Roseberry Care Centres GB Limited

Chapel Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 7 September 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 14 January 2014 and was meeting the requirements of the regulations we checked at this time.

Chapel Lodge provides accommodation for up to 63 people who require nursing and/or personal care. Accommodation is provided over two floors, accessed by a lift. All bedrooms are single with en-suite toilets. There are lounges and dining areas on each floor of the home. The service has a garden and a car park. At the time of the inspection there were 60 people living at the service.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on annual leave at the time of this inspection. The provider's regional operations manager was present at this inspection.

There was a friendly atmosphere in the service and staff were very welcoming. Our observations during the inspection told us people's needs were being met in a timely manner by staff. We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

People told us they felt safe and were treated with dignity and respect. Relatives spoken with felt their family member was in a safe place.

The service did not have appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Some people had personalised their rooms and they reflected their personalities and interests. We saw the signage in the service to help people navigate around the building could be improved. People living with dementia may need such signs to aid them to move around a building.

People spoken with told us they were satisfied with the quality of care they had received and made positive comments about the staff. Relatives spoken with also made positive comments about the care their family members had received and about the staff working at the service.

We saw people's care plans had been personalised but were not yet person centred. We found some

people's care plans had not been updated to reflect changes in their needs and we also found examples of conflicting information.

There was evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses and speech and language practitioners.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food.

Staff told us that there was a good team working at the service and that they enjoyed caring for people living at the service. Staff were able to describe people's individual needs, likes and dislikes.

Although staff told us they felt supported by the registered manager and senior members of staff we found staff did not receive regular supervisions.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. There was a range of activities available which included: arts and crafts, baking, pamper mornings and gentle exercises.

The provider had a complaint's process in place. We found the service had a robust process in place to enable them to respond to people and/or their representative's concerns, investigate them and take action to address their concerns.

Regular residents and relatives meeting were held at the service. The service had completed a survey with people living at the service and relatives in 2015.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified. We found the systems in place to monitor and improve the quality of the service were ineffective in some areas.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were a breach of Regulation 9, Person Centred Care, Regulation 12, Safe Care and Treatment, Regulation 17, Good Governance and Regulation 18, Staffing.

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?

Requires Improvement

The service was not safe in some areas.

The service did not have appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

We found it difficult to identify the measures in place to manage risks because some people's care plans had not been updated when their needs had changed.

People did not express any concerns about their safety. Relatives told us they felt their family member was 'safe'.

Is the service effective?

Requires Improvement

The service was not effective in some areas.

Although staff told us they felt supported by the registered manager and senior members of staff we saw staff did not receive regular supervisions.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated.

Is the service caring?

Good

The service was caring.

People and relatives made positive comments about the staff and told us they were treated with dignity and respect. The staff were described as caring and approachable.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

Is the service responsive?

Requires Improvement

The service was not responsive in some areas.

We found that some people's care plans needed up dating so they reflected the person's current needs and the care being provided.

The service promoted people's wellbeing by providing daytime activities and trips outside the service had been organised for people to participate in.

Is the service well-led?

Requires Improvement

The service was not well-led in some areas.

There were regular checks completed by the registered manager and the provider within the service to assess and improve the quality of the service provided. However, our findings showed that some of these checks and the action taken had been ineffective.

The registered manager actively sought people and their representative's views, by sending out surveys and holding regular meetings at the service.

Chapel Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 September 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by a specialist advisor and an expert by experience. The specialist advisor was a registered nurse who had experience in caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 14 January 2014 and was meeting the requirements of the regulations we checked at that time.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with ten people living at the service, seven relatives, the regional manager, two unit managers, two nurses, two care workers, the cook, an activities organiser and two administrators. We looked round different areas of the service; the communal areas, the kitchen, bathroom, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: five people's care records, people's supplementary records, nine people's medication administration records, five staff files and quality assurance records, training records, safeguarding analysis and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People spoken with did not express any worries or concerns about their safety. Relatives spoken with felt their family member was in a safe place.

