Evita Care Limited

Acorns Care Home

Inspection report

29-31 Welholme Road
Grimsby
South Humberside
DN32 0DR

Tel: 01472340129

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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 was undertaken on 20 April 2016, and was unannounced. This location was last inspected on 20 June 2013 when it was registered with a different registered provider. At that time we found the service was compliant with the regulations we looked at. A new registered provider took over this location from 7 April 2015.

Acorns Care Home is registered with the Care Quality Commission (CQC) to provide accommodation for up to 27 older people, some of whom may be living with dementia. Accommodation is provided over two floors; the home is set in private gardens. There is a car park for visitors to use. Staff are available twenty four hours a day to support people.

This service has a registered manager in place. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood they had to protect people from abuse and harm. Staff knew they must report concerns or potential abuse to the management team, local authority or to the CQC. This helped to protect people.

We observed there were enough staff on duty to support people. Staff understood people's needs and were aware of risks to their health and wellbeing. Staff received training in a variety of subjects to help maintain and develop their skills.

People's nutritional needs were assessed and monitored. Food provided was home-cooked. People's preferences and special dietary needs were catered for. Staff encouraged people to eat and drink, where necessary, and assisted people with patience and kindness. Advice was sought from health care professionals to ensure people's nutritional needs were met.

Visiting health care professionals confirmed the staff sought their advice, reported issues and followed their guidance to help maintain people's wellbeing.

The service was undergoing a programme of refurbishment and internal redecoration. People's bedrooms were personalised. Pictorial signage was in place which helped people to find their way around. Service contracts were in place to maintain equipment so it remained safe to use.

Staff respected people's individuality, privacy and dignity. People made decisions about what they wanted to do and how they wanted to spend their time. Staff supported people to make decisions for themselves, and where necessary, staff reworded questions or information which helped people to understand what was being said.

A complaints procedure was in place for people, relatives and visitors to use to raise any issues.

The registered manager undertook regular audits to help them to monitor, maintain or improve the service. However, we found there were shortfalls with the environment, light pull cords required cleaning to maintain infection control and there were minor issues with medicines. Auditing systems in place needed to be improved in some areas to ensure the issues we found during our inspection and any other shortfalls were addressed. These issues were rectified after our inspection.

Staff asked for people's views and they acted upon what they said. This helped to ensure people remained satisfied with the service they received.

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. We found some issues with safety of the environment, the cleanliness of light pull cords and with medicines.

Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the home. People were cared for by staff who knew about the risks present to each person's health and wellbeing.

Staff were informed about the action they must take in an emergency to help protect people's wellbeing.

Recruitment processes were robust.

Is the service effective?

Good

The service was effective. Staff effectively monitored people's health and wellbeing and gained help and advice from relevant health care professionals.

People's mental capacity was assessed, if people lacked capacity decisions were made in their best interests using the principles of the Mental Capacity Act.This helped to protect people's rights.

People nutritional needs were met.

There was enough skilled and experienced staff to meet people's needs. Training was provided to maintain and develop the staff's skills.

Is the service caring?

Good

The service was caring. Staff listened to people and acted upon what was said.

Staff were knowledgeable about people's needs and preferences. Staff assisted people with dignity and respect.

People held friendly banter with the staff. Staff attended to

people in a way which helped to promote their independence and choice.

Is the service responsive?

Good

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's preferences for activities were known by staff. Staff spent time with people to keep them engaged.

People were made aware of the complaints procedure and how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led. Audits undertaken had not identified issues we found during our inspection. There were shortfalls with the environment, light pull cords required cleaning to maintain infection control and there were minor issues with medicines. Auditing systems in place needed to be improved in some areas to ensure any shortfalls or improvements needed were addressed.

People living at the service, their relatives and staff were all asked for their views and these were listened to.

Staff we spoke with understood the management structure in the home and knew who to raise issues with.

Acorns Care Home

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 registered 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.

The inspection took place on 20 March 2016 and was unannounced.

