Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven

Inspection report

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Ratings

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

Overall summary

Dovehaven is a care home providing personal care. It can accommodate 40 older people. The home was owned by Mrs Wendy J Gilbert and Mr Mark J Gilbert. Due to its location there was good access to public transport and many local facilities are a short journey away in Southport town centre.

This was an unannounced inspection which took place over two days on 10 and 11 march 2015.

The service had a registered manager in post. 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. At the time of the inspection the registered manager was leaving the home to move to another position at another service. There was a new acting manager who advised us they would be applying for registration.

When we spoke with people living at Dovehaven they told us they were settled and felt safe at the home. People we spoke with said there were no problems, staff were very kind and they were look after well.

People felt there was enough staff so they felt safe, but also commented there was not enough staff to spend time socially. Our observations over the two days of the inspection supported this. We fed this back to the manager for consideration.

Summary of findings

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw the necessary checks had been made so that staff employed were 'fit' to work with vulnerable people.

When we reviewed the care of some of the people living at the home we found that risks to people's health were assessed and monitored closely. Any necessary action needed to promote the persons wellbeing, such as referral for professional support, had been made.

We found medicines to be safely administered. We saw that medications had been reviewed regularly. Some people were supported to manage their own medicines. This encouraged the people involved to be more independent.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report through any concerns they had to senior managers.

We found incidents had occurred and the service had not notified the Commission as legally required. The manager said they would notify us retrospectively and would seek to review the regulations and guidance available regarding notifications.

You can see what action we told the provider to take at the back of the full version of the report.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed by the manager on a regular basis.

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. We found that people's care needs, including health care needs were being met. We saw that any support required by health and social care professionals had been organised.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training. This was supported by training records we looked at. The manager told us that many staff had a qualification in care, such as NVQ [National Vocational Qualification] or Diploma; we saw records which confirmed this. 90% of staff had a qualification and this showed that care staff had a good knowledge base to support care.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. We saw examples where people had been supported and included to make key decisions regarding their care. We saw this followed good practice in line with the MCA Code of Practice.

We were told, at the time of our inspection, the home had one person who was being supported on a Deprivation of Liberty Safeguards authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff aware regarding the process involved if a referral was needed.

We discussed with staff and the people living at the home how meals were organised. People told us the meals were good and well presented. We found that meals met people's nutritional needs.

We observed the interactions between staff and people living at the home. We saw there was a rapport and understanding. Throughout the inspection we observed staff supporting people who lived at the home in a timely, dignified and respectful way.

We asked people who lived at the home how staff involved them in planning their care. People gave positive responses and said they felt involved in any decisions about their care. None of the people we spoke with said they had seen their care plan. We did not see any documented evidence of people being involved in on-going reviews of their care. We discussed with the manager how this could be made more consistent.

We looked at the daily social activities that people engaged in. We asked people who lived at the home how they spent their day. They replied, ''I read, I watch TV in my room at night, there aren't any other activities. I suppose they could do more.'' Our observations on the

Summary of findings

inspection supported these comments. The general atmosphere was relaxed and friendly but overall there was a lack of stimulating activity for people to get engaged in.

We observed a complaints procedure was in place and most people, including relatives, we spoke with were aware of this procedure. We saw that any concerns or complaints made had been addressed and a response made. There had been no complaints since our last inspection.

A process was in place to seek the views of people living at the home and their families. We saw that comments and feedback was positive. Managers could not show us how these surveys had been collated to ensure comments were taken on board and changes made to the service. The results were not therefore published / displayed in the home for people to see.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes. There was a range of safety and quality audits [checks] in place. We found that accidents were recorded. We were told that currently these were not audited to see if any patterns existed or lessons could be learnt. The manager said this would be developed.

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

The service was not always safe.

Medicines were administered safely. People told us they got their medicines on time. There was an audit carried out to check medication standards to help ensure consistent safe standards were implemented and maintained.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise peoples independence whilst help ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused. A recent safeguarding incident had been investigated by the home and had not, initially, been referred to the local safeguarding team. This did not follow standard safeguarding procedures.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People living at the home had been assessed as having capacity to make decisions regarding their care. We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Is the service caring?

Good

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. People and their relatives told us they were happy with the care and the support in the home and described the care as of a good standard.

