Bondcare Willington Limited

Allington House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 16 and 17 July 2018 and the first day was unannounced.

Allington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered for 49 people and at the time of inspection there were 45 people living at the service.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in January 2018. 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 last inspection was carried out in August 2017 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating to risks to people arising from their health and support needs and risks to the premises and equipment. Falls were not analysed monthly to prevent or minimise reoccurrence. We also found systems and processes were not in place to ensure effective operations of the service, there were limited checks to ensure the safety of people living at the service. Following this inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

At this inspection we found that the provider had made some improvements however we found further improvements were required to become fully compliant with the Fundamental Standards of Quality and Safety. This is the second time the service has been rated requires improvement.

We found concerns with the safe administration of medicines.

Risks associated with people's support needs were not always fully considered or correctly documented in care plans.

Audits were taking place; however, they were not robust enough to highlight the issues we found during our visit.

The registered manager understood their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS). However, decisions to administer medicines covertly (medicines that are given to people disguised in food or drinks) had not been made following best guidance.

We have made a recommendation about this.

Staff training was up to date. Supervisions and a yearly appraisal were taking place.

Feedback on the quality of the service had been sought and was positive.

People enjoyed the food provided. Specific cultural diets were provided if needed.

People who lived at the service were safeguarded from abuse. People told us that they felt safe at the service and that they trusted staff. Staff had received training in the safeguarding of vulnerable adults and said they would not hesitate to report concerns.

A number of recruitment checks were carried out before staff were employed to ensure they were suitable to work with vulnerable adults.

We found there was sufficient staff employed to support people with their assessed needs.

Staff demonstrated a person-centred approach to care and they knew people well. Person-centred is when care is developed with people and their preferences, wants, needs and wishes are valued and included.

Care plans had information of people's wishes, preferences and life histories.

We saw evidence of activities taking place and people we spoke with enjoyed them.

The service had a complaints policy that was applied if and when issues arose. People and their relatives knew how to raise any issues they had. The service had received one complaints since the last inspection.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

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 not managed safely for people and records had not all been completed correctly.

Not all risks to people were assessed, or plans put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to support them to make safer recruitment decisions.

Is the service effective?

Requires Improvement

The service was not always effective.

All staff received training to ensure that they could appropriately support people. Evidence to show staff were supported through supervisions was available

People were happy with the food provided and received a choice. Diets supporting people's cultural needs, were provided if required.

Staff knew their responsibilities under the Mental Capacity Act. Consent was sought, although records were not always signed by people to evidence this and medicines administered covertly did not follow best practice.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who were kind and patient.

The service supported people to access advocacy services.

Is the service responsive?

Good

The service was responsive.

Staff demonstrated a person-centred approach to care.

People were supported to access activities.

There were systems in place to manage complaints.

End of life care plans were in place for people who wished to discuss this.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance audits did not highlight the concerns we raised.

Records needed to be improved.

The registered manager understood their responsibilities in making notifications to the Commission.

Allington House

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 on 16 and 17 July 2018 and the first day was unannounced. This meant that the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector, one pharmacist inspector, a specialist professional advisor (SPA) and one expert by experience. A SPA is someone who has professional experience in this area and 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 reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to plan the inspection.

During the inspection we looked at four care plans, Medicine Administration Records (MARs) and daily records. We spoke with the registered manager, the deputy manager, one senior care worker, five care workers, the activity coordinator and the cook. We spoke with eight people who used the service and nine visiting relative.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in August 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to make improvements to records in relation to how falls were recorded and analysed, how people received as and when required medicines, and medicines administered covertly. We also asked for improvements to risk assessments for people regarding personal risks and the servicing of equipment.

During this inspection we checked whether the registered provider had made the required improvements. Whilst the provider had some made improvements with these concerns we found some further improvements were required.

We looked at how medicines were handled and found that the arrangements were not always safe.