There was a process in place to respond to and record safeguarding vulnerable adults concerns. The service had access to a copy of the local authority safeguarding adult's protocols for staff to follow and to safeguard people from harm. The registered manager kept a log of any concerns that had been reported and used it to monitor any investigations.

We looked at the systems in place to manage people's personal allowances and saw the administrator was adhering to the providers personal allowance policy.

We looked at the care records of people who used the service. People had individual risk assessments in place. The purpose of a risk assessment is to put measures in place to reduce the risks to the person. For example, a person may need to be regularly repositioned in bed to reduce the risk of them developing a pressure sore. In some people's care plans we found it difficult to identify the measures in place to manage risks because their care plans had not been updated when their needs had changed. For example, the measures had been recorded in an evaluation or on a body map and not incorporated into their care plan.

We also found it difficult to see what care or treatment a person had received in the past for wound care as this information was not always present in their care records. This historical information assists staff in assessing the risks to the person and to ensure that appropriate measures are in place to reduce the risk. We spoke with a nurse regarding the location of one person's past wound care records. They told us the person's wound care assessments had probably been archived.

Nurses or the residential care supervisor administered medicines at the service. During the inspection we observed medicines being given to people. We observed three nurses explain what the medicines were for and obtain consent from the person. The nurses stayed with each person until they were sure they had taken their medicine. During the inspection we saw staff administering medicines were interrupted whilst they were administering medication by care staff asking for guidance or assistance. It is important the arrangements in place for staff to administer medication allows the staff member to concentrate on the task to minimise the risk of errors. We shared this information with the regional manager, who told us that staff administering medication would be issued with a "do not disturb" tabard to wear.

We looked at the systems in place for managing medicines in the service. This included the storage and handling of medicines as well as 9 people's Medication Administration Records (MAR). We reviewed the arrangements in place to store medication in the two medication rooms in the service. We found the temperature of the medication room on the ground floor had exceeded 25 degrees centigrade on six occasions in July 2016. The action taken on three occasions was to ventilate the room. We noticed there were gaps in the recording of the room temperature for four days in August 2016 and one in September 2016. We also found concerns regarding the recording of fridge temperature. There were gaps in the

recording on four days in August 2016 and two in September 2016. On one day in August a reading above the maximum temperature had been recorded but no action had been recorded.

We found concerns regarding some of the medicines being stored in the medication fridge. One bottle of eye drops was out of date, only two out of seven bottles of eye drops had an opening date recorded on them. It is important to record an opening date to enable staff to monitor when medicines are out of date and should no longer be administered.

We also found medication being stored inappropriately on the floor in the medication room on the first floor. Staff told us that this room was being used temporarily as a medication room and that there was not enough room in the trolley to store the medication people received at night. We shared this information with the regional operations manager.

We found that a few people did not have a "protocol" in place, for medicines prescribed as "when required". The protocol is to guide staff how to administer those medicines safely and consistently. For example, how the person communicated they were in pain which could be for example by facial expression. We shared this information with the unit manager and the regional operations manager who assured us they would be put in place.

We found concerns regarding the administration of prescribed external preparations, like creams and ointments. For example, we found two topical medication charts in one person's room which had not been completed by staff to confirm they had been administered. The two charts had been countersigned by a staff member. We also reviewed the person's medication administration records (MAR) for week commencing 29/08/16. They showed the person was prescribed two external preparations. The MAR chart for one preparation had not be completed by staff to confirm these preparations had been administered. The second preparation MAR chart contained a record on two dates that indicated that the administration was carried out by care staff. We found the provider had not ensured there were appropriate arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.

These findings evidenced a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives spoken with did not have concerns regarding the cleanliness of the service. and regular infection control checks were completed at the service. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal areas. The communal bathrooms and toilets were clean and tidy.

We reviewed staff recruitment records for four staff members. The records contained a range of information including the following: application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This told us that people were cared for by suitably qualified staff.

