Alan Coggins Limited

Knyveton Hall Rest Home

Inspection report

34 Knyveton Road,
Bournemouth,
Dorset.
BH1 3QR
Tel:01202 557671
Website: NA

Date of inspection visit: 28 and 30 April 2015
Date of publication: 18/06/2015

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?	**Good**
Is the service well-led?	**Good**

Overall summary

This unannounced inspection was carried out on 28 and 30 April 2015.

Knyveton Hall Rest Home is registered to provide personal care for up to 39 people. Nursing care is not provided. 29 people were living at the home when we inspected.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection in December 2014 we issued five warning notices for breaches of regulations relating to: people's consent to care and treatment, the assessment, planning and delivery of people's care, management of people's medicines, management of records and the assessment and monitoring of the quality of service provided. We also issued five compliance actions for other breaches of regulations. These related to; responding appropriately to allegations of abuse, protection of people from the risk of infection, people not always being supported to be able to eat and drink

Summary of findings

sufficient amounts to meet their needs, staff support and staff recruitment. The provider submitted an action plan which stated they would meet the legal requirements by 1 March 2015.

The management team had made improvements with respect to the overall safety of the service. Action had been taken to comply with fire safety regulations, issues identified by the Environmental Health Officer, covering of radiators that posed a burns risk to people living at the home and management of substances harmful to health.

Improvements had also been made with regards to the management of medicines in the home and care planning, making sure there was up to date information for staff so that they could meet people's assessed needs.

Staff were knowledgeable about safeguarding adults, what constituted abuse and how to whistle blow. It was agreed that the safeguarding policy would be amended to include all required information.

No staff had been fully recruited since the last inspection; however, we saw that robust procedures were now being followed to make sure that suitably qualified and competent staff were recruited to work at the home.

The home maintained adequate staffing levels to meet people's needs.

Improvements in cleanliness and infection control had been achieved through the contracting of cleaning to an external cleaning contactor.

The management team had made the service more effective in meeting people's individual needs than on the last two previous inspections of the home.

Staff were better supported by management through regular supervision and training of the staff.

People's nutritional needs were being met with people reporting that a good standard of food was provided. There was better management of fluid monitoring when people were at risk of not having enough to drink. People were weighed regularly and action taken if a person was losing weight.

The staff and management had a better understanding of the Mental Capacity Act 2005 and how to make sure that people who lacked capacity had decisions made on their behalf in their best interest. The management had made appropriate referrals for people who fell under the Deprivation of Liberties safeguards.

Records we looked at were up to date and accurate.

People reported that the staff were caring and respected people's privacy and dignity. Each person had an up to date care plan in place that had been developed with the person concerned or their representative using a range of assessment tools.

People reported an improvement in the level and range of activities provided in the home. People's spiritual needs were also being met.

The home had an accessible complaints procedure. No complaints had been raised about the quality of service since the last inspection.

People reported that staff were prompt in responding to call bells.

The home had a long serving management and staff team and had worked hard to effect changes and make the necessary improvements highlighted at the previous two inspections.

Audits, staff and resident's meeting and quality assurance surveys were taking place to monitor the quality of service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to make the service safer, but we recommend that more emphasis is made to monitoring safety of the premises.

Action had been taken to comply with fire safety regulations, issues identified by the Environmental Health Officer, covering of radiators that posed a burns risk to people living at the home and management of substances harmful to health.

Medicines were now being managed safely in the home.

The home had adequate staffing levels and staff were trained in safeguarding adults.

Requires improvement

Is the service effective?

We recommend that where 'best interest' decision are made on behalf of people there is better evidence of the people consulted about the 'best interest' decision and their views.

Staff received suitable levels of support and training.

There was a good standard of food provided and better management of risk when people were assessed as not having enough to drink.

The home was now meeting with the requirements of the Mental Capacity Act 2005.

Requires improvement

Is the service caring?

The home had a caring staff team.

People's privacy and dignity were maintained.

There was good communication and positive interactions between people and staff.

Good

Is the service responsive?

People's needs had been assessed and up to date care plans were in place.

There had been an improvement in activities provided in the home.

The home had a clear and accessible complaints procedure.