The inspection team was made up of one adult social care inspector. We arranged for Healthwatch representatives to visit the service during our inspection; they followed up on recommendations they had previously made to the registered provider. [Healthwatch is the national consumer champion in health and care, who has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.]

We asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Therefore, we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgment. We also contacted the local authority commissioners to gain their views about this service.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served and observed a medicine round. We looked at a variety of records; these included three people's care records, risk assessments and Medication Administration Records, [MARs]. We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at staff rotas, staff training, supervision and appraisal records and discussed information with the registered manager about the recruitment process. We spoke with two relatives, five people who lived at the service, four staff, the registered manager and two visiting health care professionals. We were informed by people that they were satisfied with the service they received.

Some people who used the service were living with dementia; and could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported well by staff and provided us with evidence that the staff understood people's individual needs and preferences well.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living at the service. A person we spoke with said, "Yes, I am safe here. I have a buzzer and staff are quick to attend to help me." Another person said, "I do feel safe here. The staff are never rude or rough."

Relatives told us they felt their relations were safe. A relative said, "Yes, [name] is one hundred percent safe here. I trust the staff with her at all times. Another relative said, "They[staff] are okay, I feel safe leaving [name] here with the staff. I am very confident about leaving [name] here, so I get a rest too."

A health care professional we spoke with said they had never seen anything which had worried or concerned them whilst visiting the service.

We found the registered provider had effective procedures in place for protecting people from abuse. Staff could name the different types of abuse that may occur. Staff undertook training about safeguarding vulnerable adults and there was a whistleblowing policy in place. This informed staff about the action they must take to protect people from potential abuse and harm. A member of staff told us, "I would protect the clients and raise any issues."

We inspected people's care files. Risks to people's wellbeing, such as the risk of falls, choking, or receiving pressure damage due to immobility, were in place. They were updated as people's needs changed. Staff were knowledgeable about the equipment people needed to use to maintain their wellbeing.

The registered manager undertook regular audits; this included monitoring the accidents and incidents that occurred. They told us they looked for any patterns to these incidents which may help them prevent further re-occurrence. Help and advice was sought from health care professionals to prevent further issues from occurring.

Information was available for staff to refer to in the event of an emergency. Staff were aware of the support people needed to receive in the event of a fire. However, in the fire risk assessment there was no brief instructions present to give to the fire services to inform them of people's needs. We discussed this with the registered manager and this was put in place the day after our inspection. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. We observed staff undertaking fire training during our inspection. This helped the staff to prepare for this type of emergency.

Throughout the service, hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with personal protective equipment such as gloves and aprons; these were found in different communal areas throughout the service and in people's bedrooms which helped to maintain effective infection control practices. We discussed the safe storage of gloves with the registered manager; they told us they would consider having gloves stored more securely to prevent any choking risk to people who were living with dementia.

Systems were in place to monitor the safety of the premises. The registered manager undertook a general environment audit which included inspecting people's bedrooms, the furniture and fittings. We noted whilst being shown round the service that the light pull cords in the communal bathrooms were dirty. We discussed this with the registered manager; these were cleaned during the inspection. We saw in a person's bathroom denture cleaning tablets were present, we discussed the potential risks of this for people living with dementia. The registered manager asked the staff to speak with the person and with their relative to gain permission for this to be stored securely. The registered manager told us they would add these issues to their audits to enable them to prevent re-occurrence of these issues in the future.

We saw records of general maintenance that was undertaken, contractors' records were in place and service contracts were running to maintain the equipment at the service. Water temperatures and cleanliness of the water was monitored. Emergency contractors' phone numbers were provided. The registered manager and senior staff were 'on call' and could be contacted at any time for help and advice.

Communal areas of the service were free from obstacles or trip hazards. Corridors and bedrooms were accessible so people could use wheelchairs and staff had positioned furniture in people's bedrooms so they were able to utilise the space to use moving and handling equipment safely. During our inspection, we noticed the cupboards in the dining room were open and we looked inside them. We found hair products present and nail varnish remover. The registered manager was asked to store these products securely. The registered manager told us locks would be placed on these cupboards. We were informed this work had been undertaken following our inspection.

