

Hardwick Dene Ltd

# Hardwick Dene

## Inspection report

Hardwick Lane  
Buckden  
St Neots  
Cambridgeshire  
PE19 5UN

Tel: 01480811322

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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

Hardwick Dene is registered for, and provides, accommodation for up to 50 people who require personal care. At the time of this inspection 44 older people some of whom were living with dementia, were accommodated.

Accommodation is located over two floors which are accessible via a lift or stairs. There are communal bathroom and toilet facilities for people who do not have en suite facilities within their room. There are two areas within the home, Buckden / Willow which accommodates people living with dementia and Goodwin for people with more advanced/ complex dementia. There are a number of communal areas within these areas, including lounge / dining areas, a reminiscence room and an outside garden area for people and their visitors to use.

This unannounced inspection took place on 15 November 2016.

At the last inspection on 19 January 2016 there were breaches of the legal requirements found. After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to improvements required. Improvements were needed to ensure that people were protected from the risk of receiving care that was inappropriate and did not meet their needs. People were also not protected against the risks associated with inadequate monitoring and the assessment of the quality of the service provided. The provider sent us an action plan telling us how they would make the required improvements.

During this inspection we found that the provider had made some improvement in regards to the previous breaches.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home. 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 home is run.

Arrangements were not always in place to make sure that people were supported and protected with the safe management of their prescribed medicines. Detailed 'step-by-step' guidance for staff about 'as required' medicine was not always in place. People did not always have their prescribed medicines available.

People had individualised care and support plans in place which recorded their care and support needs. Although staff were able to demonstrate their knowledge of the people they supported; the documented information available to staff was minimal. This increased the risk of people receiving care that was not based on their needs.

Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as independent and safe a life as possible. These documents prompted staff on any assistance a person may require. However, monitoring records for people deemed to be at risk of weight loss or dehydration were not always documented in detail or in a consistent manner by staff.

The registered manager sought feedback about the quality of the service provided from people living at the home. They had in place quality monitoring checks to identify areas of improvement required. However, these checks had not identified the areas of improvement required found during this inspection.

Safe recruitment checks were undertaken before new staff were employed and this meant that people using the service received care from suitable staff. We saw that there was a sufficient number of staff to meet the needs of people living in the Buckden / Willow area of the home. However, there was not enough staff to meet the complex needs of people living within Goodwin area of the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making. However, this guidance was limited, as there was no documented evidence on the steps to be taken by staff to empower people to make their own decisions. Applications had been made to the authorising agencies for people who needed these safeguards. Staff had a basic understanding of the key legal requirements of the MCA and DoLS.

People who lived at the home were supported by the majority of staff in a kind and respectful way.

There was an 'open' culture within the home. People, their relatives, and visitors were able to raise any suggestions or concerns that they might have with staff and the registered manager and felt listened too.

People were supported to access a range of external health care professionals and were supported to maintain their health. People's health and nutritional needs were met. Some people were not always offered a choice by staff on the snacks and drinks provided.

Staff were trained to provide effective care which met people's individual support and care needs. Staff understood their role and responsibilities to report poor care and suspicions of harm. Staff were supported by the registered manager to develop their skills and knowledge through regular supervisions, appraisals and training.

Notifications are information on important events that happen in the home that the provider is required to notify us about by law. The registered manager was aware of and provided us with notifications of all of the important events they needed to notify the Care Quality Commission about.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the 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?

The service was not always safe.

People's medication was stored, administered and disposed of safely. However, detailed guidance for staff on when to administer 'as required' medication was not always in place. People did not always have their prescribed medication available.

There was not always enough staff to provide the necessary support and care for people.

Safety checks were in place to make sure that only suitable staff were employed to work with people.

People were protected from harm because staff had an understanding of what might constitute harm and the procedures they should follow when they thought that people were at risk of harm.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Appropriate applications were made to the authorising agencies to ensure that people's rights were protected. Staff had a basic understand of the MCA. People's records did not prompt staff on how to support people to make their own choices.

People's health and nutritional needs were met. Some people were not always given a choice by staff on the drinks and snacks on offer.

Staff were trained to support people. Staff had regular supervisions and appraisals undertaken to make sure that they carried out effective support and care.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People received care and support from staff who were in the majority kind, caring and respectful.