We looked at the medicine administration records (MARs). We found residents had a photo, as well as their GP details and their allergy status was recorded which helped to keep them safe. Two people were self-administering some of their medicines, however there were no assessments completed so that the provider could ensure that the individual knew when and how to use their medication and could use it safely. Arrangements were in place for recording of oral medicines. However, when changes in medication were made they were not clearly documented and this meant that two people whose records we looked at had missed doses of medicine.

Where care staff applied prescribed creams and ointments as part of personal care or when people first got up or went to bed, there was incomplete guidance in place and some records were not fully completed. For one person we also saw that records showed that staff had not applied one cream at the frequency prescribed.
For medicines that staff administered as a patch, a system was in place for recording the site of application; however, for two people whose records we looked staff did not rotate the application site in line with the manufacturer's guidance to prevent side effects. For another person where staff applied a patch that was changed every three days it was documented that the patches were missing when they were due to be changed. No action was taken to investigate the reason for this.
Four medicines for two people and one cream for another person were not available. This means that appropriate arrangements for ordering and obtaining people's prescribed medicines was not effective, which increases the risk of harm.

We found the individual guidance, to inform staff about when medicines prescribed to be given only when needed, was not available and was not person centred. In addition, we found staff did not always record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

We looked at records for residents who received their medicines covertly (hidden in food or drink). There was documentation in place however for all three people whose records we looked at some information

was missing on how staff would do this and who had been consulted when making the decision to administer medicine in this way. For one person there was no best interest decision in place for medicines. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.

Medicines kept at the home was stored safely in individual lockers in people's rooms. Eye drops, which have a short shelf life once opened, were not marked with the date of opening for the two people we looked at. This meant that the home could not confirm that they were safe to use

We looked at the current medicines administration record for one person prescribed a medicine that required regular blood tests. Arrangements were in place for the safe administration of this.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. Staff completed regular audits but these had not identified the issues found during our visit.

Risk assessments arising from people's health and support needs were not always in place. For example, one person had a sight impairment and there was no risk assessment in place to support staff on how best to support the person. Another person was at high risk of pressure sores yet there was no risk assessment for skin integrity. Also, one person had kidney disease and was prone to urinary tract infections, fluids were to be encouraged yet there was no risk assessment in place.

One person had diabetes, it is especially important for anyone who is diabetic to look after their feet as they are at risk of complications. There were no risk assessments in place related to risks associated with diabetic complications. This meant the provider was not taken reasonable steps to mitigate and prevent risks.

We saw one person had a poor dietary intake and a nutrition assessment showed they were at high risk and required to be weighed weekly. This person's records showed this was nit being carried out. We saw a record that stated the person had lost 6kg from the 26 May 2018 to the 17 June 2018. No one had identified this high weight loss or raised any alerts. We discussed this with the registered manager who said it must have been a recording error. The registered manager said they would update the paperwork, so staff would know what to do if someone lost weight.

These findings evidenced a repeat breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

All people we spoke with, who used the service said they felt safe with the staff that provided care. Comments from people included, "I feel very safe, very secure" , "I feel safe most of the time," and "I need my walker to go to the toilet in the night and the staff help me."

One relative we spoke to said, "They [staff] check on [named person] every hour because [named person] can't use the call bell." Another relative said, "I can leave here knowing [named person] is in good hands."

We saw evidence of premises and environmental risk assessments. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks of emergency lighting, fire alarms were carried out and water temperature checks were taken weekly. One person who used the service said, "I prefer a bath and I have no complaints about the water temperature."
Although window restrictions were checked on a weekly basis we found one window restrictor on an

upstairs window had broken. We highlighted this to the registered manager who addressed this straight away by locking the window and arranging a replacement lock. We followed this up after the inspection and the registered manager confirmed a new lock was in place.

Through observation and looking at rotas there were enough staff on duty to meet the needs of the people. On the day of the inspection there was one senior and three care workers on each floor. A new staff member was going through induction and staff found this extra member of staff to be very helpful.

