

## Avante Care and Support Limited

# Parkview

### 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 06, 07 and 08 June 2016 and was unannounced.

Parkview provides accommodation and personal care for up to 69 older people living with dementia in the London Borough of Bexley. At the time of our inspection the home was providing support to 56 people. At the time of our inspection there was no registered manager in place although the current manager was going through the process of registration. The previous registered manager deregistered in February 2015. 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 comprehensive inspection on 20 and 21 October 2015 we found a breach of regulations because risks to people had not always been adequately assessed and action had not always been taken to ensure identified risks to people had been safely managed. The provider wrote to us following the inspection to tell us what action they would take to address this breach.

At this inspection we found that the provider had taken action to address these concerns. However, we found a further breach of regulations because environmental risks within the service were not always managed safely. You can see the action we have told the provider to take at the back of the full version of this report.

We found that there were sufficient staff deployed within the service to meet people's needs and that the provider had undertaken appropriate recruitment checks on new applicants before they started work. People's medicines were safely managed and were administered as prescribed, although improvement was required to some aspects of medicines recording.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred. Staff had received training in the areas considered mandatory by the provider. They undertook regular refresher training in these areas to ensure they remained up to date with best practice. Staff were also supported in their roles through supervision and an annual appraisal.

People received sufficient to eat and drink and their nutritional needs were regularly reviewed and monitored. They had access to healthcare professionals when required, in support of their health and well being. Staff sought consent from people when offering them support and the provider acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) to ensure specific decisions were lawfully made in people's best interests where they had been assessed as lacking capacity to make the decision themselves. People were also only lawfully deprived of their liberty when it was in their best interests under the Deprivation of Liberty Safeguards.

People were treated with dignity and their privacy was respected. They told us that staff treated them with kindness and consideration, and they were supported to maintain the relationships that were important to them. A range of activities were on offer to support people's need for stimulation. People were involved in day to day decisions about their care and treatment. They had care plans in place which had been developed based on an assessment of their needs and which took into account their views.

The provider had a complaints policy and procedure in place and on display within the service. People and relatives told us they had confidence that the manager would address any concerns they raised. They were able to share their views of the service at regular residents and relatives meetings and we saw that feedback from meetings was considered and used to drive service improvements.

Staff and people spoke positively about the manager and told us she was supportive and available to them when required. The service had quality assurance processes in place to help identify issues and drive improvements and we saw action had been taken where issues had been identified. However, improvement was required to ensure issues identified in audits resulted in consistent improvement, and to ensure that checks made on kitchen areas identified when opened food items should be disposed of.

## 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.

Environmental risks were not always safely managed.

People had risk assessments in place and staff were aware of the action to take to manage risks to people safely. There were arrangements in place to deal with emergencies.

People's medicines were safely stored and administered as prescribed although some improvement was required around the recording of people's medicines.

There were sufficient staff deployed within the service and the provider carried out appropriate recruitment checks on staff before the started work.

People were protected from the risk of abuse because staff had received appropriate training and knew the action to take if they suspected abuse had occurred.

### Is the service effective?

**Good** 

The service was effective.

Staff underwent an induction when starting work at the service. They received regular training and supervision in support of their roles and to ensure they could effectively meet people's needs.

Staff were aware of the importance of seeking consent when offering support to people. The provider complied with the requirements of the Mental Capacity Act 2005 (MCA) where people had been assessed as lacking capacity to make specific decisions for themselves. People were lawfully deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) where it was in their best interests.

People received sufficient to eat and drink and their nutritional needs had been assessed to ensure they received an appropriate level of support.

People had access to a range of health care professionals in

support of their health and well being when required.

### Is the service caring?

Good ●

The service was caring.

People told us staff treated them with kindness and consideration.

People were involved in making day to day decisions about the care and support they received.

People were treated with dignity by staff, and their privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which had been developed based on an assessment of their needs. Care plans included details of people's likes and dislikes and the things that were important to them.

People were supported to take part in a range of activities in support of their need for social interaction and stimulation.

