Embrace (South West) Limited

Lake and Orchard Care Centre

Inspection report

Kelfield
York
YO19 6RE
Tel: 01757 248627
Website: www.embracegroup.co.uk

Date of inspection visit: 9 and 10 November 2015
Date of publication: 18/02/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 9 and 10 November 2015 and was unannounced.

We last inspected this service on 16 April 2015 and found no breaches of regulation but we had made recommendations that the provider look at good practice guidance about the administration and recording of medicines, dementia friendly environments and meaningful activities that met the needs of everyone at the service.

At this inspection we saw some improvements had been made but there were still some issues with the recording and administration of medicines which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we asked the provider to take at the end of this report.

Lake and Orchard Care Centre offers accommodation for up to 99 older people living with dementia and/or with a

Summary of findings

physical disability requiring nursing or rehabilitation services. The centre is divided into two units named Lake and Orchard. There were 61 people resident on the day of our inspection: 43 people in Orchard and 18 in Lake.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had also employed a second manager for the residential unit, Lake. This person started work on the second day of our inspection.

People were not consistently safe. We saw that recording and documentation relating to the administration of medicines needed improvement. Staff did not have enough information available about why and when they should administer 'When required' medicines. In addition medicine administration records were not always completed appropriately.

Staff knew how to recognise and how to report any potential abuse of people who used the service. They had been trained in this subject.

Risks to people individually and within the environment had been identified and risk assessments were in place. The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

The service had made changes needed to the environment in order to support people living with dementia to be able to be as independent as possible when accessing areas of the building but further work was necessary. There were plans in place for those improvements to continue to be made.

There were sufficient staff on duty to meet the needs of the people who used the service. They knew the people they cared for and they had received appropriate training in areas that related to the people they cared for. Staff worked within the principles of the Mental Capacity Act 2005. However, the service was not consistently effective because some staff lacked confidence when communicating with people who were distressed which led to poor outcomes for those people.

The service was caring. From our observations during the day we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect.

There was a quality assurance system in place which used audits in each area of the service so that there was a consistent approach to improvement. We could see that learning from incidents had taken place.

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?

Requires improvement

This service was not consistently safe because documentation and recording relating to medicines needed improving.

We saw that staff had been trained in safeguarding adults and were able to tell us how they would recognise any abuse and report it. Staff had been recruited safely.

Risks were identified and actions taken to ensure peoples safety.

Is the service effective?

Requires improvement

This service was not always effective. Staff knew the people they cared for and were well trained in areas that related to them. However, some staff lacked confidence when communicating with people whose behaviour challenged them resulting in ineffective interactions.

Staff worked within the principles of the Mental Capacity Act 2005. They had received training and were aware of how to apply for an authorisation for a person to be deprived of their liberty lawfully.

Is the service caring?

Good

The service was caring. From our observations during the day we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect.

Staff knocked on people's doors before entering and put up 'Do not disturb' signs to preserve peoples dignity.

Staff developed relationships with the people they cared for and encouraged families to maintain relationships.

Is the service responsive?

Good

This service was responsive. People's care plans were person centred and contained information about people's families, friends and interests giving staff a good base from which to work with people.The care plans had been reviewed.

Complaints received by the service had been dealt with in line with company policy.

There was an activities coordinator employed who had a programme of activities arranged. The service was recruiting for a second person in order to ensure that the activity programme was effective. The registered manager had recognised that role specific training would also be of benefit to people who used the service.

Summary of findings

Is the service well-led?

Good

The service was well led. There was a registered manager in post and a second manager had recently been employed to manage the Lake unit. They planned to apply to CQC to become registered.

There was an effective quality assurance system in place at this service and continued improvement was evident.The service had worked in partnership with others to make these improvements

Lake and Orchard Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 9 and 10 November 2015 and was unannounced.

The inspection team was made up of an inspector, a pharmacy inspector, two specialist advisors with experience of dementia and nursing and two experts by experience who had experience of health and social care and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered 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. We also looked at all notifications and contacts we had received from or about the service. We spoke with the local authority contracting team and quality assurance officer for this service who told us that they had no current concerns.