People and relatives, we spoke had mixed views as to whether there were enough staff on duty. Comments included, "Staff are rushed when you need the toilet and they also leave a few people waiting it gets a bit traumatic", "Sometimes I have to wait for the toilet", "I don't have to wait excessively," and "Staff are very overworked, that's why I don't bother them."

Relatives we spoke with said, "At times you see the staff stressed, I am told there are enough staff but there often isn't", "I sometimes feel there is not enough staff," and "It's not the staff it's the lack of staff that are the problems."

We discussed staffing levels with the registered manager who said they had implemented a new rota system to support with the workload. The registered manager said, "I complete a service users dependency tool for both floors, which are in folders in the office, I also rotate staff to meet residents needs or changing needs to make sure we have good staffing levels and mixed skills on each floor. Senior care staff who are full-time normally stay on the same floor this is, so continuity of care is kept. Families also prefer this, so they are not going to different staff member all the time with the same issue."

Recruitment procedures were in place to ensure suitable staff were employed.

Staff understood the importance of safeguarding issues and whistleblowing [telling someone] concerns and knew the procedures to follow if they had any concerns.

We saw the premises were clean and tidy, cleaning schedules were in place and records showed these had been followed. Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves. Comments from people who used the service were "They [staff] always put a plastic apron on," and "I have no complaints, the rooms always cleaned for you." A relative said, "One person had an accident, and this was cleaned up within minutes."

Requires Improvement

Is the service effective?

Our findings

People's needs were assessed before they moved to the home, followed by an assessment on admission. The assessments included the person's life skills, potential risks, personal hygiene, communication needs, cognition and behaviour, as well as the persons likes, dislikes and preferences, finding out their needs and how they wished to be cared for. All this information was used to inform the person's care plan.

The registered manager said, "We visit prospective service users and assess their needs and have a chat with them and any relatives present, making sure we can meet their needed. We also request an assessment from their social worker."

We saw certificates to evidence that staff training was up to date. One staff member we spoke with said, "We have just had training on safeguarding and moving and handling practical and theory. We do a lot of online learning now but I prefer face to face training."

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts (observing) until they and the registered manager felt they were competent to work alone.

At the last inspection staff were not adequately supported through supervision. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. We looked at five staff files and there was now evidence of the staff being fully supported with supervision and a yearly appraisal.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were. At the time of the inspection 20 people had a DoLS in place. There were processes in place to protect the rights of people living at the service. We did see evidence of consent in people's files. However, not all the consent forms were signed by the person.

Where decisions had been made to administer medicines covertly (hidden) we could not see evidence of full involvement with multidisciplinary teams regarding this.

We recommend the registered manager sets up administering medicines covertly in line with best practice.

People were happy with the food that was provided. Comments from people included, "I don't eat all the meals. If I don't like one thing I can ask for another," "They [staff]check if they're walking past. Usually I have a big jug of water, but I knocked that over, so when its empty they fill the tumbler up. At mealtimes they always have a full tumbler of water," "There's nearly always too much, always plenty of food," "The food's is 10 out 10," "I've no complaints at all, the puddings are lovely and I'm never famished" and "If I didn't want the two choices, if I ask they get me something else."

We observed lunchtime on the two units. We saw there was good interaction between staff and people who used the service. Choice was provided to people and the food was hot and well presented. Menus were displayed, and condiments were on the table. We saw food that was taken to people's rooms were covered.

We spoke to the cook who was very knowledgeable about people's dietary needs such as if they needed fortified foods, or the food pureed.

We asked the cook if people had access to snacks throughout the day. The cook said, "We offer biscuits, teacakes and milkshakes and sometimes fresh fruit salad. We have also been offering ice lollies during the hot weather."

We were told no one required any special cultural or vegetarian diets, however the cook explained they would be provided if required.