We observed positive interactions between people living at the home and staff. Staff treated people with dignity and respect. They had good understanding of people's needs and preferences.

Summary of findings

People we spoke with and most relatives told us the manager and staff communicated with them effectively about changes to care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care was planned so it was personalised and reflected their current care needs. We found people were not involved in reviews of their care on an ongoing basis.

We found people relaxed and settled in the home but there was a lack of planned and individualised activity to stimulate people and increase their quality of life and wellbeing.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Requires Improvement

The service could improve in some areas and was not always well-led.

There had been a changed in the manager over the past month. The new manager told us they were in the process of applying for registration. There remained, however, a clear line of accountability in the home.

We found the new manager and staff to be open and caring and they spoke about people as individuals. This was evidenced throughout the interviews conducted and the observations of care and records reviewed.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes. These needed to be better collated and analysed to provide more effective feedback for people.

We found on inspection that issues requiring the home to notify the Care Quality Commission had not been made.

Dovehaven

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 was an unannounced inspection which took place over two days on 10 and 11 March 2015. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the Provider Information Return (PIR) as we had requested this from the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the home.

During the visit we were able to speak with 16 of the people who lived at the home. We spoke with four visiting family members. As part of the inspection we also spoke with social services contract monitoring officer and a social care professional, who had reviewed people living at the home, and who were able to give some feedback about the service.

We spoke with eight staff members including care/support staff and the manager of the home. We looked at the care records for five of the people living at the home, medication charts, four staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits, including feedback from people living at the home, professional visitors and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms and the dining/lounge area.

Requires Improvement

Is the service safe?

Our findings

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw that the local contact numbers for the Local Authority safeguarding team were available

There had been two safeguarding investigations that had occurred since the last inspection. Both of these fairly recent in January and February 2015. One involved the appropriate care of a person in the home. The home had assisted the local authority safeguarding team and agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. The outcome was that the home had delivered appropriate care at the time.

The second investigation followed allegations of abuse received by us [CQC]. The home had responded quickly and carried out an investigation and taken subsequent action to protect people living at the home. We discussed the process of this safeguarding investigation as it had not followed agreed local authority protocols in the first instance as there had been no initial discussion with the local safeguarding team before commencing the investigation. The manager and compliance manager [senior manager within the organisation] for the provider said they would take this on board and ensure future actions would include the initial consultation.

We found on inspection that issues requiring the home to notify the Care Quality Commission had not been made. These included two serious injuries to people [including an incidence of a pressure sore], the two safeguarding investigations at the home [discussed above] and the recent changed of manager in the home. The manager said they would notify us retrospectively and would seek to review the regulations and guidance available regarding notifications. This shows a failure in the way the home monitors and reports on areas of risk.

These findings were a breach of Regulation 10 of the Care Quality Commission (Regulation) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with people living at Dovehaven they told us they were settled and felt safe at the home. People commented that the home was very settled and standards of care were consistent. People we spoke with said: ''There are no problems here. Staff are very kind a look after us well'', ''It's as good as you can get. I've been very settled here'', ''I am comfortable with my personal care, I do feel safe here" and '' The manager is very good and will sort any issues out.'' A relative we spoke with commented, ''I have been happy with the home for the word go. My [relative] is settled here – I have no worries.''

At the time of our inspection we asked about staffing at the home. To support the 35 people who were living at Dovehaven, there was normally a minimum of four care staff including the manager. This number was increased depending on the extra support people needed; for example if there was a person who needed escorting for an appointment. We saw from the duty rota that this staff ratio was consistently in place to provide necessary safe care. Care staff were supported by ancillary staff such as a cook, domestic staff and laundry staff.

When asked whether people felt there was a sufficient number of staff on duty the answers were vague including comments like, "I suppose there are enough staff", ''It would be nice to talk more with staff but I feel safe enough here.''

We noticed a number of domestics in the home [three on duty] but did not notice many carers spending time talking and interacting with people living in the home. When we did see care staff they appeared smiling and very pleasant towards people; however, this was observed in the course of their work due to the limitations on their time. One person said, "The staff have never had time to sit and talk that I can recall.'' Other comments included; "They're soon here when they can be." Another explained, 'I need two staff to get me up in the morning – they are very good with me.'' Another person said, ''I need two staff to help me. They never rush me and I don't have to wait long.''