The provider had a complaints procedure in place which gave guidance to people on how to raise any concerns they may have. People and relatives expressed confidence that the manager would deal with any issues they raised appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There had been further changes to the management structure within the service and whilst the current manager was in the process of applying to become the registered manager for the service, there had not been a registered manager in post since the last registered manager deregistered in February 2015.

People and staff spoke positively about the manager of the service and told us that staff worked well as a team.

There were quality assurance systems in place to help identify issues and drive improvements, although improvement was required because issues identified during a medicines audit had not resulted in on-going improvement in the way medicines were

recorded, and checks made on kitchen areas within the service had failed to identify issues we found.

People and relatives were able to express their views about the service and we saw a programme of improvements was in place which took into account feedback received.

# Parkview

## **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 06, 07 and 08 June 2016 and was unannounced. The inspection was conducted by an adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we looked at the information we held about the service. This included the PIR and information from any notifications submitted to CQC by the service. A notification is information about important events that the provider is required to send us by law. We also asked local authority commissioners for their views about the service.

During our inspection, we spoke with eight people, three relatives, one visitor, and eleven staff including the manager of the service. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at eight people's care records, five staff recruitment records, records relating to staff training and supervision, and other records relating to the management of the service including audits, maintenance checks, and minutes from staff and resident meetings.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 20 and 21 October 2015 we found a breach of regulations because risks to people had not always been accurately assessed and staff were not always aware of the action to take to safely manage areas of risk to people. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that the provider had taken appropriate action to address the issues we had identified. However we also found that some identified environmental risks were not managed safely within the service.

Risks to people had been assessed in areas including skin integrity, moving and handling, malnutrition, behavioural issues and falls. We saw that control measures had been put in place where people had been assessed as being at risk. For example, pressure relieving equipment had been put in place for one person whose skin integrity had been identified as an area or risk, and barrier cream had been administered by staff as prescribed to help reduce risk levels. One relative raised concerns about the way in which their loved one's personal hygiene was being managed. We spoke to the manager about this and they put a risk assessment in place to give guidance to staff on how to manage this issue although we were unable to check on the outcome of this at the time of our inspection.

Staff were aware of the details of people's risk assessments and knew the action to take to safely manage identified risks. For example, they were aware of specific behavioural risks posed by one person, the potential triggers for that behaviour and the action to take to keep the person and others safe. In another example we observed staff carrying out regular checks on people at risk of wandering or attempting to leave the service unsupported, to ensure they were safe.

However, we found that environmental risks were not always safely managed at the service. One relative told us they were concerned about the redesign of communal areas in the service which now included open plan kitchen areas which service users could potentially access unsupported. Senior staff confirmed that risk assessments had been put in place which identified the action for staff to take to ensure the kitchen areas were safe but we found that staff had not always acted to ensure the identified control measures had been implemented. For example, one risk assessment identified the need for all liquids to be locked away in the kitchen cupboards when not in use, but we were able to access washing up liquid and nail varnish remover stored in an unlocked cupboard without being observed by staff. We also found electrical equipment such as a toaster had been left plugged in on the kitchen work surface while staff weren't in attendance. Both of these concerns placed people living with dementia at risk should they be able to access the items unsupported.

These issues were a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There were arrangements in place to deal with emergencies. Records showed that regular fire drills were conducted at the service and staff we spoke with were aware of the action to take in the event of a fire or medical emergency. People had Personal Emergency Evacuation Plans (PEEPs) in place which were



accessible to staff and the emergency services when required. The PEEPs included information on the level of support each person would require in order to safely evacuate from the service.

At our last focussed inspection on 22 March 2016 we found that improvement was required to the staffing levels within the service because the provider had been unable to find cover for a vacant post on one of the units within the service during the week of our inspection. At this inspection we found that improvements had been made and that the provider was meeting the requirements of the regulation, although relatives we spoke with continued to have mixed views about whether the number of staff on duty were sufficient.