People were supported with food and nutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The Malnutrition Universal Screening Tool (MUST) was used and would complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. However, where the MUST tool recommended someone to be weighed weekly, we did not always see evidence of this.

Food and fluid charts were used to monitor people's nutritional health. We found that fluid intake goals and totals were not recorded. The registered manager explained that some people did not need food and fluid charts but were part of the room records and staff thought they had to complete them. However, where people needed to have fluids encouraged, staff were not fully completing these. The registered manager agreed to investigate this.

People were supported to access the healthcare services they needed. They had made referrals to other healthcare professionals when needed. For example, we saw records to show people had seen the GP, podiatrist and district nurses. People told us they had regular appointments with their GP and other healthcare services, which included visiting opticians and dentists. Comments included, "The Chiropodist comes every 6 weeks, the senior decides and will arrange for a community nurse to come," "It's my legs and feet, but there's always somebody to see to them. I'm getting exercises to help with my feet", "If I have to go to hospital for a check-up, there's always somebody to help," and "If I wanted anything they'd sort it, when I've been to hospital someone comes with me."

Each person had a hospital passport in place. Hospital passports helps support the person and medical staff to know more about the person. The registered manager said, "We ensure that when a person has to go to hospital they take the hospital passport and 'this is me' document so the hospital staff have full information to help them care for the person in a way that would cause the least distress."

Good

Is the service caring?

Our findings

People who used the service were happy with the care that was provided and said the staff were kind and friendly. One person we spoke with said, "I get looked after alright."

Relatives we spoke with were also happy with the care provided. Comments included, "I am very satisfied with the care", "The girls are really nice," and "The carer's keep a good eye on [named person]." One relative said, "I don't think [named person] would have lasted if not for the care here."

Through observation we saw staff demonstrated a kind and considerate attitude. When talking to people they bent down so they were at eye level and held their hand or touched a person's shoulder. During lunch one person became anxious and tearful because they were not near their friend, the carer spoke gently and kindly until they settled and calmed. Another person became angry and started kicking another person under the table, the carer gently but firmly said, "Now what do we do when we get angry?" and started to sing a certain song, this distracted the person and lightened the atmosphere and the person became settled. This demonstrated staff knew people well and what worked to support each person.

We saw that staff and people who used the service were familiar with one another and there was an atmosphere of trust and calm. Families and friends were made to feel welcome and encouraged to visit when they wanted. Comments from people included, "My [relative] comes in practically every night," and "My [relative] comes once a week." One relatives we spoke with said, "You can visit day or night and come for your dinner if every you want." A staff member said, "Everyone is welcome, anytime they want."

We asked staff how they supported people's privacy and dignity. Staff explained how they always knock on people's door before entering and keep people covered as best as possible when providing personal care. One staff member said, "We always close doors and curtains, and I always explain everything I am doing and ask permission." One person who used the service said, "They [staff] ask, is it alright if we do this? There is always two of them." Another person said, "If I need the commode, they [staff] leave you to yourself, they don't rush you."

People we spoke with said staff treated them respectfully. Where people had communication difficulties we were told staff were very patient and understanding. One person said, "Sometimes they understand, one carer who knows me does." A relative we spoke with said, "They [staff] try to understand, [named person] can become very anxious but the staff are really patient."

We saw there was plenty of signage to support people living with dementia. One person who was blind had a sign on their door telling people what they prefer to be called and to knock and introduce themselves before entering, this prevented the person being shocked and frightened. One staff member said, "I hardly get my name out and they know it's me, we always laugh about it."

Staff said they encouraged people to maintain their independence. One staff member said, "We let people do as much as they can for themselves, for example if they need support with their food it maybe they just

need it cutting up, they can do the rest." Relatives we spoke with said, "They [staff] don't molly coddle [named person], they try to understand them." Another relative said, "They [staff] encourage [named person] to do stuff for themselves."