Some staff told us that they would like more staff in the mornings particularly, as there was not much time for any

Requires Improvement

Is the service safe?

socialisation and some care tasks, such as bathing people, had to wait till later in the day. We made some observations of the lounge areas in the morning and saw there were long periods [20 minutes plus] with no staff present. We fed this back to the manager for consideration. We did not observe any person in distress or requiring necessary assistance however. All staff spoken with said that staffing levels did not compromise safe care.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at four staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. The files we saw had some information / records not available. Over the two days of the inspection the documents were produced however. We saw the necessary checks had been made so that staff employed were 'fit' to work with vulnerable people. The manager stated that the staff files would be organised better in the future for easier access of information.

We spoke with a visiting family member who said they found the service to be safe and very good at managing any risks so that their relative could be as independent as possible. When we reviewed the care of some of the people living at the home we found that risks to people's health such as monitoring of falls and risk of pressure sores were assessed and monitored closely.

When asked about medicines, people told us, "They manage my medicines and I get my medicines on time." All of the people we spoke with said they got their medication on time. We discussed medication administration with the deputy manager. The deputy manager described the morning medication round and this was carried out safely so people got their medicines. The deputy manager told us following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. We saw from the medication administration records [MAR's] they were recorded as per the home's policy and showed that people had received their medication.

We saw that people's medicines were reviewed on a regular basis. Records confirmed this. Each person had a medication care plan. This listed current medicines and was evaluated monthly. We saw, from some of the care records we reviewed, that medications had been reviewed by the person's GP.

We saw that senior staff were designated to administer medicines following the necessary training. All of the staff we spoke with said they had completed updates to this training and this was confirmed by training records. Two senior staff told us the competency of staff to administer medicines was formally assessed by the manager to help make sure they had the necessary skills and understanding to safely administer medicines. This followed a period of 'shadowing' by the manager or another senior staff. We could however find no records of this. The manager told us staff records would be updated to include a record of staff's competence following observation.

We discussed other areas of medication administration. We were told that many of the people living at the home had 'capacity' to make their own decisions about their medicines. Most medicines were, however, controlled and managed by staff following agreement by the people concerned. Two people managed their own medicines and this had been formally assessed to ensure they were safely monitored. This encouraged the people involved to be more independent.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed by the manager on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported to the maintenance person and the area needing repair made as safe as possible. We saw some documented evidence that regular checks were made including equipment and fire safety. For example a 'fire risk assessment' had been carried out and this included personal evacuation plans [PEEP's] for all of the people living in the home.

Good

Is the service effective?

Our findings

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. We looked in detail at the care received by some of the people living at the home. We spoke with the people concerned and their relatives as well as checking information in care files. We found people's care needs, including health care needs were being met. For example, one person had medical conditions that needed regular monitoring; the complications of which had left the person needing a lot of care support. We saw that they had been carefully assessed and any support required by health and social care professionals had been organised with appropriate referral and follow up.

Professional support had been documented from the person's GP and district nurses. Hospital appointments had been followed up and any specialist equipment to help with the person's wellbeing had been arranged. When we spoke with the person we were told, ''The staff are good with me. They help me a lot.'' We saw how staff interacted with the person and this was warm and supportive.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training. The manager supplied a copy of the staff training matrix which identified and plotted training for staff in 'statutory' subjects, such as health and safety, medication, safeguarding, infection control, food hygiene, first aid and fire awareness. In addition staff had undertaken training with respect to specific care needs of some of the people living at the home. For example, some staff had completed training in care of the dying. We spoke with a member of the care staff who was able to tell us about the care of a person who had died in the home and how this had been managed including support for the person's family.

The manager told us that many staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records were we saw 90% of staff had a qualification. Other staff were being signed up to start this training. Staff spoken with said they felt supported by the manager and the training provided. They told us that they had appraisals by the manager and there were support systems in place, such as supervision sessions and staff meetings. One staff member told us that staff meetings were open and constructive. We saw the agenda and notes for a recent staff meeting which was well structured under various headings. We noted that the meeting had been attended by a high proportion of staff.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. People living at Dovehaven varied in their capacity to make decisions regarding their care. We saw examples where people had been supported and included to make key decisions regarding their care. For example, when one person was being admitted to the home it was recorded who had made the decision. In another example the person lacked the capacity to make the decision and there was an assessment of this and a statement as to who was making the decision. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice.