Where people were able to comment on staffing levels, they told us that there were sufficient on duty to meet their needs. One person told us, "I get help when needed." Another person said, "They [staff] are available if I need help." However, feedback from relatives was more mixed. For example, one relative told us, "The staffing is an issue, particularly when they have to use agency staff who don't know anything about [their loved one]," although another relative said, "There are enough staff here; they're very quick to respond to people when they need assistance."

The provider had increased staffing levels within the service in the time since our previous inspection and staff we spoke with told us this had made a positive difference by enabling them to spend more time supporting people on an individual basis. Throughout our inspection we observed staff to be on hand and available to support people promptly when required. We noted that staff support people calmly and at a relaxed pace when needed, and that people responded positively to the support they received. Staff were also quick to respond to call bells when people sought assistance whilst in their bedrooms.

We spoke to the manager about the use of agency staff and how their use could impact on the support people received. The manager explained that wherever possible bank, or regular agency workers were being used where cover was required so that they could become familiar with people's needs, and records confirmed that regular bookings of bank staff had been made. We also saw the provider was in the process of recruiting more staff to reduce the level of bank and agency use, with several applicants going through the final recruitment checks before starting work at the service.

The provider undertook appropriate recruitment checks on staff before they started work at the service. Staff records showed that checks had been made on new applicants which included character references, criminal records checks, a declaration of the staff member's fitness to work and proof of identification. Staff files also contained completed job application forms which included details of each applicant's qualifications and employment history to help determine staff members' suitability for the roles they had applied for.

At our last comprehensive inspection on 20 and 21 October 2015 we found that improvement was required to ensure that good practice around the management of people's medicines at the service was properly embedded after a high number of medicines administration errors had been reported. At this inspection we found that although improved practice had been maintained and medicines were safely managed, further improvement was required to ensure any medicines carried forward from the previous medicines cycle were recorded on people's Medication Administration Records (MARs) to help ensure stock levels were accurate.

People's MARs include details of any allergies they were known to have a copy of their photograph to help reduce the risks associated with the administration of medicines. MARs we reviewed had been accurately completed by staff to confirm each administered dose.

Medicines were safely stored in locked trolleys which were kept in a secure medicines room when not in use.

Staff had conducted regular temperature checks on storage areas to ensure medicines were kept within a safe temperature range. Where people had been prescribed Controlled Drugs, these were securely stored in line with current requirements. Staff responsible for administering medicines had received training and an assessment of their competency to ensure they were fit to administer medicines safely.

People's medicines were administered as prescribed. Records showed that people received their medicines in line with the guidance given on their prescriptions. We noted that on one of the mornings of our inspection there had been a delay in some people receiving their morning medicines due to a GP visit to the service but staff had prioritised the round to ensure those people taking multiple doses of any medicines each day had an appropriate gap between each dose. The manager also told us they would be seeking to discuss a more appropriate time for the GP to visit to prevent any future delays in people receiving their medicines, although we were unable to check on the outcome of this at the time of our inspection.

People told us they felt safe at the service. One person told us, "I'm quite safe here." Another person told us they were "quite happy," and that they had no concerns. A visiting relative told us, "It's quite secure here; [their loved one] is safe." Another relative told us that they'd initially had concerns about their loved one's safety at the service but things had improved over the last couple of years, telling us, "She is safer now." A regular visitor to a person also told us, "[Their friend] is safe here. She can become anxious when we go out but visibly relaxes when she comes back."

The provider had a safeguarding adults policy and procedure in place which gave guidance to staff on the action to take in order to protect people at the service. The manager was the safeguarding lead for the service and understood the requirements of their role in safeguarding adults. Staff had received safeguarding training as part of their induction and records showed this training was refreshed on a regular basis to ensure they were up to date with best practice.

Staff we spoke with were aware of the different types of abuse that could occur and told us they would report any safeguarding concerns to the management team. They were also aware of the provider's whistle blowing procedure and told us they were confident that they would escalate any concerns they had to CQC or the local authority safeguarding team if needed. However, all the staff we spoke with were confident that any such concerns would be dealt with appropriately by the manager. Records showed that the manager had made appropriate safeguarding referrals to the local authority safeguarding team in response to any concerns raised, and the provider had submitted notifications promptly to the Commission as required by the regulations.