People said staff offer choice and make sure we are happy with the choices. We saw choices being offered throughout the day for example whether they wanted to join in activities or where a person wanted to sit. On staff member said, "It is all about choice, such as do you want to stay in bed or get up, do you want a bath or a shower, what meal do you want."

The service had an equality and diversity policy in place and staff had also received training. The registered manager said, "I always believe you must treat people how you wish to be treated yourself. Treating all residents and staff fairly. Creating an open culture for all staff and residents, speak freely and honestly. Ensuring equal access to opportunities is given to those who want to participate in activities. Helping all staff to develop their full potential. Ensuring Staff are trained to meet resident needs and changing needs. Ensuring that all residents can access the same opportunities regardless of their lifestyle, ability or background. Staff need to show respect for individual beliefs, values, cultures and lifestyles and appreciating their difference."

Only one person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

Bedrooms were personalised to suit people's wishes and preferences, for example they displayed family photographs and other personal items which people owned. Bedrooms were considered as people's own personal space where they could spend time alone when they wished or meet in private with family and friends.
The registered manager said, "We ask all new service users to bring personal things with them, when coming to stay with us, something that is sentimental to them or makes them comfortable. We included them in the re-decoration of the home and their own room, giving them choice of colour, bedding and curtains."

Good

Is the service responsive?

Our findings

We asked people who used the service and their relatives if they were involved with their care and we received a mixed response. People we spoke with said, "I was asked for my preference to a male or female carer, I stated I wanted a lady." Another person said, "I don't know about a care plan, I have never seen that." Relatives we spoke with said, "I have no involvement with the care plan, but my son has." Another relative said, "I haven't seen the care plan." The registered manager spoke to this relative and set up a time for them to go through their loved one's care plan.

During our visit we reviewed the care records of four people. Records showed people had their needs assessed before they moved into the service. During this assessment people's communication, mobility and medical history was assessed. A pre- admission draft care plan was developed so information was available to all staff before admission. This ensured the service was able to meet the needs of people they were planning to admit to the service and to meet the needs of a person directly on admission.

Following the admission assessments, a full care plan was developed which centred on the person's needs, wishes and preferences. The care plans were detailed with likes and dislikes, and a night profile. The night profile documented preferred time to go to bed and get up, if they like a snack before bed or their door leaving open.

People's life history was all documented which included important events, people important to them, and their work history.

Staff we spoke with could easily explain people's needs, and how best to support people. However, not all these were documented or recorded correctly. For example, one person's use of an e cigarette made out they were using it and charging it in their room. On asking further questions we found that this was not correct. The senior agreed to re word the care plan so information would not be construed.

Daily records were detailed and completed throughout the day.

The registered manager said, "Staff are allocated as key workers to service users and some of these have been chosen but the services users themselves, they have chosen staff who they have a bond with. This also enables staff to build up a relationship with the person and their families."

We found blank care plans in place such as for breathing. Every month they were reviewed, and staff wrote, no breathing concerns at this moment in time. These were not relevant to the person and we suggested to the registered manager to remove all care plans that were not required.

People had their wishes and preference's documented for their end of life, if a person did not want to talk about this, a note had been put on their file to say they had been asked. At the time of the inspection no one was receiving end of life care.

People were happy with the activities offered. An activity coordinator had recently left the position and a carer had taken over this role whilst waiting for the new staff member to join the team. One relative said, "The activity coordinator has been working really well over the last few weeks and I can see a difference in the residents, she doesn't give them time to argue with each other and easily diffuses situations."

People who used the service said, "The girl comes into my room with jigsaws and I have been to two or three music events." Another person said, "I am a bit of a loner, I have been to the hairdresser, but they haven't asked me to any activities, they may have offered to take me to the lounge, I am a bad mixer."