The manager and area manager were able to talk about aspects of the workings of the MCA and discuss other examples of its use. We were told, at the time of our inspection, the home had one person who was being supported on a Deprivation of Liberty Safeguards authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved if a referral was needed. The process was being carried through at the time of our inspection.

We discussed with staff and the people living at the home how meals were organised. People told us the meals were good and well presented. We were told that there were two cooked options at lunchtime, always one meat and one fish but if a person didn't like the choice the chef would always provide an alternative. One person said, (The chef) will always offer two or three other things.'' One person who had only been in the home a short while said they were very impressed with the food saying, "It's very good, we had a lovely lunch today, the meat was tender and everything was cooked nicely. ...and it's nicely presented.'' The chef told us that there were two hot options at lunchtime and usually at least one in the evening. On

Good

Is the service effective?

Sunday there was a roast dinner but in the evening they had a sandwich platter. In the summer, the chef explained that they would sometimes have a barbecue lunch in the garden, cooked outside on the barbecue.

Good

Is the service caring?

Our findings

We observed the interactions between staff and people living at the home. We saw there was a rapport and understanding. We asked people if they were treated with dignity, respect, kindness and compassion. One person said, “I was very impressed with the care they give you and the carers are very caring.” Others commented, ‘’The staff are definitely kind and compassionate they don’t rush you, they treat you with respect”, “I like it here the carers are smiling, I’ve been here quite a while and I like it” and “they (the carers) do anything I want, they are good.’’

We observed staff when they were supporting people. We found that staff were friendly and carried out care with patience. We watched one carer take one person to the dining room and the carer was very gentle and unrushed in helping the person to move. Another person, who was transferred using a hoist told us, ‘’Staff take their time and explain things and make things easy for me.’’

People told us they felt they were listened to and generally staff acted on their views and opinions. One person said; ‘’The manager will always listen and do their best to sort things out.’’ One relative told us that they had a recent issue with the care and approached the manager who was understanding and supportive. Another visitor commented they were pleased with how staff displayed a caring attitude. We asked if there were any restrictions and were told relatives and visitors were free to visit at any time. One person said; ‘’I can have visitors at any time.”

We saw that people were encouraged to be independent as possible. For example people were supported to attend outside activity such as going to town and shopping. This followed discussion and consideration of any risk. Other people had been asked and encourage to support themselves with respect to managing their own medicines. This support helped people to be more independent.

Throughout the inspection we observed staff supporting people who lived at the home in a timely, dignified and respectful way. We saw staff respond so people did not have to wait if they needed support. The staff we spoke with had a good knowledge of people’s health needs.

Requires Improvement

Is the service responsive?

Our findings

We asked people who lived at the home how staff involved them in planning their care. People who were able to give an opinion and relatives we spoke with varied in their opinions but they gave positive responses and said they felt involved in any decisions about their care. None of the people we spoke with said they had seen their care plan. Two could remember being involved in various assessments when they were admitted to the home and giving consent for various things such as medication management.

People told us that staff speak with them and tell them 'what's going on'. The impression was that this was more a one way conversation rather than asking and including people in their care. When we looked at care records for people who lived at the home, we found that care plans and records were individualised to people's preferences and reflected their identified needs. There was evidence that plans had been initially [on admission] discussed with people and also their relatives if needed. We saw that these plans were regularly reviewed / evaluated. These reviews had good detail so it was possible to track people's care and any changes made. We did not see any evidence of people being involved in these reviews however. We discussed with the manager about how this could be made more consistent; for example by getting people or their advocates if needed, to sign or document / record peoples involvement in reviews.

We looked at how the social life in the home was personalised to meet people's interests. There was an assessment in each of the care files we looked at of people's personal history, life story, interests and hobbies. The ones we saw were not, however, fully completed.