# Is the service effective?

## Our findings

People we spoke with were not able to comment on staff competency but we observed them responding positively when being supported by staff during our inspection. One relative told us, "The staff are competent; they're very patient and do a good job." Another relative said, "Staff give me better confidence now than they did. I think they know what they're doing."

Staff told us they underwent an induction process when starting work at the service which included completing training considered mandatory by the provider, a period of orientation and time spent shadowing more experienced colleagues.

Staff were up to date with their training in areas considered mandatory by the provider. They told us they were happy with the training they received in support of their roles. One staff member explained that where they felt that there was a gap in their knowledge, they had discussed this with senior staff and a course was being arranged for them to refresh their knowledge in that area. They also told us that senior staff supported them to undertake training in specialist areas in support of people's need, for example diabetes management. Records showed that staff had undertaken training in areas including dementia awareness, fire safety, moving and handling, safeguarding and food hygiene. The provider had a programme of refresher training in place for staff to ensure staff remained up to date with best practice.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. They spoke positively about the supervision process. One staff member told us, "I feel well supported; supervision is an opportunity to discuss training needs and any concerns I might have." Another staff member told us, "It [supervision] is helpful as it provides a focus for areas in which I could improve."

At our last comprehensive inspection on 20 and 21 October 2015 we found that improvement was required to the way in which consent to aspects of people's care had been recorded. At this inspection we found improvements had been made and records had been updated to confirm people's consent to the support they received. For example, we saw the people, or their relatives where appropriate had signed to agree to the level of support they required at night.

Staff were aware of the importance of seeking consent when offering support to people. One staff member told us, "I always ask to make sure they're happy with what I'm doing. If they don't want help, then I respect that." We observed staff seeking consent from the people they were supporting throughout our inspection and respecting the decisions they made.

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 so that they can 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.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspect they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA for decisions including the use of bed rails or the administration of covert medicines. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate.

The manager knew the conditions under which an application may be required to deprive a person of their liberty in the best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. The service had systems in place to ensure any conditions placed on people's DoLS authorisations were complied with. For example, we saw that regular monitoring information had been submitted to one 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations.

People's nutritional needs were met by the service. People we spoke with told us they enjoyed the food on offer at the service. One person commented, "The breakfast was good." Another person said, "I'm a fussy eater, but the food is fine. They [staff] can always find me something I like." A third person told us, "I get enough to eat."

People's nutritional requirements had been assessed and support planned to meet their individual needs. Staff were aware of people's specific dietary needs, for example who was diabetic or which people required fortified meals, and we saw that meals were prepared for them accordingly in line with these requirements. We observed a lunchtime meal and saw people were shown a choice of meals to support them to decide what they wished to eat. Staff were on hand to support people with their meals where required. For example, we observed one staff member discreetly ask a person whether they'd like help cutting up their food before assisting them to do so.

The manager and kitchen staff told us that the menu was planned based on feedback received from people and records confirmed that food had been discussed with people at recent resident's meetings to ensure their preferences were met. Kitchen staff also held details of people's dietary requirements and any known allergies people had to ensure meals were prepared safely.

People had access to a range of healthcare professionals in support of their good health. Records showed people received care and treatment from healthcare services including district nurses, GPs, opticians and chiropodists when required. Staff were also aware of any support needs people required in order to ensure they received on-going healthcare support. For example, one staff member was aware of the need to arrange transport for one person so they could attend regular health check-ups.

## Is the service caring?

### Our findings

People and relatives told us that staff at the service were caring and compassionate. One person told us, "They [staff] are all very friendly. If I have a question and they don't know the answer, they say they'll find out and come back to me and they always do." Another person described staff as being "Good," and a visiting relative told us, "The staff here do care; they're very good with [their loved one]." Staff we spoke with were aware of the importance of treating people with kindness and consideration. One staff member told us, "I treat the people here like I treat my family."