People reported that staff were responsive in responding to call bells.

Good

Is the service well-led?

The management team had worked hard in making the required changes in meeting breaches of regulations.

Good

Summary of findings

There was an open culture in the home with a long standing staff team who had worked with management to make required improvements.

There was a system in place to monitor the quality of service provided to people.

Knyveton Hall Rest 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 was 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.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback from district nurses about the service provided to people at Knyveton Hall.

This inspection took place on 28 and 30 April 2015 and was unannounced. Two inspectors carried out the inspection over the two days and an Expert By Experience who had experience of services for older people joined us on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We met everyone living at the home and spoke with the majority of them. We also spoke with the registered manager/provider of the home, seven members of staff, three visiting relatives and friends, district nurses, a GP and chiropodist who were attending the home on one of the inspection days.

We observed how people were supported and looked at five people's care and support records.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes and medication administration records.

Requires improvement

Is the service safe?

Our findings

Overall, we found that there had been significant improvements since the last inspection of Knyveton Hall in December 2014.

At this inspection people felt safe living at the home. A person told us , "I feel very safe. The people are very kind and know how to look after me." Another said, "No worries here! Feel very safe because I know everyone," and a third person said, "Very safe because there is always somebody around". A relative also told us, "I know that X is safe here when I leave her. She is in capable hands."

At the last inspection in December 2014 we issued a warning notice as we found there were inappropriate systems in place to identify, assess and monitor risks to health and safety of people living at the home.

At that inspection the monthly check of the emergency lighting system and firefighting equipment had not been carried out and recorded. In the laundry room part of the intumescent smoke seal was missing, which meant that the door would have been less effective in preventing the spread of smoke in the event of a fire. We found at this inspection that action had been taken to address the above issues and the home had been visited by the fire safety officer who reported that fire prevention systems were safe in the home.

We also found at the inspection in December 2014 that there was poor management of substances harmful to health, which could have put people at risk of harm. At this inspection we found safe management of these products with their being stored and labelled correctly. The home had also taken action to repair two windows, identified by the Environmental Health Officer at their recent inspection.

At an inspection carried out in August 2014 we made a compliance action as people were not protected against the risk of burns from hot radiators. At the inspection in December 2014 there were still some radiators that had not been covered. The action plan returned in March 2015 stated that compliance would be achieved by maintenance checks and room risk assessments. At this inspection when we carried out a tour of the premises we identified two radiators that were still not covered and both of these posed a high risk, being sited next to the WC in ensuite toilets. We asked to see copies of the building risk assessment and found that one had not been carried out since 2011. On the second day of the inspection the registered manager had carried out a new building risk assessment with an action plan to minimise hazards, (such as the uncovered radiators and maintenance actions). On the second day of the inspection action had been taken to make the two radiators safe with covers fitted.

As the systems in place had failed to identify all hazards, we recommend that more robust monitoring systems be put in place to make sure that the environment is safely maintained at all times.

At the inspection in August 2014 we identified shortfalls in medicines management and made a compliance action. In December 2014, at our next inspection, we issued a warning notice as further breaches of this regulation were identified. The small fridge for storing medicines requiring refrigeration was not functioning appropriately and no records were being maintained to monitor that it was working within a safe temperature range. There was also poor auditing of medicines so it was not possible to account for all medicines.

Since that inspection the home had sought guidance on medicines management through the Clinical Commissioning Group (CCG) and had followed an action plan to effect better management of medicines.

We looked at the home's storage facilities for medicines. A new small fridge for storing medicines had been purchased and records were in place of the temperature range to make sure that medicines stored in the fridge were kept at the right temperature. The home had a controlled drugs cabinet, however; this did not meet regulations for safe storage. Following the inspection the registered manager contacted their pharmacist and took action to make sure that the cabinet now met regulatory requirements. The home had appropriate other storage facilities for medicines with a medicines trolley and some further storage cabinets. By the close of this inspection, medicines were stored safely.

There was accountability for ensuring medicines were kept safely by the person delegated to administer medicines holding and signing for the keys. We audited a sample of medicines and found that these balanced with the number recorded. At the time of the inspection a safeguarding investigation was being undertaken regarding medicine management which could result in lessons learnt for better practice.