The registered manager monitored the staffing levels provided. They told us how they placed staff on duty that had the right skills to be able to deliver the service that people required. Staff we spoke with said there were enough staff provided to meet people's needs.

Prior to our inspection Healthwatch had undertaken an 'Enter and View' visit at this service on 13 May 2016. [Enter and View visits are conducted by a small team of trained volunteers, who are prepared as "Authorised Representatives" to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. On their inspection they had found some issues and had made some recommendations. We looked at these issues during this inspection along with the Healthwatch representatives who attended to follow up on the recommendations which had been made. The issues were that a table in the entrance hall had a wobbly leg and may not bear a person leaning on it. Also accessibility issues with the kitchen, staff not wearing name badges and the need for a specific room for treatment/hairdressing instead of using the dining area within the service. We found the table was still in place; the registered manager told us this was repaired but the leg still looked unstable. The registered manager told us this table would be removed. We found a keypad had been fitted to one of the kitchen doors to ensure people were not at risk of entering the kitchen via this route; however the second kitchen door which opened into a corridor near the main entrance was not secured. This was discussed with the registered manager and following our visit they informed us a lock was fitted on the inside of this kitchen door to prevent people from gaining access to this area. We saw the staff were not all wearing name badges, the registered manager told us they had reminded the staff to wear their badges; but needed to remind them again. The registered manager told us there were plans in the re-furbishment to make a lounge on the ground floor into a room for activities, treatment and hairdressing.

We inspected the medicine systems in operation in the service. We spoke with staff who were administering medicines; they described the ordering, storing, administration, recording and disposing of medicines. There was a monitored dosage system in place, the pharmacy pre packed people's medicine to assist the staff to dispense these safely. Photographs of people were present to help staff identify them. People's

allergies to medicines were recorded on their medication administration records [MARs]. This helped to inform staff and health care professionals of any potential hazards.

We observed part of a medicine round; the member of staff had undertaken training about how to carry this out safety. We observed they were generally competent at giving people their prescribed medicines. They took their time to check the medicines to be given and stayed with people until their medicine was taken. We noted that a person prescribed an inhaler did not have this shaken well before this was given. We discussed this with the registered manager who addressed this with the member of staff. We saw that there was a medicine pot in the medicine trolley door which contained tablets that had been refused by people and were no longer required. We discussed this with the member of staff and the registered manager. These medicines were secured and documented in the returns book for the pharmacist to collect.

We checked the balance of some medicines at the service and found these to be correct. There was a medication fridge in use for the cold storage of medicines. The temperature of the fridge and general medicine storage area was monitored to make sure medicines were stored within the correct temperature range to remain effective.

Good

Is the service effective?

Our findings

People we spoke with told us they got the help they needed and said they were looked after by the staff. A person said, "They; [the staff] look after me." Another said, "Staff do everything I ask them to."

Relatives we spoke with commented that the staff knew what they were doing and were able to meet the needs of their family member. A relative said, "The girls [staff] cannot do enough for us. The staff stay over, [their allocated work hours]; the manager is the same they go home when they have got to. We can call on them for anything, that is what counts."

We saw from the care records we looked at that staff communicated with relevant health care professionals about people's needs. Information about the treatment people received from general practitioners, dentists, opticians, chiropodists, speech and language therapists and dieticians was recorded in their care records. The health care professionals visited and advised the staff which helped to maintain people's wellbeing.

Staff undertook regular training in a variety of subjects which included; moving and handling, medication administration, safety and safeguarding of vulnerable adults, food hygiene, first aid, infection control, dementia and communication and the Mental Capacity Act 2005. Staff we spoke with told us training was on-going and had to be completed which helped to develop and maintain their skills. A member of staff said, "There is too much training, we have a lot in one go. This month we have fire and moving and handling." New staff underwent an induction period and undertook a training programme to develop their caring skills. We saw fire training occurred for some staff on the day of our inspection.