We observed staff treating people with kindness and consideration throughout our inspection. Their interactions demonstrated a clear interest in people's well-being. For example we observed staff checking to ensure people weren't too hot or cold at different points of the day and supporting them to put on or remove items of clothing where needed. People responded positively to the assistance they received from staff and the atmosphere within the home was good natured and friendly. Where people required emotional support during our inspection staff moved promptly to comfort them and we noted that this was well received and had a positive effect on people's moods.

Staff we spoke with demonstrated a good knowledge of the people they supported. They were aware of people's backgrounds and we observed staff members taking time to talk to people about the things that were important to them, for example family members who visited, or activities they enjoyed. This helped people to feel at ease in the company of the staff who were supporting them.

People were involved in day to day decisions about their care and support. Staff told us that they offered people choices wherever possible in their activities of daily living, for example by giving them choices in the clothes they wished to wear when dressing or respecting their decisions on when to receive support with personal care. One staff member told us, "We always respect people's decisions about when they wish to receive support. If someone doesn't want to do something, I'll offer again later or see if another member of the team gets a more positive response."

People were treated with dignity and their privacy was respected by staff. People we spoke with were not able to comment on privacy within the home but two relatives told us they had no concerns in that area. Staff we spoke with described how they worked in ways which respected people's privacy, for example by ensuring doors and curtains were closed when offering people personal care. We observed staff knocking on people's doors and waiting for a response before entering their rooms throughout our inspection. We also observed staff moving quickly to assist people requiring support in communal areas of the home to ensure their dignity was maintained.

People's diverse needs were taken into account by the service. The manager told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff we spoke with confirmed that people were supported with their spiritual needs were requested. For example, staff were aware of which people had specific cultural requirements with regards to their diets.

## Is the service responsive?

### Our findings

At our last comprehensive inspection on 20 and 21 October 2015 we found that improvement was required to ensure people's care plans were regularly reviewed to ensure they were up to date. At this inspection we found that improvements had been made to the frequency at which care plans had been reviewed and that they were reflective of people's current needs.

People were not able to comment on their involvement in developing their care plans but relatives we spoke with confirmed that they had been consulted. One relative said, "Yes, they've discussed [their loved one's] care plan with me." Another relative told us, "We talked about it when [their loved one] moved in."

People's needs were assessed to ensure the service was able to provide them with appropriate support. Staff told us that care plans were then developed based on these assessments which included input from people and their relatives, where appropriate. We saw care plans had been developed for people in areas including personal care, eating and drinking, communication, emotional and spiritual support, night time support and mobility. Records showed that care plans had been reviewed on a regular basis or in response to people's changing conditions, to ensure they remained up to date and reflective of people's current needs.

People's care plans also included information about their life histories, likes and dislikes and the things that were important to them. Staff we spoke with were aware of the details of people's care plans and could describe how they supported people in line with their individual needs and preferences. For example one staff member we spoke with described one person's preferences in their morning routine and was aware of the level of support they required to meet their preferences with specific tasks due to their mobility being restricted.

They were aware of people's strengths and the things they could do for themselves and told us they encouraged people to maintain their independence wherever possible, for example by encouraging people to wash their own faces or brush their teeth. Staff were also aware that people's levels of independence could fluctuate and that it was important to recognise that people may require different level of support each day.

People were supported to take part in a range of activities which met their needs for social interaction and stimulation. Activities on offer to people at the service included cooking, gardening, puzzles and entertainment such as singers who visited the service. One person told us, "I enjoy doing the puzzles." We observed people enjoying a performance by a singer on one of the afternoons of our inspection. They responded positively to the performance, with some people dancing and others clapping along to the music.

People were also supported to maintain the relationships that were important to them. Relatives and friends we spoke with told us they could visit at any time and that they were welcomed by staff. One relative told us, "I can come when I want and visit often." Another relative said, "I'm welcome anytime and the staff

all know me."