Requires improvement

Is the service safe?

People's medication administration records were completed with no gaps in the record showing that people had had their medicines administered as prescribed by their GP. Staff had used codes correctly to record people declining to take some medicines or for other reasons. All of the staff who administered medicines had completed training on safe medication administration and also had their competency assessed in the home. We observed medication being administered and saw that this was done sensitively with the member of staff encouraging and explaining what medicines were for. People were offered a drink with their medicines.

Within people's records we saw there was good practice of a photo of the person concerned at the front of their administration records so that new, or agency staff could identify the person and a record of any allergy suffered by that person. In all but one or two instances a second member of staff checked and signed for any hand entries onto the records to make sure there were no errors. When a variable dose of a medicine was prescribed, the number of tablets given was recorded, which was also good practice.

Care staff administered creams and separate charts were available to these staff that also provided them with a body map indicating where the cream should be applied. Where people did not have mental capacity to understand the medicines given to them and 'as required' medicines had been prescribed, there were care plans in place to advise when staff should administer these medicines. Staff used pain assessment tools to help them know when people without mental capacity were in pain. Overall, there was good improvement of medicines management at the home.

At the inspection in August 2014 we made a compliance action as care was not always planned and delivered in a way which ensured people's welfare and safety. We identified further shortfalls at our inspection in December 2014 and issued a warning notice. At that time risk assessments and management plans were not in place for some areas of risk. For example, there was not an epilepsy management plan for one person and inappropriate plans were in place to reduce the risk of people developing a pressure sore.

At this inspection we case tracked the care of five people. This involved speaking to the person and staff, as well as looking at the person's care records. An epilepsy care plan had been put in place for the person diagnosed with epilepsy and skin assessment tools were in place to assess people's risk of developing pressure ulceration. These records were up to date and informed staff of how to care for people appropriately. Where people had specialist equipment, such as an air mattress, there was a system to make sure that the mattress was set to the person's corresponding weight. People's weight was also being monitored with regular weight checks and there was evidence of appropriate action being taken when a person lost weight with referrals to appropriate health care professionals.

Where people had bed rails in use a risk assessment had been completed. The provider agreed to use a more comprehensive assessment that included an assessment of how to reduce the risk of a person becoming entrapped.

At the last inspection in December 2014 we made a compliance action as we found that some allegations that should have been referred to the local safeguarding team had not been reported. At this inspection all the staff we spoke with confirmed that they had received safeguarding training and also demonstrated that they understood what constituted abuse, how to report any concerns and how to 'whistle blow'. The registered manager had worked with the local safeguarding team in investigating any allegations.

At the last inspection of the home in December 2014 we made a compliance action as we found that recruitment procedures were not being followed to make sure suitable and appropriate staff were recruited to work at the home. Since that time no new members of staff had been recruited but one person was in the process of being recruited. We looked at the records and checks that had been completed at that stage and found that procedures were now being followed with all checks being taken up.

At this inspection we spoke to people living at the home and also to staff about the levels of staffing provided. No one had any concerns about the staffing levels provided. People living at the home said that their needs were always met and staff had time to meet people's personal care needs.

We issued a compliance action at the last inspection in December 2014 as people and others were not protected from the risk of infection because appropriate guidance had not been followed. Areas of the home such as kitchen, lounge, bathrooms and bedrooms had not been cleaned thoroughly. We found that items of furniture such as tables,

Requires improvement

Is the service safe?

armchairs and bedside cabinets were soiled and there was debris behind people's bedroom furniture. Equipment including hoists and commodes were also not clean. On this inspection we found the home was clean with no adverse odours. The registered manager informed us a cleaning company had been contracted to oversee cleaning in the home. There were now cleaning schedules in place and better standards of infection control in place. Action had also been taken to improve the laundry area. The blocked outlet that had allowed soiled water to back up the drain to one of the sinks had been fixed and there was a new system in place to make sure that clean laundry was not contaminated by soiled laundry. Liquid soap and paper towels were provided in each of the communal toilet facilities. It was agreed that one member of staff would be delegated responsibility for infection control leadership.