A programme of supervision and appraisal was in place to support staff and this helped to highlight further training or support they may require. Staff we spoke with said they found this helpful.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed relevant staff had completed MCA and DoLS training. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. They told us applications for DoLS had been made for 13 people who met the criteria and they were awaiting authorisation by the local authority.

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, the registered manager discussed issues with the local authority and arranged best interests

meetings; relatives and other relevant people were asked for their input about decisions. Relatives we spoke with confirmed their involvement in this process.

During discussions with staff; we found they had an understanding of MCA and were able to describe how they supported people to make their own decisions. We observed staff offering choices to people and supporting them to make decisions for themselves. Staff asked people what they wanted to eat and drink, what they wanted to do and where they wished to spend their time. The registered manager told us advocates were available locally for people who required this support to help protect their rights. A member of staff said, "We offer people choices. We let them do as much as they can or want themselves; unless they cannot make their own choices. We show them items of clothing and watch their body language. We look at the care plans. Each client is different, we speak with their relatives about preferred care, life, hobbies, likes and dislikes and life history; this is all recorded and it is about what they want."

People had their nutritional needs assessed on admission and throughout their stay. This information was available to staff and to the cook who was aware of people's dietary needs and preferences. People and their relatives were asked for their comments or suggestions about the food at residents and relatives meetings, and their views were taken into account. People could eat where they chose, fresh fruit was available, drinks were made at set periods throughout the day, as well as spontaneously. We observed lunch, which was a sociable occasion.

Some people needed prompting and encouragement to eat and drink; staff sat and encouraged them with patience and kindness. Adapted cutlery and cups were used to help promote people's independence with eating and drinking. Small and large portions of food were offered as well as second and third helpings. The cook asked people after lunch if they had enjoyed their meal. Special themed food events were provided at the service for people to enjoy. Relatives were invited to stay for meals which provided a 'family' mealtime experience.

Staff monitored people's dietary and fluid intake, where people were reluctant to eat or drink or if they were losing weight. We saw health care professionals were contacted for advice and guidance to ensure people's nutritional needs were met.

The care home was a converted Victorian House. Bedrooms were personalised and made homely. The building accommodated the needs of people with wheelchairs, walking aids and special equipment, such as hospital beds. There was an on-going re-furbishment programme taking place; some bedrooms upstairs had been re-plastered and decorated. There were plans in place to prepare the garden ready for summer and to buy garden furniture so people could enjoy the outside space. A ramp from the downstairs patio doors was being considered to aid people's access to the back garden. Pictorial signage was in place to help people find their way to the communal toilets and bathrooms.

People had their photograph on their bedroom door or their name. We did not see any memory boxes outside people's bedroom doors. Memory boxes are containers where items are placed, for example, personal photographs. These may help people living with dementia to find their room. During our tour of the service we did not see any items in the communal areas of the service which may have helped people reminisce.

Good

Is the service caring?

Our findings

People we spoke with said they were cared for. One person said, "It is a nice place, a nice crowd of people. Staff look after me well, they are polite and friendly. It is a very good place to stay." When we asked if staff respected their privacy, this person went on to say, "They [the staff] say 'can I come in, is it alright?' the staff are never rude or rough, never." Another person we spoke with said, "It is okay here staff are kind." A third person said, "Staff knock on my door if they want to come in, my privacy is definitely respected."

Relatives we spoke with told us the staff were caring. One said, "The staff are so close with people they really care. The staff make sure I am always made welcome. I feel part of the 'family' now. As long as my wife is comfortable and the staff look after her, and they do, I am okay." Another relative said, "The staff are very good, I cannot praise them enough."

Visiting health care professionals told us the staff were caring and the atmosphere within the service was 'homely'. One said, "They [the staff] are very courteous, it is homely and the staff know the residents very well." A second health care professional said, "There is friendly banter, they [the staff] know the service user's very well due to their care and compassion."