During the inspection we looked at 11 and support plans and medication administration records, inspected five staff recruitment files and training records;we observed practice throughout the day and 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 observed how medicines were managed and observed a lunchtime period in two dining rooms: one in Lake and one in Orchard. We analysed staff rotas for the previous six weeks, audits that had been completed, accident and incident reports and other documents which related to the running of this service.

We spoke with the registered manager, a clinical lead nurse, two registered nurses, the chef, the activities coordinator, the hairdresser, ten care workers and three GP's. We also spoke with 10 people who used the service and observed a further six people as they were unable to talk with us. Seven relatives agreed to speak with us during the course of the two days.

Requires improvement

Is the service safe?

Our findings

At the last inspection on 16 April 2015 we had not found any breaches of regulations but had made recommendations in relation to management of medicines. At this inspection we saw that further improvements were needed to improve medicines documentation and the medicine records which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there were no concerns with the way medicines were ordered and received into the home or with storage facilities personalised information was needed relating to all medicines that were prescribed 'as required' to help the staff meet each person's differing needs. The 'as required' protocols that we saw in people's records were all the same and not specific to the individual and therefore they did not assist staff in meeting each person's particular needs. These are important documents which enable staff to know when and how these medicines should be administered. One person was prescribed a medicine for anxiety but there was no readily available information to assist staff to know under what circumstances they should administer the medicine

In addition the times or dose of 'as required' medicines administered were not always recorded which meant that staff could not be certain that the medicines were given at the correct times or that the person had received the correct dose. Several examples were seen where a person was prescribed paracetamol or co-codamol and no time of administration was recorded on the medicine administration record (MAR) so staff could not demonstrate that the required time for these medicines had been left between doses.

A number of charts had gaps where there was no signature to indicate that the medicine had been administered nor a code to explain why they had not been administered. This was particularly apparent with creams. One person was prescribed an antifungal cream twice daily but there was no record made on the MAR to indicate that it had been applied or code used to indicate why it had not been applied on some occasions. The chart had only been signed 24 out of a potential 44 administration times so staff could not be sure the person had the cream applied which could mean that their condition may not improve as it should.

One person was prescribed eye drops for glaucoma. They were labelled 'instil one drop at night' and this was the direction on the MAR. When we asked the staff on duty they did not know whether these were being instilled into one or both eyes as they were administered by night staff. No information was available in the care plan about what the appropriate dose was and which eye it should be administered into. We spoke to the clinical lead nurse about this and they agreed to speak to the persons doctor to ensure that this person had their eyedrops administered correctly in future. It is important that any eye drops are administered correctly.

Whilst people could not be considered to be consistently safe because their medicine records were not always up to date they told us that they felt safe. One person said, "I feel safe here." Another person told us "If I need someone at night they come quickly." A relative said, "I do think (relative) is safe. I was very concerned as the place seemed to have no direction but since(registered manager) came I have been very happy and (relative) has improved in every way." Another relative said, "I feel that (relative) is safe." We spoke with a doctor who told us that they felt that people were safe because staff would seek help when necessary.

Staff understood what it meant to keep people safe and we saw that they had been trained in safeguarding adults. There had been six safeguarding concerns raised with the Care Quality Commission (CQC) since the last inspection all of which had been referred to the local authority. Two of these were still being investigated at the time of our inspection.The local authority has responsibility for investigating any allegations of abuse.

When we walked around the building we could see that it was clean and tidy which ensured that infection control issues were minimised. Risks to people had been identified and there were no obvious slips, trips or fall hazards and bathrooms and toilets were clean and odour free. They had supplies of liquid soap and paper towels in order that people could wash their hands and we saw that staff used these facilities appropriately. The corridors and stairways were clean and well cared for. The building was located next to a river and a recent visit by the local authority had identified that the fence between the property and the water was not safe. We saw that the registered manager had arranged to have the fencing replaced and had made the outside space safer for people to use.

Requires improvement

Is the service safe?

The lighting in Orchard was dim and research suggests that this may increase the risk of falls and increase levels of distress for those with cognitive impairment and sensory impairment. We were assured by the registered nurse that there had been no increase in falls since the redecoration but it would be beneficial for people who lived in Orchard to have brighter lights installed.