People were not always able to tell us who they'd speak to if they had a complaint but one person told us, "I'd speak to the staff; they'd deal with it." One relative told us, "I'd speak to the manager if I had a problem." We saw that provider had a complaints policy and procedure in place and on display within the service. This gave people guidance on how to raise concerns and the process that the service would subsequently follow, including the timescale for them to respond and information on how to escalate their complaint if they were unhappy with the outcome.

The manager maintained a record of complaints received which included details of investigations and the provider's response. We also noted that the service sought to implement changes in practice in response to the findings of complaint investigations to ensure similar concerns did not arise again. For example, we saw a change in the procedure around which staff were able to dispense sugar and salt stored in the kitchen after the two had accidentally been mixed up by staff which resulted in a complaint.

## Is the service well-led?

### Our findings

People and relatives spoke positively about the management of the service. One person told us, "She [the manager] is very good." A visiting relative told us "I have confidence in the manager." Another relative told us, "We're happy; that staff here work well as a team." Staff we spoke with also told us that the management team gave them clear direction in their roles which they found helpful. On staff member said, "If I have any problems, I can just find them for a chat. They're very supportive." Another staff member told us that the management team communicated well with staff and told us that they felt team working at the service was a strong point.

At our last comprehensive inspection on 20 and 21 October 2015 there was no registered manager in post although arrangements had been made for a manager who had experience of working for the provider to be put in place as an interim measure while recruitment to the post took place. At this inspection we found that there had been a further change in the management structure and that whilst the current manager was not yet registered, they had submitted their application to CQC to become the registered manager for the service. However, despite this we noted that the last registered manager for the service had deregistered in February 2015 and that the previous two managers at the service had started, but not completed the application process. Therefore improvement was required to ensure a registered manager was in post at the service, as required by the conditions placed upon the provider's registration of the service.

The manager that was in post at the time of our inspection had previous experience working within the management team at Parkview. She understood the requirements of being a registered manager and the responsibilities of the position under current legislation, including the Health and Social Care Act 2008.

The manager held regular staff meetings to discuss the running of the service and to highlight any aspects of the service in which staff could improve their practice. For example, we noted that a recent staff meeting had focussed on people's nutrition and hydration needs, to increase staff awareness of the level of support each person required in this area. Staff we spoke with during the inspection demonstrated a good knowledge of how to meet people's needs in this area.

The provider had quality assurance systems in place which helped identify issues and drive improvements within the service. However, improvement was required to ensure actions were consistently implemented where issues had been found. We found that audits and checks had been made on areas including people's care plans, infection control and checks on the environment and equipment. Action had been taken to address any issues identified during the audit process. For example, a recent care plan audit had identified that risks related to one person's skin integrity was overdue a review. This issue had subsequently been addressed by staff to ensure the risk to the person in question continued to be safely managed.

However, improvement was required because a recent medicines audit had identified an issue that staff had not always recorded any medicines carried forward from a previous medicines cycle to people's current Medication Administration Records (MARs). Whilst this had been addressed at the time of the audit, we found that the identified improvement had not been embedded because we had found staff had failed to



record one person's carry forward medicine on their current MAR. We also found that checks of an open plan kitchen area within the service had not identified refrigerated food items which required disposal due to the length of time since they'd been opened, nor the risk of unattended items and the unlocked cupboard. We spoke to the manager about this issue and she ensured these items were disposed of during our inspection.

People and their relatives were able to express their views about the service through residents and relatives meetings, and by completing an annual satisfaction survey. We saw areas discussed at a recent meeting included updates on the redecoration of the service, the remodelling of the garden area and discussions about meal options. Staff we spoke with confirmed that people had been involved in making decisions about the redecoration of the service. For example, they had been involved in choosing the wall paper which had been put up in some areas.

The results from the last annual survey also showed that overall people's satisfaction with the care they received and happiness at living at the home had increased since the previous year. The manager told us that the results of the survey had been used to identify areas for improvement which they were in the process of implementing. These included implementing customer care training for staff, a focus on reducing the use of agency staff or ensuring regular bank staff were used to fill gaps where required, and improvements to the environment.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Environmental risks were not managed safely.