Records showed that people were involved in the decisions about their care.

Staff treated people with dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported by staff to take part in activities within the home and in the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated.

There was a system in place to receive and manage people's suggestions or complaints.

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

**Requires Improvement** ●

The service was not always well led.

Detailed records to monitor people's risks, accident and incidents, and care and support needs were not always in place or completed accurately or consistently.

There were systems to monitor the on-going quality of the service provided at the home. Actions taken or required to improve any shortfalls in the home were not always formally documented or sustained.

Staff felt supported by the registered manager and they understood their responsibilities in relation to their roles in the home.

# Hardwick Dene

## 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 15 November 2016 and was unannounced. The inspection was carried out by two inspectors and an expert-by experience. An expert-by-experience is someone who has experience of caring for someone who has used this type of care service.

Prior to our inspection we looked at information that we held about the service including the provider's action plan following the last inspection, information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also asked for feedback about the service from representatives of the local authority's contracts monitoring team, Healthwatch and the Cambridgeshire and Peterborough Clinical Commissioning Group. This was to help with our inspection planning.

During the inspection we spoke with the registered manager; the deputy manager; a chef; a senior care assistant; an activities coordinator and two care assistants. We also spoke with two people living at the home, three relatives of people and a visiting community phlebotomist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at nine people's care records; three staff recruitment files; quality monitoring documents; medication administration records, and records in relation to the management of staff.

# Is the service safe?

## Our findings

During this inspection we found that staff were not consistent in the way they recorded the reasons why some medicines had not been administered. This was not in line with the provider's guidance on medicine administration recording. We saw that some medicines administration records (MARs) had an 'F' recorded. However, it had not been documented anywhere what 'F' stood for. This meant that there was an increased risk of miss interpretation of these records by other staff members.

People did not always have their prescribed medicines available. We noted that for one person their pain relief had been out of stock from 8 November 2016 to the day of our inspection. We informed the registered manager who told us that they would arrange for the medicine to be collected as soon as possible.

Protocols for medicines that could be taken 'when necessary' did not always provided guidance to staff about when the medicine should be administered. There was also a lack of information as to the point at which staff should inform other health professionals of any concerns relating to this. For example, one person was prescribed a medicine used to treat insomnia if they had 'trouble sleeping for two or three nights'. Records we looked at showed that the person had been administered the medicine for nine consecutive nights. There had been nothing on the protocol to say when staff, on monitoring the use of this medicine, should ring the GP. Staff said the GP had been informed and they were waiting for the response on what to do next. However, staff also confirmed to us that there had not been any record made of this conversation. This meant that we could not be completely assured that the correct response by staff had taken place.

We saw that there were protocols recorded for pain relief medicines. However, apart from one person's records, we noted that there was no information to show the methods staff could use to gauge if a person required pain relief if they were unable to verbalise their pain.

We undertook a random check of the reconciliation of medicine stocks and found that the numbers were correct. We saw that where a person's medicine dosage was varied, staff were not always recording the number of tablets / liquid amount administered. However, on speaking to staff they could not tell us how they audited medication to reconcile the number and amounts of medication available if the records were incomplete. This meant that there was an increased risk that people could receive less or more medicine than they needed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information provided by the assigned external pharmacy in relation to the administration of Alendronic Acid [time specific medicine] was not correct. No other medicines should be taken with or for at least half an hour after Alendronic Acid has been administered. The registered manager was informed and said they would address the issue with the pharmacy.

Medicines were stored and disposed of safely in line with the current regulations and guidance. Staff who administered people's medicines had received training and their competency was assessed by the management and records we looked at confirmed this.

People had risk assessments which had been reviewed and updated regularly. These records gave information and guidance to staff about any risks identified and the support people needed in respect of these. Risks included people at risk of falls, moving and handling risks, poor skin integrity, and poor nutrition and dehydration.

The registered manager told us that they assessed the number of staff required to provide care to people. We saw documented evidence of the method they used to determine safe staffing numbers. On the Buckden / Willow area of the home, we saw that there were sufficient staff on duty to meet people's care and support needs throughout the day. However, within the Goodwin area of the home, there was not always enough staff to meet people's needs.