The registered manager told us they provided a service they hoped was 'homely' for people. We saw people looked relaxed and happy in the company of staff. Staff addressed people by their preferred name and they knocked on people's bedroom doors before entering.

The registered manager was knowledgeable about the care people needed and they observed the care provided to people in the communal areas of the service. They also visited the service outside of 'office hours' to see that people were receiving the care they required to meet their needs.

We observed staff delivering care and support to people in the communal areas. We saw staff understood people's needs, dislikes and preferences. Staff were skilled at encouraging people to do what they could for themselves which promoted people's independence and choice.

We saw the staff and registered manager constantly asked people if they were alright or if they needed anything. Staff listened to people's responses and acted upon what was said. For example, a person said they would like more lunch; this was provided and staff checked they enjoyed this. Staff were attentive and they took their time to gain eye contact when they were speaking with people by bending or kneeling down to their level. This encouraged effective communication.

Staff we spoke with told us they treated people as individuals and understood how important this was. They promoted people's independence and choice. They said they cared for the people living at the service. We saw friendly banter occurred between people, staff and regular visitors to the service. Staff we spoke with said they would not like to work anywhere else.

We observed visitors were encouraged at any time; they were invited for meals and were provided with

drinks along with their relative. Staff welcomed visitors to the service.

Information was provided to people and their relatives in the service user guide and noticeboards were used to keep people informed of events, activities and meetings.

Care records were stored securely. Confidential information contained on computer was password protected to help maintain confidentiality.

Good

Is the service responsive?

Our findings

People we spoke with told us the staff responded to their needs. One person said, "If I am not well staff get help and have had to a few times for me. The staff go through all the care records with me." Another person said, "I am in good health, they [the staff] would get the doctor or district nurse if needed, the staff do everything. I choose if I want to go out, they [the staff] would take me out. Staff are here and listen to you." We saw that staff were responsive to people's needs.

Relatives we spoke with told us the staff were responsive and acted to inform them of any change in their relations condition and gained appropriate medical assistance or advice. A relative said, "If my relation is not well; the staff pick up the phone and tell me, they keep me informed. I have nothing to complain about. I am invited to look at the paperwork; there's lots of paperwork regarding people's needs. My relation is looked after well." Another relative said, "The manager came to my home to assess [name] to see what her medical needs were, they were very professional. I felt they had enough information. I felt very relaxed but nervous as, we had not been apart before. I would raise issues or make a complaint, but I have not needed to."

Health care professionals told us staff informed them of changes in people's conditions and kept them informed of progress. This helped to maintain people's health and wellbeing.

Before people were admitted an assessment of their needs took place to make sure staff were able to meet them. We saw in people's care records that information was gained from each person, their relatives, local authority care plans and hospital discharge letters; this helped to inform the staff and the information was used as a base line to start to develop people's care plans and risk assessments. We were informed by people and their relatives that they were involved in this process. Risk assessments were completed for issues such as weight loss, falls and choking. As people's needs changed we saw the care records were reviewed and updated to ensure people received the care and support they required.

People were weighed on admission, if their weight was too low they were monitored and a referral was made to relevant health care professionals to gain advice and support. The cook showed us a folder which contained information about people's dietary needs. They told us about the special diets people needed to be provided with and said as people's dietary needs changed this information was updated to make sure the food provided was suitable.

Staff we spoke with said they monitored people's health on a daily basis. We observed a staff handover between shifts; information about people's health and wellbeing along with their emotional state, activities and nutritional state was discussed. Updated information from visiting health care professionals was passed on so staff were kept fully informed. The registered manager was informed of any changes in people's health.

We saw the staff were supplied with the equipment needed to prevent deterioration in people's conditions. For example, pressure relieving mattresses and cushions were in place for those people who had been

assessed as being at risk of developing skin damage due to being immobile or frail.

We observed staff prioritising care and support; for example, a person was not very well and staff acted immediately. They made the person as comfortable as possible and phoned for help and advice, a request was made for a health care professional to visit to respond to the person's changing needs.

