertly. A mental capacity assessment had been completed which determined the person did not have the mental capacity to make this decision. However, we did not see any information about a best interest meeting having been held. A best interest meeting is held with people who had information or any interest in the person. This could include; GPs, staff, relatives, social workers and other people who know the person and who are therefore able to assist with making a decision for that person in their best interests. The registered manager was unable to find the evidence in the person's file but stated one would have taken place.

All staff we spoke with told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training DoLS. This is legislation to protect people who may not be able to make certain decisions for themselves. Most staff were unable to tell us why this legislation was important. Staff comments included; "I don't know what it means", "I've done it before but not here" and "I haven't done any MCA training." One member of staff remembered after prompting and said; "We leave people to do what they want as much as possible." The registered manager told us all staff would undertake the training but some are waiting to attend.

One person told us, "I can't go out because I'm not allowed; it's a load of rubbish." We saw a DoLS application had been made in line with the process but it was not granted. Risk assessments were in place for this person accessing the community with support. Staff escorted this person on walks outside the home. The registered manager confirmed this took place.

We saw other support plans where DoLS applications had been made and granted. This meant the registered manager was aware of the process involved and how to make the necessary applications.

We checked the records of staff's one to one supervisions. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. All the records showed staff had not received regular

one to one supervision. This was confirmed by the manager. However one member of staff told us they would approach the registered manager if they needed one to one supervision time.

Staff received appropriate training to carry out their roles. Training records demonstrated that staff had received training that included; infection control, safeguarding, dementia awareness and manual handling. Staff told us they felt training was sufficient in order for them to perform their role.

People told us; "The food isn't bad, but I don't know about alternatives" and "They put it on the table and I eat it, we don't have snacks and drinks whenever we want." Staff told us; "There's lots for people to eat, sometimes I think too much" and "We offer something every two hours." Other people living in the home told us snacks were available when they wanted them. We confirmed this during observations made during our inspection.

We observed lunch in the dining room. Three weeks menus were displayed on the notice board and pictures of meals were available to help people choose their meals. This demonstrated the service considered ways to involve and give people choice. A water cooler was available for people to help themselves to a drink if they wished throughout the day and night.

We observed the lunchtime activity. We observed one member of staff assisting a person who was unable to feed themselves independently; this was done appropriately. However, we observed another member of staff stood up while prompting and assisting three people sat together, encouraging one person to "take the spoon" while assisting them. Therefore not all people were observed to receive dedicated one to one support to meet their individual nutritional needs. Supporting several people at one time is more a task orientated approach as opposed to a caring personalised meal experience.

The lunchtime meal consisted of three courses. People were asked if they would like a drink of juice, a choice was available. Plates of meat were put in front of people and vegetables and potatoes were served separately. This supported people to make choices about they wanted with their meal? The registered manager was assisting with the meal and told us a member of the management team would always be available to support at mealtimes and observe the mealtime experience. During our observations

Is the service effective?

the registered manager told a care staff member "ask people if they want potatoes on their plate, they might not want it". This demonstrated the member of staff didn't have a full understanding of how to support people's choice at mealtimes.

Plate guards and clothes protectors were used where appropriate and helped people to maintain their independence.

We saw five food and fluid charts. These are charts that staff use to record what people who are at risk of malnutrition or dehydration eat and drink throughout the day. According to the information recorded they showed, four people had nothing to eat or drink after lunch on the day before our inspection until breakfast that day. A fifth person had a biscuit mid-afternoon but nothing after that. The fluid charts did not have any totals to show how much fluid people had received. We discussed this with the registered manager, who assured us it was a recording failure and that everyone had been offered appropriate food and fluids. Lack of effective recording could mean the

updating of care plans may not be effective, as full details of the person's nutritional intake may not be correct. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We saw three support plans where visits and treatment from professional healthcare staff were recorded. Annual reviews with social workers were recorded in support plans where appropriate. This ensured people received support from external professionals and they were able to contribute to the review process.

We saw processes were in place to detect any decline in health. Nutritional risk assessments were in place and people were weighed regularly. A nationally recognised tool for monitoring if people were at risk of malnutrition was used. For example, one person was identified as being at risk and experiencing weight loss. This person was prescribed food supplements that ensured they received sufficient daily nutrients. An assessment of people's skin damage was also recorded; this gave an estimated risk for the development of pressure ulcers and could be used for monitoring of people's skin condition.

Is the service caring?

Our findings

We heard staff asking people if they enjoyed their walk in the garden and if they liked their lunch. We saw some people were left for periods of time in the lounge with no interaction with staff. The television was left on although most people were not watching it and dropping off to sleep in their chairs. However, when staff entered the room they did speak with people that were awake.

People told us; "I love the staff" and "They're kind yes." One person said, "They haven't got a regime in here, not like the services." Another two people told us they thought staff were kind. Comments included; "Yes, they're kind, but they don't get all that much time because they're involved with everyone" and "Staff are kind."