People and their relatives we spoke with had mixed opinions on the staffing levels within the home and the time they/their family member had to wait for assistance from staff. One person told us that, "Staff keep an eye on you all the time." A relative said that they had seen staff shortages, "On and off," due to staff sickness. They went on to tell us that, "Staff seem to cope." Although, another person said, "They have been short staffed at times especially at night. I have a long wait but when they [staff] come...they always say sorry we took a while."

In the Goodwin area there was a senior care staff, one member of care staff and an activities co-ordinator present during our inspection. Staff told us that out of the ten people residing there, three people required the assistance of two staff for support with their moving and handling. Our observations showed that when there were no staff present in the communal areas, there was one person who kept trying to stand and walk without their frame. Staff told us that the person was at risk when walking without their frame, because they were unsteady on their feet and could fall. However, due to the needs of other people in the area staff were not always available to be present in the communal areas at all times to observe this person. One of the inspectors had to step in and engage in conversation with the person to get them to stay in their chair so they remained safe until staff were present. A staff member told us that they had ways of trying to make sure people were safe. They said, "If I am on my own I get everyone into [one area] the lounge." Our observations in the Buckden /Willow area showed that people's care and support needs were met in a timely manner by staff, and although they were busy, care call bells were responded to promptly. We spoke with the registered manager about our findings. They told us that they would review the levels of staff within Goodwin.

People and their relatives told us that they or their family member felt safe because of the care that was provided by staff. One person said, "I feel safe here that's one thing I can guarantee." Another person told us, "The staff make me feel safe. They look after me." A relative said, "I feel that [family member] is safe here because she has 24 hour care."

Staff told us that before they started working at the home they had to complete an application form, attend a face-to-face interview and were only allowed to start working once these checks had been completed. Records showed that pre-employment safety checks were carried out prior to potential new staff starting work at the home and providing care. Recruitment checks included references from previous employment and a criminal record check that had been undertaken with the Disclosure and Barring Service. Proof of current address, a health declaration and photographic identification had been obtained, and any gaps in employment history explained. This meant that checks were in place to make sure that staff were of a good character and that they were suitable to work with people living at the home.

Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor care practice. They were able to give us examples of the different types of harm and what action they would take in protecting people. This included the reporting such incidents to their registered manager and/or any external agencies. Training records we looked at confirmed that staff received training in respect of safeguarding adults which was in line with safeguarding policies. One person told us, "I have never seen anything nasty here. They [staff] don't do things like that, they use other tactics if someone is getting a bit rowdy [anxious]." One staff member said, "I have done safeguarding training. If I found a bruise I would report to the senior [staff on duty], write a report and give to [name of registered manager]. We have [phone] numbers of the owner [of the home] and information on where to find the local authority or CQC [to report outside of the home]." This showed us that there were processes in place to reduce the risk of harm to people living in the home.

Staff showed us their understanding of the whistle-blowing policy. They knew the lines of management to follow if they had any concerns to raise and were confident to do so and felt listened to. This showed us that staff understood their roles and responsibilities to protect the people who lived in the home.

We saw that there was an overall business contingency plan in case of an emergency. People had a personal emergency evacuation plan in place in the care records we looked at. This showed that there were arrangements in place to assist people to be evacuated safely in the event of an emergency such as a fire.

We looked at the records for checks on the home's utility systems and the buildings fire risk assessment. These showed us that the registered manager made checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

## Is the service effective?

### Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The applications for this in care homes 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.

During this inspection we spoke with the registered manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own choices and decisions. Applications had been made for people, who required this safeguard, to the local authority and were awaiting authorisation pending a decision.

Staff told us and records showed that staff had received training on the MCA. On speaking with staff we noted that they had a basic knowledge about the MCA and a basic understanding of this in relation to the care and support they provided. One staff member said, "Most people here have DoLS." This understanding reduced the risk that any decisions made on people's behalf by staff would not be in their best interest and as least restrictive as possible.

Care records did not always document where appropriate, guidance for staff around decisions to be made in people's best interest. We found that these documents also had no robust recorded evidence of prompts for staff on how best to support people to enable them to make their own decisions where possible. We spoke with the registered manager during this inspection and they assured us that they were planning to update people's care records and make the necessary improvement.

People said that staff respected their choices. People told us that they felt listened to by staff. One person said, "The food here is very good. Always plenty of choices if you don't fancy what is on the menu." Another person told us, "They [staff] always offer me something else if I don't fancy what their serving."