The activity coordinator explained how they were fund raising for activities by organising raffles, blind cards (like a scratch card) and football cards. The service had good links with their local Tesco, who funded food for the services royal wedding party. People attended the local church next door to play dominoes. The activity coordinator said, "I organise hoopla to encourage hand/eye coordination, if it's nice we play this outside, we have been making place mats and bird feeders and we arrange animals such as Bettys reptiles to come in, relatives also bring in their dogs." We saw posters up about an upcoming summer fete.

One staff member said, "During the world cup people who were interested watched the football with a drink of their choice such as shandy, lager or whiskey, for people not interested we had a film with popcorn and prosecco."

There was a policy in place for managing complaints. The service had received four complaints since the last inspection and these were fully investigated.

We asked people and their relatives if they had ever made a complaint and if they knew how to make a complaint. A person we spoke with said, "If I ask to see the manager she will come down to see me. If I had a complaint I would ask to see the manager." Relatives we spoke with said, "I did have a problem with was sorted by the manager straight away." Another relative said, "I wasn't happy about the toilet today, it had not been cleaned." The registered manager went and addressed this straight away.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager. 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 our last inspection in August 2017 there was no manager in place, we found audits did not contain an action plan and had not picked up on the issues we found and paperwork was not fully completed. Supervisions were not taking place and accidents and incidents were not fully analysed.

We found supervisions were now taking place regularly and accidents and incidents were being analysed.

At this inspection we found the registered manager had carried out a number of quality assurance checks to monitor the standards at the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Although audits were taking place and an action plan was produced, they had still failed to address the concerns we raised. The monthly audit for medicines stated everything was in place and had marked themselves 100% whereas we found numerous concerns.

We found records were not stored securely, they were in an unlocked cupboard on a corridor and everyone had access to them if they so wanted. The registered manager said they would rectify this straight away.

These findings evidenced a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people and their relatives what they thought of the management of the home. One person we spoke to said, "No I haven't seen the manager." Relatives comments were, "Yes I know her, I think she keeps an eye on [named person]", "She is normally sat in the office, she came in a couple of weeks ago to see [named person]", "Management deal with problems straight away" and "She is straight on it, she is a much better manager, much more approachable and if she says something will be done, she would come back and say if it hadn't been done."

We asked staff if they felt supported by the management. One staff member said, "The manager is approachable, nice, any problems you can go and speak to her or the deputy." Another staff member said, "It is the best management team we have had for a long time, they act on issues raised."

People were happy living at the service and comments from them and their relatives were very positive. One person we spoke with said, "I am happy, this is my home." A relative said, "I used to ring up every night, but now I don't feel I need to." One person did say, "I would like the toilet facilities to be better, you have to hang on and wait."

Since our last inspection there was evidence of feedback being sought from people and their relatives via a survey or questionnaire. Comments from people were, 'staff are amazing,' 'I like my room,' and 'I am happy here.' One person had said staff don't always knock on the door, we saw that this was addressed in a staff meeting the day after receiving this comment. Comments from the relative's survey were, 'a great job being done by all staff,' and 'we are very pleased with the care.'
A survey had also been sent to external healthcare professionals who commented that staff were very helpful. A staff survey was all positive.

Staff meetings taking place regularly and staff said they find them very useful. Topics discussed were training, handovers, paperwork and cleaning.
Meetings for people who used the service and relatives took place every three months. Topics such as menus and activities were discussed. Relatives we spoke to said, "I try to get to the meetings when I can, they can be informative, but everything they say will happen often doesn't, once there were only four relatives there." Another relative said, "We have had one to one meetings with the manager, but I have not been to another meeting, another relative went, I don't know how often they are." And another relative said, "I have been to all the meetings they are worthwhile to bring out problems."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We 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 The provider was not doing all that was reasonably practicable to mitigate risks. The provider did not ensure medicines were managed safely or records relating to medicines were completed correctly. Reg 12 (2) (b) (f) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes in place to assess and monitor the quality and safety of the service. The provider was not ensuring records were stored securely. Reg 17 (2) (a) (b) (c)