We found that emergency plans had been developed, such as a personal emergency evacuation plans for each person in the event of fire.

The registered manager showed us that an analysis of incidents and accident took place each month to look for any trends where action could be taken to reduce the likelihood of such accidents or incidents recurring.

Requires improvement

Is the service effective?

Our findings

People felt that the home was effective in meeting and supporting their needs. One person said, 'Wonderful staff, they know me and know what I want and how I like to be treated". Another person said, 'You can do what you want when you want here as long as you don't upset anyone else of course.'

At the last inspection in December 2014 we made a compliance action as people were not protected against the risks associated with unsafe or inappropriate care because staff had not received adequate training or supervision.

The manager showed us a record of staff training. This showed that people had now received training in core subjects and specialist training in particular areas. We noted that the chef had completed refresher training in food hygiene as we found at the last inspection they had not had refresher training for a ten year period. At the last inspection we had found that staff were not trained in stoma care when one person required support in this area. At this inspection we found that staff had now received this training. Overall, staff reported that they had good access to training and the management team made sure people's training was up to date.

New members of staff receive induction training on a course run by the local authority. Staff told us that this had a useful component of their induction that had also included shadow working with experienced members of staff.

At the last inspection we also found that not all staff received adequate supervision or an appraisal to enable them to fulfil their roles effectively. The staff we spoke with at this inspection all said that they felt well supported and that there was now an effective system in place that ensured all staff received regular one to one supervision. The staff told us that both the registered manager and the deputy manager were approachable for advice and support and that they had a high presence in the home.

At the last inspection in December 2014 we made a compliance action as we had concerns people were not being supported appropriately with respect to nutrition and hydration. Everyone we spoke with at this inspection told us that the food was of a good standard and that they always had enough to eat and drink as well as being supported appropriately. People made the following comments about the food provided. "The food is magnificent and oh the puddings!", "I really enjoy the food, tasty and we get lots of roast but we have a good choice of other things as well", "Food is very tasty. Get good roasts and fish on Friday. The cakes are really good the chef makes them here. We have a very rich diet here". "Like the food but sometimes you get too much."

We observed the lunch time period on the first day of the inspection. Some people were assisted with eating and had their meals within their rooms. These people were assisted before the serving of lunch in the main dining room. People were assisted appropriately being shown the choices of meal on offer that day. People were asked if they had had enough to eat and were offered second portions. The meal was well-presented and staff made sure people had had enough to eat. One person was provided with an omelette as they did not like the other choices of meals. This person told us that they were fastidious with their diet but that the chef always made sure that they had something they liked to eat.

People were provided with specialist aids to make sure they could eat their meals, one person had specialist cutlery and another person was provided with a beaker that assisted them with being able to drink.

Some of the people we case tracked were having their fluid intake monitored as they had been identified as being at risk of dehydration. Fluid monitoring charts provided staff with a guide for an adequate fluid intake and the amounts that people had drunk had been added up to make sure that were sufficiently hydrated. We saw that where people had not achieved their fluid intake, this fed into the following staff handover for staff to encourage people to drink.

We spoke with the chef who knew people's likes and dislikes. They told us that they were able to buy high quality ingredients and fresh produce. The chef maintained records detailing specific dietary requirements of individuals including those with allergic reactions and medical conditions such as diabetes. These were clearly displayed in the kitchen and could inform any cook providing emergency cover.

Fridge records were updated daily and all food in fridges were date labelled.

Requires improvement

Is the service effective?

We saw that people were provided with a choice of drinks throughout the day. At the time of inspection there was no one on a 'safe swallow' plan, however, we saw evidence of people being referred to the speech and language therapists when there were concerns about weight loss or eating difficulties.

At our inspection in August 2014 we found people were not always asked for their consent before they received any care or treatment and where people did not have the capacity to consent; the provider had not acted in accordance with legal requirements. At the inspection in December 2014 we identified further shortfalls as the provider had not made suitable arrangements to act in accordance with the Mental Capacity Act 2005 with reference to making best interest decisions for people who lacked mental capacity. Some staff had also not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Following the inspection we issued a warning notice in respect of these issues.