There was an activity co-ordinator provided at the service. They were not present during our inspection; they scheduled a programme of activities. We saw photographs of events that had occurred at the service. The registered manager told us about a sponsored walk to Cleethorpes Pier undertaken by staff wearing Pyjamas and a 'Pink day' where people joined in with staff and wore pink. A local hairdresser attended the service on a regular basis.

People were able to go out in the local community escorted by staff or family. There was a public park across the road from the service for people to enjoy. This helped people to live the life they chose.

Residents and relatives meetings were held to gain people's views. A complaints procedure was in place and was available to people and their relatives. People we spoke with said they were happy and had no complaints to make. Staff told us they would deal with any issues but if someone wanted to make a complaint they would inform the registered manager. There were no complaints currently being investigated. A person we spoke with said, "I would definitely complain." Another said, "I would go to the manager with any issues. I had two minor niggles sorted and have had no major problems."

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us they were 'at home' and said their views were sought. A person we spoke with said, "It is quite good here." Relatives told us they were happy with the service provided, they said they were made welcome and were treated like 'family'. A relative said, "It's a perfect team, you won't get better anywhere."

Resident and relatives meetings were held so people and their relations could give feedback about the service provided to the registered manager. A relative said, "I am invited to meetings. All relatives are, I come if I can to give some input. My views are listened too." Relatives we spoke with said the registered provider was approachable and took their views on board. The registered manager had an 'open door' policy so that people, their relatives or visitors could speak with them at any time. The registered provider attended the service regularly to support the staff and review how the service was being delivered to people.

The registered provider had undertaken a review of the environment since acquiring the service. There was a business plan in place for the on-going maintenance, improvement and re-decoration of the service. Policies and procedures were in place; we were informed by the registered manager these were about to be reviewed. The registered manager was approachable and knew how the service was running. They attended the service 'out of hours' to observe how the service was delivered to people.

We observed the registered manager had a good rapport with the staff and interacted well with relatives and visitors. There was an open positive culture in place. The registered manager told us both she and the registered provider welcomed the chance to work positively with the local authority, Care Quality Commission and Healthwatch.

Staff understood the management structure in place which meant they knew who to raise concerns with. Staff we spoke with understood the values and aims of the service. In each person's bedroom there was a 'client care charter' which described the service people could expect to receive and helped to inform them. Staff meetings were held to gain their views. Staff we spoke with said the registered manager and registered provider was approachable and they could speak with them or raise issues at any time.

The registered manager had a quality assurance system in place. They monitored and analysed accidents and incidents that occurred looking for trends or patterns. They took corrective action to help prevent further accidents from occurring, sharing this information with the staff and gained advice from health care professionals to reduce the risks to people's safety. The audits undertaken covered the environment, staff training, recruitment and care records. During our inspection, we found shortfalls regarding access to the kitchen, safe storage of dental cleaning tablets, hair product, nail varnish remover and gloves, cleanliness of light pull cords, the administration and return of some medicines and the technique of staff giving medicine by inhaler. We also found a brief summary about people's needs in the event of a fire was needed to supplement people's personal evacuation plans to inform staff from the fire and rescue service about people's needs. The registered manager told us that the audits would be changed to incorporate the issues we had found. However, this demonstrated the quality assurance system had not been effective in these

areas. The registered manager did take action to address the issues which were in need of improvement and we were informed of the action taken after our inspection.

Recommendations made by Healthwatch after their 'Enter and View' visit were not all undertaken in a timely way. These recommendations were discussed with the registered manager during our joint inspection with Healthwatch.

The registered manager monitored and analysed accidents and incidents that occurred. They told us they looked for trends or patterns and took corrective action to help prevent further accidents from occurring. They shared this information with the staff and gained advice from health care professionals to reduce the risks to people's safety.

Staff and residents surveys were undertaken. The results of the staff survey were being collated. The survey for people who used the service was underway; a few had been returned and we saw the results of these were positive.