People said that they were happy with the food they received and that there was always plenty to eat. At lunchtime we saw that there were two choices of the main course and for dessert people had several choices. We saw that staff in the Buckden / Willow area of the home offered people the choice of condiments and gravy. However, we noted that the in the Goodwin area of the home where people had more complex dementia, their food was already plated up and had gravy on it before the meal was served to the person. We also noted in this dining room that one person whose care and support plans said that they did not want vegetables, was served a plated meal that had vegetables. This meant that the choice available

to people varied depending on where people lived within the home. The activities coordinator showed us new pictorial menu cards that were going to be made available to help people with limited communication make their own choices.

We found that drinks were offered throughout the day and during the lunch time meal. Our observations showed that staff supported people who required some assistance with their meals at the pace the person they were supporting preferred. For people who had limited concentration, we saw that staff only supported them to sit at the dining tables five minutes before the lunch was served. This meant that people did not have to wait too long before their meal was in front of them.

The chef confirmed that currently there was nobody who required a specific, or cultural, diet. People where required, were assisted by staff with their meal and drinks. We also saw that people were supported to eat in their rooms should they choose to do so. We saw that people were offered drinks and snacks throughout the inspection including fruit. However, in the Goodwin area of the home, we saw that staff gave people biscuits directly from the packet without washing their hands first. This meant that some people did not always get a choice and that staff did not always follow processes to reduce cross contamination.

Staff told us that they were supported by the registered manager and our observations confirmed this. Records we looked at showed us that staff had supervisions where they could discuss their performance and on-going development. Although, records we looked at showed that not all staff had an appraisal in 2016. The registered manager told us that the deadline to get all of these completed was January 2017. Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior staff member before being allowed to work alone. This was until they were deemed competent and confident by the registered manager to provide effective and safe support and care.

Staff told us about the training they had completed. They told us that training included; an induction programme; basic fire awareness; health and safety; moving and transferring; dementia awareness; first aid and safeguarding. Records showed that training was also carried out on food hygiene; infection control; MCA and DoLS and equality and diversity. However, the training record we looked at showed that there were some gaps in staff training. This showed us that staff, in the main, were supported to provide effective care and support with training.

People were supported by staff who ensured that they could see a range of healthcare professionals when it was required. These included GPs and community nurses. One person said, "They're [staff] always quick to get a doctor to see you. I recently went to [external health care appointment] and they arranged all of the transport...everything is arranged for me." Another person told us, "The doctor is always in and out of here [the home]." A visiting community phlebotomist said that, "As far as I can tell staff follow the guidance given. Staff always update me on medication being given. Communication is very good." This demonstrated to us that people were supported with their healthcare needs.

## Is the service caring?

### Our findings

People and their relatives were complimentary about the care they/ their family member received. One person said, "The girls [staff] here are very good, I can't fault them. I couldn't find anything to improve in here. I'm very happy." A relative told us, "I have no concerns for [family member] in here. She's cared for, she's clean and well looked after." Another relative said, "[Staff] always seem genuinely happy towards the residents." A third relative told us, "I have never seen anything but genuine caring staff."

We saw that people were clean and well-presented which maintained their dignity. People were wearing hearing aids and spectacles when needed to promote their independence and well-being. Staff were also quick to notice if a person was not wearing their aids. One staff member on noticing that a person was not wearing their hearing aid was heard to say, "Oh, [named person] you haven't got your hearing aids in, is it okay if I look in your bag [to find them]." We noted that the staff member only went into the person's bag with permission.

When staff helped people with their mobility and moving and handling support needs we saw that this was done with respect and care to the person they were assisting. Time was taken to make sure that the person was comfortable and clothing rearranged when necessary to maintain the person's dignity.

We saw that people were assisted by staff to be as independent as possible. Staff encouraged people to do as much for themselves, and prompt people when needed, in a respectful manner. One person said, "I need a little support [from staff] with my personal care." On the day of our inspection we saw people's relatives visiting the home and that they were made welcome by staff.

The majority of staff supported people in a kind and patient manner. They demonstrated to us that they knew the people they were assisting well. Some people living at the home were unable to verbally communicate their wishes. One relative told us, "I have never seen them [staff] respond in any other way than with kindness." However, we did note during our observations that a staff member did speak to a person in a brusque manner. We spoke to the registered manager about this during our inspection and they said that they would look into the incident.