At this inspection we found that all staff had now received training in the Mental Capacity Act 2005 and, in conversation with staff, they evidenced a reasonable understanding of the legislation and its implications for care workers. The home had a safeguarding policy that we discussed with the deputy manager. It was agreed that this would be reviewed and amended to provide a flow chart and to provide telephone numbers for local safeguarding teams, which would make it clearer to staff how to deal with safeguarding concerns.

The majority of people living at the home had mental capacity to be able to make their own decisions. People we spoke with confirmed that their consent was always obtained in how they were supported. We also saw care plans signed by people for their consent, examples being; consent to personal care, photographs and administration of medicines. People were also able to get up and go to bed at times that suited them. One person told us, "Sometimes I get up early and sometimes I like to have a lay in. I can choose what time I get up, it depends on how I am feeling". We also saw that information about advocacy services was displayed in reception.

Where people did not have mental capacity to make specific decisions, there was a record of the assessment of the person's capacity to make the decision together with any 'best interest decision'.

We recommend that where 'best interest' decision are made on behalf of people there is better evidence of the people consulted about the 'best interest' decision and their views.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Applications had been submitted to the local authority for a number of people and the home was waiting for assessments to be carried out. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

At our inspection in August 2014 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. At the inspection in December 2014 we identified further shortfalls and a warning notice was issued. At that time we found that people's records of weight was not always being regularly recorded, fluid monitoring charts were not always being completed and there were no records of the continence aids required by people.

At this inspection we found a better standard of record keeping with records maintained of people's weight, better management of fluid monitoring and records of continence aids required by people.

Good

Is the service caring?

Our findings

We received positive comments from people about how caring the staff were. People made the following comments about the care they received. “Wonderful place, the girls are kind and very caring. I get on well with the staff.” “The girls are so kind and caring. We are very lucky here really”. “I feel very well cared for. I like the way the girls care for me and I know what is going on.” A relative also told us, “X is very well cared for. I don’t have any worries about her care. I am very pleased with her care”. We spoke with visiting district nurses on one day of the inspection. They told us that generally staff were very caring of the people living at Knyveton Hall.

Overall, people told us that they were listened to and they felt that staff knew them well and treated them kindly.

On both days of the inspection we saw that people were cared for by staff who respected people’s dignity. People looked smart and well cared for; wearing freshly laundered clothes showing that attention had been paid to personal hygiene.

Staff when interacting with people asked if they needed any support and gave clear explanations when delivering care such as when assisting people with moving and handling.

We observed that staff spoke kindly to people and checked with them before delivering care. People were spoken to quietly and reassured in such a way that they were able to maintain dignity and personal confidence. We saw that staff always knocked on people’s doors before entering their rooms.

Because there was a stable staff team who had worked at the home for many years there was good continuity of care. Staff knew people well and people said they liked this continuity as they got to know and respect the staff.

Good

Is the service responsive?

Our findings

Overall, people felt that Knyveton Hall provided a service that was responsive to their needs, as indicated by the following comment made by one person, "There is always somebody around to help if you need anything."

We saw that before people moved into the home they had an assessment of their needs completed. This was to make sure that Knyveton Hall could provide a suitable placement where needs could be met. At this inspection we found that everyone's needs were being met and planned for.

At the last inspection of the home in December 2014 we issued a warning notice because people were not receiving the social stimulation, care, treatment and support they needed to meet their care, support and emotional well-being needs. In addition, people's needs had not been fully assessed and care plans had not been put in place or they had not been followed.

At this inspection we case tracked the care of five people. The people concerned said that the staff knew how to look after them and they had no concerns as to the way their care was being managed. Care plans had been developed from the pre-admission assessment of need and a range of assessment tools were also used in the development of care plans. People we spoke with also confirmed that they had been involved in the development of their care plan and the way they wished to be supported.

The care plans we looked at were up to date and reflected the needs of the people concerned. There was evidence of plans being updated when people's needs changed so that staff could provide consistent support to people.