We saw three support plans which had been signed either by the person themselves or a relative that demonstrated their involvement in the process. However, we asked people if they had been asked what they would like in their care plan, one person said; "Not really, no." We acknowledged that due to some people's level of dementia, it was difficult to know if they fully understood what was being asked. The registered manager confirmed people and their relatives were involved in the compilation of their support plans.

We observed one member of staff comforting one person who appeared upset. We saw them responded immediately to the person's emotional needs. They spoke kindly and offered reassurance. staff said; "If they're upset we talk to them and find out why they're distressed. They need to know they're still important."

We asked staff how they supported people to be as independent as possible. Staff told us; "We help people do what they can, for example we'll give them a flannel and they can wash themselves" and "We respond if they talk to us, engage them in conversations, maintain eye contact and smile." Other comments included; "I let them do everything for themselves and then help them when they can't do any more." Some people confirmed this and told us; "I dress myself" and "I asked a carer to give me a shower." Observations that we made confirmed staff were caring and sensitive in their approach.

Staff told us; "We maintain people's privacy and dignity by making sure we don't leave the notes out for others to read" and "We shut the door and close the curtains when giving personal care, we use people's preferred names and knock on the door before entering. This is their home now."

As part of the provider's quality monitoring, we found people's opinions were sought through surveys and resident meetings. We saw the minutes of meetings that showed people's attendance and the discussions that took place. This helped ensure that people were able to raise any concerns or issues that they had, as people were asked for their views and reminded of the complaints procedure.

Surveys were completed yearly and sent to people living in the home, relatives, friends and external professionals. We looked at the results of the last one dated February 2014. Positive comments were received. Comments included: "I am so pleased, [name] was so lucky to be here". "We are really happy cannot find fault with anything" and "staff are so caring."

Is the service responsive?

Our findings

People's wishes and preferences were not always taken into account. For example when we arrived at Belvedere Lodge we found the television was on very loudly with a talk show being screened that contained a lot of shouting and arguing. A member of staff was sat in the lounge but was not engaging with people that were present. Eight people were sat in the lounge at this time. Some people had their heads bent not watching the television and several people appeared to be asleep. No one was engaged with the programme that was showing. This was observed at 9.35 am. The registered manager came into the lounge and confirmed our observations. They spoke with one person who confirmed they did not know what the talk show was about nor did they ask for it to be screened. This didn't display positive social interaction.

A member of staff responsible for activities was employed to from in the afternoon from 2pm – 5.30pm. At 4pm this staff member was also required to provide the evening tea. Therefore a period of two hours was available for social activities for people. We observed a ball game activity taking place and a member of staff told a person, "were going to have a sing- a- long in a minute". We observed this to happen and people were singing along.

One person told us; "the activities are boring sometimes. We don't get out enough". The registered manager told us the activities that took place that included external musical entertainers coming into the home. They told us they do try to take people out where possible. We noted this was raised at a resident's meeting by one person. However the outcome was not recorded. Outcome recording would give people reassurance their requests had been acted upon.

During the afternoon we saw two members of staff sitting in the lounge talking to each other and not engaging with people that were sat there. When we entered the lounge one member of staff got up and tidied some balls away, switched the music off and put the TV on. Two people were unable to see the TV where they were sitting but the staff member asked one of them if they wanted to watch a film. The person said, "No." The member of staff put a film on and asked, "Is this one ok? Would you like to move where you can see the TV?" The person declined.

We asked staff to tell us what they knew about people living in the home. Staff were able to tell us about people's

current daily care needs and information was gathered through the process of care reviews and re assessments. However some staff knew very little about people's life histories before they came into the home and their likes and dislikes. We found minimal information a document called 'The Life Of'. This was a supplementary document to the care and support plans. Past history information could help staff understand people and where they had come from, that could assist engaging with the person through conversation.

All the above information amounted to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked staff how they provided person-centred care. Staff told us; "Residents are all different, we treat them the way they need and don't force them. Normally I'm very quiet but this job has taught me to talk with people. If someone says they're missing Mum it means they're missing someone and the way to handle it is to talk with them" and "I show people to give them choices."

Some people living in Belvedere Lodge told us; "There's nothing to do" and "We get up, have meals, walk around and that's it, I would like more to do."

People were provided with care and support that met their individual needs. We looked at people's care records. Detailed assessments of people's needs took place before the person came into Belvedere Lodge. This pre-admission assessment helped to develop a care plan for the person. People were also given the opportunity to visit the home with people that supported them before they made any decision to move. Care plans provided guidance for staff to support the person with all aspects of their daily living needs.

We found people's care plans were reflective of their needs. One person who required two staff to support them with their mobility was observed being supported to the dining room. This support was given in line with their care plan. Care plans were reviewed on a monthly basis or before if a person's needs changed. This help to ensure any changes in people's needs were identified.