Staff took time to support people when needed. We saw staff take time to reassure people who were becoming anxious, in an understanding manner to try to help them settle. We also noted that staff involved and included people in their conversations throughout our inspection when assisting them.

People told us that staff respected their privacy and dignity when they were supporting them. We saw that that people were dressed appropriately for the temperature within the home. Personal care was delivered to people behind closed doors to maintain their privacy. One person told us that staff, "Always knock before entering [their room]." A staff member said that they, "Closed and locked bathroom doors so that other people can't get in. I make sure all of their clothes are in the bathroom ready and I knock on their [bedroom] door [before entering]."

People and their relatives were not always aware of their/their family members care record. Records we looked at showed that relatives were invited to attend a meeting to review and agree their family member's plans of care and support. However, the relatives we spoke with during this inspection said that they had not been asked to attend a meeting to discuss this. We spoke with the registered manager about this during this inspection and they told us that they would look at ways in which relatives could feel more involved.

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. Advocacy services were available for people on request. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

At the previous inspection in January 2016 we found that the provider was not meeting one legal requirement and this area was rated as requires improvement. We found at this inspection that the registered manager had made some improvement as staff were able to demonstrate that they were protecting people from the risk of inappropriate care and support. However, they had not followed their CQC action plan in full.

Staff were able to tell us about the care and support they assisted people with. They knew about people's specific health issues and how they ensured those people with these conditions remained well. One staff member said, "[Named person has specific health condition]. We use sugar free drinks, plain biscuits and low sugar food. The district nurse comes to [monitor the person's health condition]."

Reviews were carried out to make sure that people's current support and care needs were documented and up-to-date. Records included limited information on people's social history and any interests they may have had. People's preferences were recorded, but these records were sometimes limited. These were used as prompts for staff on how the person wished their care to be provided. We saw that people's life story books which documented their history had not always been completed. Staff told us that these were given to relatives of the person to complete but often they did not do so. Staff were aware about the people they cared for and supported. For some people this information was limited as people were not always able to tell staff about their lives and interests.

There was a notice board which showed the activities planned for the week. We saw activities were taking place throughout the home during our visit. We found that people living on the Goodwin area of the home were encouraged to join in activities which took place in the main lounge of the home. People also had one to one activities with the activities coordinator if they preferred this.

During this inspection, we saw various activities taking place throughout the day, which were well attended. These included musical entertainments, memory sessions in the reminiscence room and arts and crafts sessions and a visiting puppy for people to engage with should they wish to do so.

The provider had set up a social media page and with people and/or their relative's consent; they updated the site with photographs of the activities people had been taking part in. One relative told us that they thought the activities coordinator was, "Very good." They went to tell us that staff had posted photographs on the [social media site] and that her and her family were very pleased with this. This was because there were family members who could not visit the home often and they could see how their relative was and what they were doing by visiting this social media site.

People and relatives we spoke with told us that that they knew how to raise a concern and any concerns raised had been dealt with to their satisfaction. They said that they would speak to the registered manager or deputy manager if they were concerned about anything and they felt that they would be listened to. One relative told us, "The [registered] manager and deputy [manager] are very approachable should I need to

discuss anything." We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns/ complaints and would inform the management so it could be resolved. Records of compliments showed that people and their relatives were complimentary about the care they or their family member had received. Records of complaints received showed that they had been investigated by the registered manager and the complainant responded to, to their satisfaction where possible. Any actions taken were also recorded by the manager to reduce the risk of reoccurrence.

## Is the service well-led?

### Our findings

We found that accurate and complete records in respect of people living in the home were not always maintained.

We found that risk assessments did not always provide enough information to prompt staff on what to do in the event of the risk occurring. In one person's care record we saw that the person was at risk of choking. The prompt for staff about this risk was, "Soft blended meals – thickened to prevent choking." The information of what staff were to do in the event of the person choking was not documented. This meant that there was an increased risk of unsafe or inappropriate care and support.