At the last inspection in December 2014 we found there were few activities provided and the staff reported that they were too busy to meet people's recreational needs. In contrast, people at this inspection were satisfied with the level of activities provided at the home. Staff told us that they discussed people's interests, hobbies and the way people liked to spend their time. This information was then passed on to the activities coordinator who had been appointed, to assist them in planning meaningful activities in the home. Activities arranged included games, crafts an exercise group, manicures and some visits away from the home. We saw that a record was maintained of each activity undertaken by each person.

One person told us, "There's always something going on here that you can join in with. I really like the entertainers that come". Another person told us, "'Lots to do here, it's wonderful".

We noted that there was a sign on the home's notice board informing that assistance was available should anyone wish to have support to vote in the general election.

People were supported with their religious needs. A Baptist minister visited the home regularly and some people attended church services in the community.

When we visited people in their rooms we saw that call bells were within people's reach. People were satisfied with response times when they needed assistance. One person told us, "When I press my call bell the girls arrive pretty quickly. I don't usually have to wait long."

We looked at how complaints were managed in the home. We noted that the complaints procedure was well publicised within the home, a copy being provided within people's rooms, one displayed on the notice board in reception and details of the procedure with people's terms and conditions of residence.

We looked at the complaints log and saw no complaints had been made since the last inspection. We noted that the home had received letters of thanks and compliments about people's care at the home. The registered manager told us that should any complaints be made, these would be investigated and also analysed to see if there were any lessons that could be learnt and improvements made.

Should people need to move between services, such as an admission to hospital, the registered manager told us important information would be shared such as a copy of their medicine administration record (MAR), a contact list of people who are significant in their life and information about their needs. One person told us, "If I need to see a doctor the staff get them right away. We also saw that people's needs with respect to dentistry, ophthalmology or chiropody were met.

Good

Is the service well-led?

Our findings

Knyveton Lodge is an older converted property that provides a homely environment. Observations and feedback from people and staff showed the home had a caring culture where people were supported to maintain independence and exercise choice over their lives. One member of staff described their role as, "….working from the heart".

People living at the home all spoke of the registered manager with affection saying that she was very kind and caring. This view was also shared by the staff who told us that they felt valued by the registered manager and also the deputy manager. One member of staff said of the management, "The manager is very, very approachable and I would be happy to discuss anything with her or with the deputy". A strength of the home was its retention of a long serving core of the staff, which was much valued by people living at the home.

The registered manager told us that oversight of care and staffing was delegated to the deputy manager, whilst financial oversight was the province of the registered manager. The deputy manager was also supported by a deputy who had worked at the home for 20 years achieving NVQ level 4 in care and the registered manager award. As well as deputising for the deputy, this person was also responsible for quality assurance, residents' meetings and entertainment, cleaning procedures, policies and risk assessments. Since the last inspection in December 2014 the management team had put an action plan in place and made the necessary changes to meet breaches of regulations.

At this inspection we looked at the systems the home had in place to both monitor and improve the quality of service.

In order to maintain the improvements in cleanliness in the home, a representative of the cleaning company caries out a daily cleaning inspection and feeds back to the registered manager.

The home operated a system of handovers between shifts to make sure any changes in people's health or support needs were communicated to staff on the next shift. Notes were maintained of handovers, showing thorough discussion and communication between staff.

Resident's meeting and staff meeting were being held each month. We saw that issues such as meal options and ideas for new activities were discussed with people, demonstrating a willingness to make changes to suit needs of people living at Knyveton Hall.

We saw that audits in key areas were carried out regularly to monitor quality. A weekly audit of medicines was being carried out each week to make sure that people's medicines were being managed safely. We also saw audits of care plans carried out by the deputy to make sure these were up to date and reflected needs of people living at the home. There was monthly auditing of incidents and accidents. We saw that the analysis had led to actions to make people safer.

The home had systems in place to make sure equipment and systems were serviced and maintained. We looked at the fire log book, which showed that tests and checks of the fire safety systems were carried out to the required timescale. Portable electrical equipment had been tested, the water systems checked for risks from Legionella, the boilers serviced and the electrical wiring tested. The home had a current certificate for employer's liability insurance.

A quality service questionnaire had been carried out earlier in the year involving people who lived at the home and their relatives. The results were still being collated but from responses of people we could see that people felt free to comment on the service and to offer suggestions for service improvement.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.