We looked at the daily social activities that people engaged in. We asked people who were living at the home how they spent their day, they replied, ''I read, I watch TV in my room at night, there aren't any other activities. I suppose they could do more.'' One resident said, "There's nothing going on. I'd like some quizzes and I like crafts, there used to be some but all of a sudden it just went." Another person told us about the chair based exercises one afternoon a week but also complained that "They do not have bingo or quizzes or any crafts or pets in to visit, the residents just watch a lot of TV." Our observations on the inspection supported these comments. The general atmosphere was relaxed and friendly and some people chatted or took themselves out of the home to visit locally but overall there was a lack of stimulating activity for people to get engaged in. We fed back and discussed these comments with the manager. the manager said they would consider the feedback in terms of further improvements.

We spoke to one staff member who had a role of organising activities for people but only came to the home one day a week 1-5pm. They said they really just did chair based exercises and soft ball with people at the home. We were told at times there were various activities taking place including dominoes, occasional trips out and "Name that tune". The staff member said there had been at some time a crafting activity but it was unclear as to whether this was still taking place. Staff informed us there had been a programme of activities and, after searching, we were shown a book with an activities programme. We were told that the notice board that normally advertised activities had been taken down as the home was being decorated. However it was not clear exactly what happened each day of the week, morning and afternoon or who had participated. None of the people we spoke with had been involved in any residents' meetings.

We observed a complaints procedure was in place and most people, including relatives, we spoke with were aware of this procedure. The procedure was available in the entrance to the home and was also included in the 'service user guide' which we saw available in peoples bedrooms. We saw that any concerns or complaints made had been addressed and a response made. There had been no complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. Just prior to the inspection the registered manager had left to go to another home with the same provider. There was a 'new' manager present who told us they were in the process of applying to us [the Care Quality Commission (CQC)] for registration.

From all of the interviews and feedback we received, the new manager was seen as open and receptive. Staff told us there had been some changes to the way they worked and overall they felt supported. One staff said, ''We have staff meetings and we can have our say and the manager will listen. You can speak to the manager or deputy any time.'' We saw the minutes of a recent staff meeting which had been well attended.

The home's manager was supported by a 'compliance manager' and area manager. We met the provider on the inspection who was a regular [weekly at least] visitor to the home.

We found on inspection that issues requiring the home to notify the Care Quality Commission had not been made. The manager said they would notify us retrospectively and would seek to review the regulations and guidance available regarding notifications.

A process was in place to seek the views of people living at the home and their families. We were showed surveys conducted for people who had been on respite care [short stay care] and we saw that comments and feedback was positive. We also saw some surveys conducted regarding the food and catering in the home. Again the results were positive and people were very satisfied with the food. Managers could not show us how these surveys had been collated to ensure comments were taken on board and changes made to the service. The area manager was able to give one example, but there was no report which had analysed the surveys including areas that possibly needed developing. The results were not therefore published / displayed in the home for people to see.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes internally, although could not identify many external monitoring processes. The manager explained that the previous quality audit undertaken by an external quality assurance provider was now not being used and had not been replaced. We did note, however, that the supplying pharmacist visited to carry out a pharmacy audit and environmental health had inspected and awarded '5 stars' [highest rating] for standards of hygiene and safety in the kitchen.

Internally there was a range of safety and quality audits [checks] in place. For example we saw a range of health and safety checks including a fire risk assessment and regular walk around by the manager / maintenance person to monitor any hazards. We looked at how accidents and incidents were recorded. We were told that currently these were not audits to see if any patterns existed or lessons could be learnt. The manager said this would be developed.

We looked at how medicines were audited. The manager carried out regular checks on stocks of medicines in the home and checked individual MAR's on a regular basis. We saw examples of these audits in the medication files. Where the audits had identified issues there was a plan of action attached.

The compliance manager carried out monthly audits of the service covering a list of quality and safety checks. We saw these were completed and any issues identified fed back to the manager. Some of the feedback we had on the inspection from people about activities [for example] had not been picked up on any of the audit checks or surveys. The last compliance manager audit stated that some activities had taken place but there was no measure of their quality or effectiveness in terms of supporting people with individual activities in accordance with their own choice and whether these were enjoyed by participants.

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 17 HSCA (RA) Regulations 2014 Good governance Events that require the home to notify the Care Quality Commission had not been made. This was a failure of the way the home monitors and reports on areas of risk. Regulation 17(2)(b) & (d)ii