One person using the service did not have English as their first language. We found two members of staff were able to understand the person and hand signals were used to communicate where appropriate by all staff. This helped the person to express their views.

Is the service responsive?

We saw a record of complaints was kept and saw that the provider had contacted the complainants to discuss the issues raised. All were investigated and responded to in line with the organisation's policy. One person told us "Oh yes I would tell the manager I see them every day".

Is the service well-led?

Our findings

The registered manager had some understanding of their role and responsibilities. For example, we saw that notifications to the Commission were made when required to do so. However they did not have up to date knowledge or understanding of the changes in CQC's methodology. The registered manager told us; "yes I am aware changes are taking place as it was discussed at the manager's meetings. We have been given a pile of printed documents to read but I haven't read it yet". The registered manager was unable to tell us how the change in methodology would affect their role and the way the service would be inspected. Therefore not fully understanding the five key questions could impact on the way they managed the service. This was because their knowledge was not up to date and did not fully understand the new approach to inspection. Following our inspection we were told by the training manager, that all registered managers across the organisation, have been booked onto training course in January 2015 to enhance their knowledge.

We saw the necessary notifications had been made to CQC when a Deprivation of Liberty authorisation had been submitted and notifications in relation to safeguarding were made to the Local Authority. However, we found that the registered manager did not have a system in place to monitor and audit the progress of safeguarding alerts. This was because they had stored information in different places. Therefore the registered manager was unable to give us the full details of the progress of any alerts or implement any lessons learnt. We asked the registered manager how they monitored the progress and outcome of any investigations. They told us when the CQC inspector phoned them they would then follow it up with the Local Authority.

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. We found the auditing of medicines was not robust. The quality assurance manager for the service undertook an audit every six months and the pharmacy that supplied the medication box system undertook audits annually. However an extract from the provider's medicines policy stated "regular weekly audits will be documented". Audits did not take place as per the policy and there was a risk of any discrepancies in people's medicines not being found quickly to enable staff to rectify them.

Supervision records were not audited. An appraisal system was in place to monitor staff performance. However these were not all up to date. Therefore staff performance and development needs may not be identified.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Other audits were undertaken by the quality assurance and training manager that included: health and safety and training. These were undertaken on a monthly and quarterly basis. The system currently in place was aligned to CQC's 'Essential Standards of quality and safety'. The quality assurance manager told us this was now under review due to the recent changes in CQC methodology. We were told it will be a clearer and more robust method of auditing quality and assurance as it will be aligned to the five key questions. There was a fire risk assessment in place. Records showed fire checks, portable electrical equipment, fridge and freezer temperature checks. Contracts were in place to ensure all equipment including moving and handling aids, were checked and inspected in line with the manufacturer's guidelines. This ensured equipment was safe and fit for its purpose.

All staff told us they felt the service was well-led. They said "When we go wrong we are corrected and try to improve." Staff said, "The manager is approachable" and "I can tell the manager if I feel something can be done better, she will listen to me." One member of staff told us "The management team is good as a 'hands on' person but I couldn't say they are inspiring."

Staff told us they had team meetings. Staff said; "We have meetings twice a year". Minutes that we saw confirmed meetings took place and covered a range of topics that included; training, activities, resident care plans and any other business. However, the minutes did not record the input staff may have had in the meeting. It was clear staff were involved and consulted. One member of staff gave an example of how a suggestion they made had been followed through to make things easier for both people living in the home and staff when residents mislaid their keys to their rooms. They said "Some people have their own keys and staff now hold master keys in an easily accessible cupboard in case people's own keys get locked in their rooms or mislaid. We [the staff] use the key from the box to open their room immediately. This saves time from running up

Is the service well-led?

and down stairs to get the master from the main store cupboard and reduces the person's anxiety". Therefore the registered manager had listened to suggestions and improvements were made as a result.

We asked staff if they understood the term 'whistle blowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood

whistleblowing. Three members of staff told us they would report to the Care Quality Commission, another member of staff said, "I would insist and try to find out what's happening." All staff told us they would be able to raise concerns and felt confident they would be listened to by the management team. Staff said, "I would go higher if not" and "If I have a problem I tell my manager."

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	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, dispensing and safe administration. Correct guidance on how medicines which are prescribed 'as required' (PRN) was not always followed. Regulation 13.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>People who used the services were not protected against the risks of receiving unsafe care because risk assessments were not fully effective. Not all risk assessments were comprehensively completed.</p> <p>People's supplementary documentation was not completed fully. It lacked detail to inform staff of their life histories.</p> <p>Regulation 9 (1) (a), (b) (i) and (ii).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Auditing systems were not robust in respect of medicines and safeguarding processes. Regulation 10 (1) (a) and (b).</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Not all records were completed fully. Some people's care files lacked recordings in relation to their care and treatment.

Some people's nutritional records were not always completed comprehensively. This posed a risk to people's individual needs being met effectively. Regulation 20 (1) (1) and (b).