We found that documents for monitoring people's food and fluid intake were not always a detailed or complete record. We noted that different staff recorded the person's fluid and food intake using different inconsistent ways of measuring and documenting. This meant that for people deemed to be at risk of malnutrition or dehydration there was an increased risk to people's well-being. This was because these monitoring records were not a consistent record or detailed enough.

Two people needed to be assisted by staff to be repositioned. However, information about how often they should be repositioned was not recorded. Staff told us that both people should be repositioned every four hours. They went on to say that one person should only ever be turned onto their back or right side of their body. However, records documented that the person had been turned onto their left side of their body by staff the day before. This meant that there was an increased risk of people developing pressure areas.

One person was documented as not requiring spectacles but another part of the record stated that the person had been prescribed spectacles. This meant that there was an increased risk of inappropriate support being given by staff due to inaccurate, incomplete and inconsistent records.

Accident and incident forms had been completed by staff following an incident. However, we saw that the information documented was not always an accurate record of events. Records showed that one person had fallen and sustained an injury. There was no other information recorded about what staff had done apart from sit the person in a chair. In discussion with staff they told us that there had been no injury to the person. Staff said that they had not updated these records to record that no injury had been sustained by the person. Although the records had been audited this issue had not been identified.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in January 2016 we found that the provider was not meeting one legal requirement and this area was rated as requires improvement. We found at this inspection that the manager had made some improvement as they were able to demonstrate that they were monitoring the quality of the service provided at the home. However, they had not followed their CQC action plan in full.

At this inspection the registered manager said there was on-going quality monitoring process with actions taken on any improvements needed. Monitoring included; asking the questions; is the service provided safe, effective, caring, responsive and well-led? Other monitoring included, but was not limited to; audits of people's medicines; domestic house-keeping audits; kitchen audits; maintenance audits; and lunchtime and general observations around the home. Checks were also carried out on people's falls and the frequency / common themes of these to reduce the risk of reoccurrence. However, the some of the improvements required found during this inspection, had not been identified by these management checks. We also found improvements found during the providers monitoring of the service provided did not always have a robust action plan in place.

There was a registered manager in post during this inspection. They were supported by care staff and non-care staff. People, their relatives and staff spoke highly of the registered manager and management team. One staff member said, "I like the [registered manager] she's very organised. We have team a meeting every month and talk about things like not rushing [people's] care. It's the important things that can get missed." A relative confirmed to us the registered manager was, "Very approachable."

Staff told us that the culture in the home was 'open' and that the registered manager was supportive. One staff member said, "I love it [the job]." We saw that some staff had 'lead roles' within the home and had responsibility for different areas of care and support. This included champions of care to promote staff awareness on, diabetes; nutrition; dignity; falls prevention; and people's medicines. This meant that staff could speak to these members of staff for advice and guidance around these particular topics. Staff said and we observed that there were handover times for senior care staff on shift to tell the next senior about any issues or concerns that may have occurred. This meant that there were processes in place for staff to have up-to-date information about the home and people's health and well-being.

Staff meeting records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Meeting minutes demonstrated to us that staff were encouraged at the meeting to make any suggestions that they may have to improve the quality of the service at the home.

Records showed that the people living at the home maintained their links with the local community. People, where possible, were encouraged and supported to experience trips out. These trips included horse-riding and sailing. We also noted that people were taken out in the local countryside and relatives took family members out to local garden centres and shops. We also saw documented evidence that the home was supported by the local school who visited the home on occasion to put on musical events and singing.

Records showed that people could attend residents' meetings to discuss and update what was going on within the home. These meetings discussed the refurbishment of the home, the menu, the general environment of the home, management, the quality of care provided and activities. Minutes from these meetings showed that people's feedback was positive overall.

People and their relatives were given the opportunity to feedback on the quality of the service provided at the home. Feedback which had been received showed positive comments about the quality of the service provided. The provider took note of suggestions or improvements raised by this feedback. Improvements included, 'more choice at tea time' and the chef had introduced a choice of hot food to be served at tea times, several times a week.

The registered manager was aware of the incidents that occurred within the home that they were legally obliged to inform the CQC about. We saw evidence that they notified the CQC of all incidents that occurred

that they were legally obliged to inform us about in a timely manner.

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  People who use services and were not protected against the risks associated with the unsafe management of their prescribed medication. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to maintain accurate and complete records in respect of each person and the care and support they received. Regulation 17 (2) (c).