We saw that accidents and incidents were recorded and risk assessments completed where necessary following any incidents. Records showed that one person, whose care plan said they were very mobile but prone to falls due to poor spatial awareness, had fallen down a stairwell sustaining minor injuries. This incident had been reported to the local authority and the risks to this person were clearly identified in their care plan.

Staff employed by the service had been recruited safely. We looked at five staff recruitment files and saw Disclosure and Barring Service (DBS) checks and two references for each person. DBS checks are used by employers to make sure that the people they plan to employ have no criminal record or are not barred from working with certain groups of people. The company had a central recruitment team to advertise vacancies. When people had been recruited from other countries the correct processes had been followed and the correct immigration checks completed where necessary.

The manager told us that agency staff were used at this service regularly and they used the same agencies each time and the same staff wherever possible. We saw the same agency staff were named on the rotas. This enabled those staff to get to know people and their needs which meant that their needs would be met and that there would be less risk to people. The service had letters from the agencies confirming that the staff being used had been recruited safely and they all been checked through the DBS. This meant that the management team were doing all that they could to ensure that staff deployed were recruited safely which helped to protect people who used the service.

We looked at staff rotas and spoke with staff and visitors about staffing levels. We saw that where people were sick or on leave additional cover had been sought where possible. One care worker told us, “Staffing has improved a lot. At least now you know that you are not going to be short staffed.” A relative told us that there had been vast improvements in staffing at the service although they did express some concerns about the number of agency staff working at the service. We saw from rotas that there was sufficient staff on duty during both days of our inspection. Although we could see that five of the care workers were agency staff they were always supervised ensuring that people received the appropriate care. However, use of agency staff should continue to be be monitored by the registered manager.

Requires improvement

Is the service effective?

Our findings

A relative in Orchard we spoke with told us that, “Staff do a good job” and another relative visiting a person in Lake said, “The staff know what residents like/ don’t like and how to react to them’. We saw that staff had a good knowledge and understanding of the physical needs of people who used the service and were trained in these areas. However, we saw on Orchard unit that although staff were not uncaring they did not use people’s personal information to help them communicate and interact with people who used the service living with dementia. This appeared to be due to a lack of training and development in these areas which are so important in the provision of good care for people living with dementia.

In the Lake unit we observed one member of staff engaged in banter with people who used the service, greeting them by name and making positive comments about their hair or their clothes. However, where people who used the service displayed distress which challenged staff there were differences in staff responses. We saw some very positive interactions when one person who used the service was crawling under another person’ s chair. A care worker crouched down to their level and spoke to them. They explained that the person in the chair needed to stay there to watch the television and asked them politely to come away. The person was not rushed and only when they started to pull on the electrical lead did another care worker, who had been watching the situation from a distance, come over and moved it away from them. The person shouted ‘ Get away everybody!’ The care worker moved away which calmed the person down enough for them to be helped up and away from the area. The tolerance and skilled communication required by staff to deal with other incidents was less evident in other cases.

We recommend that the service should build on the training in dementia and communication in order to increase positive interactions.

We saw evidence that staff had completed an induction when they started working at the service and had gone on to complete training determined by their role. Training included food hygiene, first aid, moving and handling people, medicines, fire safetyand health and safety and safeguarding adults.The provider employed a training facilitator who supervised and arranged staff training. Staff were supported in their roles through regular supervision which we saw evidence of in staff records.

One member of staff told us, “I am a qualified nurse but needed to apply for registration and for a personal identification number (PIN) number from the Nursing and Midwifery Council (NMC). Until that had been confirmed I worked as a senior care worker to gain experience at the service. I also had supervision which identified that I should follow NMC guidelines and complete a preceptorship.” This is a period of supervision by a more senior nurse which eases the nurse into their role. We saw that the service had followed good practice guidelines and that the clinical lead nurse had provided this supervision

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training around the MCA and DoLS and were aware of their responsibilities in respect of this legislation.

Applications had been made for deprivations of people’s liberty to be authorised where necessary. In a recent authorisation staff had not realised that there was a condition applied. When we asked about this they immediately reviewed the person’s care plan and made amendments to ensure that this condition would be met in future. It would be good practice for best interest assessors to have discussed any conditions with the service when the authorisation was issued and for the registered manager to check any authorisations for conditions to ensure that staff are clear about their responsibilities.

Requires improvement

Is the service effective?

We heard and observed staff seek consent where people required support with personal care. We also saw that assessments to determine peoples mental capacity had been completed and best interest decisions made on behalf of some people. These decisions were made when someone lacked the mental capacity to do so themselves. They involved consultation with families and professionals working together to try and decide what the person themselves might want to happen. This demonstrated that staff were working within the principles of the MCA.

People who used the service told us that they liked the food that was provided. A relative told us "My mum's weight is steady and she likes the food" and people who used the service said, "Food nice and fresh" and "The food is good."

We observed several people having breakfast on Lake and on both days observed lunch for people on Lake and Orchard. The meals were nutritious and were appropriate for the client group. They looked appetising and people were offered a choice either verbally or by showing them the meals on offer and weren't hurried despite this being a very busy part of the day. The meals were served in a way that met the persons needs in most cases. However one relative told us, "She eats soft food and she doesn't complain about it." It transpired that this person had to eat soft food because their dentures were not in place. We spoke to the registered manager who told us they would look into this immediately. There were plenty of staff to assist people with eating and drinking and where this was needed they sat at the table with people encouraging them in an unobtrusive way.

Mealtimes were relaxed with background music and some social conversation. However in Lake on the first day of our inspection staff were task orientated and silent. They did not converse with people and had not put music on. On day two we observed lunch from a distance in Lake and found the experience to be quite different with lots of chatter between staff and people who used the service. Following discussion with the registered manager we concluded that staff had felt inhibited by the presence of a member of the inspection team. The meal chart on the wall was blank and the dining room slightly cramped in Lake but overall dining for people at the service was a positive experience. Some people were not interested in sitting in the dining room and their individual needs were accommodated as they ate sandwiches on the go, or food was kept for later in the day.

There were jugs of juice available in each lounge and in bedrooms although some people had advanced dementias and may not be able to help themselves. We saw staff offer people cold drinks throughout the day and before their meal and a trolley service was available from which hot drinks and snacks were served.

We saw detailed assessments of peoples nutritional needs in care plans.People were weighed monthly and when weight loss was identified a tool was used to identify risk. They used the malnutrition universal screening tool (MUST). This identified the most appropriate action to be taken. We saw evidence that people had been referred to the speech and language therapist (SALT) and dietician where appropriate. We also saw in care files that people had access to other professionals when they needed professional medical support such as district nurses,GPs and opticians.

We could see that environmental improvements continued to be made at the service to make it more dementia friendly. Lake and Orchard units which had recently been refurbished and decorated were pleasant and the colours were calming and neutral. Signage in all parts of the home was mainly positive, evidence-based and ensured that the environment was effective, supporting way finding and continence. For instance toilet doors were painted a distinctive blue colour and had pictorial signs. Lighting however in parts of the service needed to be adapted to ensure areas were well lit and preserved safety, making best use of natural light wherever possible in order to avoid people with sensory or cognitive impairment becoming distressed.

Bedrooms each had some personal memorabilia such as photographs but there was scope to significantly improve and personalise people's own space which would improve the care and wellbeing of people who used the service.

Good

Is the service caring?

Our findings

People who used the service told us, “They’re kind people” and another said “They take time with each one.” One person said, “The male carers manners are impeccable! They are kind and treat me like a lady.” A relative told us, “They get well looked after here; nothing's too much trouble for the staff. “ However, a second relative told us that some staff only did things when prompted but we saw no evidence of this throughout the two days we were inspecting the service.

From our observations during the day we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect. One person told us, “I like it here the staff are really excellent.They are very caring.” People who used the service were relaxed around staff.

We did witness staff being task orientated during mealtimes but this did ensure that everyone was helped to eat and drink. Typical interactions during these times were, “Hello, how are you?” “Would you like a drink?” without more personalised conversation including aspects of peoples life stories. However, our overall impression was that staff were kind and caring.We observed them being affectionate towards people and complimenting them on their appearance. One care worker asked a person if they would like a hug and gave them one when they said they did.

Some staff displayed poor eye contact and did not communicate well with people who were distressed which meant that those people did not always receive the appropriate support from staff. The staff were not unkind but lacked confidence. This could be addressed through further training and discussion.

A care plan we reviewed indicated a person’s preference for a daily newspaper. After lunch we observed them with one of these newspapers and when we spoke to them they explained that it was their paper and that their name was on the front of it. The activity organiser told me that the newspaper was ordered every day and delivered to his room. This was important to this person and staff made sure that they took account of this person’s preferences.

People were treated with dignity and respect. Staff used ‘Do not disturb’ signs on people’s doors when providing any personal care. We observed them knocking on doors before they entered.

At lunch time one person who used the service was receiving help from staff to eat. Staff were encouraging the person to do so independently. When they ate their lunch independently they gave them praise to further encourage them demonstrating a positive staff approach.

One relative told us that staff encouraged their relationship with their relative and said, “I stay for lunch sometimes.”Another relative said, “I come most days to see my (relative) and I try to make it over a lunchtime so that I can help them eat. I bring my dog each day and everyone likes the patting.” We also observed one visitor sitting with their relative during lunchtime taking time to talk to everyone at the table which encouraged everyone to chat. This demonstrated that the service took account of the wellbeing of people who used the service and their relatives using mealtimes as a social occasion.

We saw that there were independent advocacy services advertised in the entrance hall but the care plans we reviewed indicated that people were represented by their families. Social care and mental health professionals who had responsibility for peoples care packages at the service also advocated on behalf of people.

We saw that there were people living with dementia identified as being at the end of their life where appropriate which is in line with good practice guidance.They had advanced care plans in place and their family had been involved. For one person the doctor had taken responsibility for their care and made regular visits to the service. The nursing and care staff provided day to day care with care and compassion.

Good

Is the service responsive?

Our findings

A relative told us, “I was involved in care planning when (relative) came here and I am invited to reviews” but others told us that they had not been involved. However, one relative told us,“I am always made aware of any changes and am kept informed" demonstrating that the service did involve people although this was not consistent.

We inspected care plans and saw that they were personalised and contained relevant details about both physical and mental health needs. We read the care plan of a person with significant physical care needs. They also had a mental health condition and this was woven into the plans of care giving staff clear direction about how to deal with this person’s mental health when carrying out any personal care. We saw that their relatives were involved in reviewing their care.

The physical and mental health care plans were supported by a “This is me” profile which described the person’s preferences and routines giving staff information about people’s preferences, likes and dislikes in order that they could plan peoples care more effectively. The presentation and structure of the records enabled us to find relevant information easily and we could see that the care plans had been reviewed.

There was an activities organiser employed at this service and there was a current vacancy for a second person. This meant that although activities were organised for people it had proved difficult for one person to fulfil this role effectively. The registered manager told us that they were not only investing in a second activities organiser but that there was a commitment by the service to research and develop appropriate training for the staff who carried out this role. One person told us, “I some times go out for a walk with carers but I would like to do it more often” and another said, “I would like to see more activities. I would like to get out more but I don’t get the chance.” A relative told us, “I am not really aware of activities or what they do because of the times I visit but I have seen them advertised when I come in.”

We saw a programme for activities displayed in both units but saw no organised activities taking place on the first day of our inspection. We did see that a film was playing in Lake during the afternoon. A care worker told us, “The carers will paint nails or plan some music time when they can.”

However, on the second day of our inspection we saw meaningful engagement, occupation and interaction between staff and people on Lake. In Orchard we witnessed people singing and dancing. Some positive activities were being delivered including the ‘Our organisation makes people happy’ known as the ‘Oomph’ programme. This is a programme of music and movement which also engages people. Four staff had been trained to deliver this activity within the service which not only builds their confidence and knowledge of people but develops a different dynamic between them and people who use the service which is more social. There had recently been a Halloween party held at the service and we saw evidence of craft activity where people had made poppies to display for Remembrance day.

We saw some people carrying out their own choice of activities who were being supervised by care workers. For instance one person was walking up and down the ramp between rooms carefully and staff said this had a purpose for them. They did not stop the person but just observed them. In addition we saw a person being given a specific cloth to fold. We were told that this person used this cloth because they liked cleaning and tidying. There were some good examples of meaningful activity taking place but there was scope for improvement. There was a mini bus owned by the service for when people wanted to go out or had appointments.

In order to support people’s spiritual needs the service had provided a prayer room and the activities organiser told us that this was been used more recently. A Christian service was held regularly as there was no one resident following other faiths at the time of our inspection. We were told that would be addressed if a person who followed a different faith became resident at the service.

Families were being encouraged to become involved in supporting activities. One person’s relatives helped look after the flower pots at the service and two others had agreed to take on roles within the relatives group which had recently started. This encouraged families to have a role in the care of their relative in an enjoyable way.

Complaints were appropriately managed at the service. In the entrance hall we saw that there were leaflets inviting people to make suggestions, pay compliments or make complaints about the service. These were accessible to everyone who visited the service. There had been 11 complaints made to the service since the last inspection

Good

Is the service responsive?

which had all been responded to and dealt with in line with the company policy. People we spoke with all said they knew how to complain but did not have any complaints about the service. One relative said, “I have never had a complaint” and a person who used the service told us, “I’d mention it to the manager if I had a problem and then there’d be a meeting.”

Good

Is the service well-led?

Our findings

Since the last inspection on 16 April 2015 a person had been registered by us to manage the service. A second manager had been employed and is also going to apply to be registered. Lake and Orchard are now run as separate units within the service, one provides nursing and one does not. The registered manager currently manages both units but will ultimately focus on Orchard when the new manager is registered leaving them to focus on Lake.

We met the newly recruited manager who told us that it was their first day at the service. They had experience of managing care homes and told us that they were aware of where improvements were still needed at this service.

Throughout the two days of our inspection we received consistently positive comments about the registered manager. One relative told us, "(Registered manager) is easy to talk to. He's visible wandering around all the time" and another told us, "(Registered manager) is very good. He has the right attitude."

We received positive comments from staff, people who used the service and relatives about how the service had improved under the registered manager's leadership. One care worker told us, "I can go to (registered manager)about anything." His influence as a leader was evident and was reflected in conversations held throughout the inspection days with people.

Further development of the workforce had been considered by the registered manager in relation to recruiting the right people with the right skills and attitude for the roles. There were specific challenges in relation to recruitment due to the rural and isolated area of the service. The registered manager told us that they were exploring ways of making it easier for people to work at the service by looking at organising collections of staff using the service minibus from the two nearest towns and cities. This demonstrated their commitment to ensuring the service had a permanent workforce by use of innovative strategies.

There was an effective quality assurance system in place which included audits for each area of the service. We looked at these and saw that they had identified where improvements were needed. These formed part of a service action plan and as the actions progressed they received an internal rating until the item was completed.The activities provision had been identified as requiring further equipment and training which we also found during our inspection. Actions were being taken to improve this situation. This meant that the management team was able to clearly recognise where improvements were required and act on that information.

Accidents and incidents were reported upon every month and analysed to identify trends. This meant that the registered manager was able to identify how they could improve peoples safety.

Up to date policies and procedures were in place and staff had signed to say they had read them. Staff attended regular staff meetings which made sure that they were aware of any developments within the service and enable them to share their views. The minutes of the meetings were shared verbally and given in written form to staff. A care worker told us, "The staff meetings are to dicuss the service and see if we have any issues." They also told us that the registered manager and nurses held 'flash meetings.' These were impromptu short meetings to discuss specific areas that would benefit people who used the service and/or increase staff knowledge. It was clear to us that the registered manager and senior staff wanted to develop and support the workforce.

Since the last inspection staff from the service had worked in partnership with others to make any identified improvements to the service. The service had not been able to admit people funded by the local authority following our inspection from September 2014 to 10 October 2015. This embargo was now lifted following sustained improvements by the service over the last 18 months. Staff had attended meetings with the local authority regularly and had sent notifications to us as required by law where required.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Peoples medicines were not properly and safely managed because there was insufficient information available for 'when required' medicines and records were not always up to date. Regulation 12 (g)