Staff spoken with did not express any concerns about the staffing levels at the service and that staff worked really well as a team.

Our observations during the inspection told us that people's needs were being met in a timely manner. Most people did not express any concerns about the staffing levels within the service. One person commented:

"sometimes I have to wait when I press my buzzer, once I had to wait 15 minutes, I looked at the clock" and "the worst thing is they are very short handed in a morning, I think they need more help". We reviewed the relatives meeting minutes completed in August 2016 and saw the topic of staffing levels had been discussed. A relative had commented "dinner and tea time isn't too bad but in a morning they're [staff] really struggling".

The registered manager reviewed the staffing levels within the service by using a dependency assessment tool. This is a tool used to calculate the number of staff they need with the right mix of skills to ensure people receive appropriate care. For example, the number of nurses and number of care assistants for each unit. However, we noted the last assessment had been completed in May 2016. It is important that regular assessments are completed as people's dependency levels change.

We spoke with the regional operations manager who told us that if there was an unexpected staff absence, the service would obtain agency staff if a member of staff was not available to cover.

A maintenance worker was employed by the service. We saw evidence that regular checks were undertaken of the premises and equipment by the maintenance worker, so that they were properly maintained to keep people safe. For example, call system checks and monthly temperature checks on hot and cold water outlets.

Requires Improvement

Is the service effective?

Our findings

People spoken with told us they were very satisfied with the quality of care they had received. Their comments included: "it's good, I have no complaints at all and I would tell you if I had", "I have a shower once a week", "I can get out onto my patio and they [staff] help me" and "I am happy as I could be, there's no place like home but I can't look after myself and I consider this my home now".

Relatives spoken with told us they were satisfied with the quality of care their family member had been provided with and were fully involved. Relatives comments included: "nursing staff and carers know what they are doing", "they [staff] are very attentive to detail" "my [family member] likes it here and they [staff] look after her" and "ninety nine percent of the staff are very good".

Another relative told us their family member liked living at the service and the staff looked after them well. They also told us they would recommend the service to others. One relative thought their family member was being looked after well but they didn't really know. Their family member had just started living at the home and there had been no discussions regarding their care plan with staff. We shared this feedback with the regional operations manager.

In people's records we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language practitioners. For example, a person had been referred to a speech and language practitioners when they had difficulty in swallowing.

The registered provider used a training software package to monitor the training completed by staff and when they were due refresher training. The training provided covered a range of areas including the following: safeguarding vulnerable adults, health and safety, fire safety, fire drills, moving and handling, infection control, mental capacity and dementia. The frequency of how often refresher training was completed by staff for each area was included in the matrix. The matrix indicated that the fire safety refresher training was overdue for 54 staff. We also noticed that six members of staff had not yet completed training in safeguarding vulnerable adults as part of their induction. It is important that all staff working at a service complete safeguarding training. Staff need to understand their role and associated responsibilities in relation to any of the provider's policies, procedures or guidance to prevent abuse.

During the inspection we observed staff supporting people to move using a hoist and saw this was completed safely. However, we observed one person being supported to transfer from a wheelchair to a chair using a "hands on technique" which is not an appropriate technique and not communicating well with the person. The unit manager also observed the transfer and assured us they would speak with both members of staff. During lunch we observed a person being supported to move in their wheelchair away from the table. The care worker had not checked whether the person was resting their feet on the footplates or on the floor to ensure they had clearance to move away. This resulted in the person banging their knee on the table. We shared this information with the regional operations manager so appropriate action could be taken.

The registered manager had a supervision schedule in place for staff. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. We reviewed the staff supervision schedule for 2016. We noticed that a few of the staff listed on the training matrix had not been included in the schedule. For example, one bank care assistant, one bank kitchen assistant, a care assistant who had started working at the service in April 2016 and a nurse who had started working at the service in February 2016. The schedule also showed that 15 of the staff listed had not received a supervision session since the beginning of 2016. The provider quality monitoring report completed in July 2016 had found supervisions were not compliant year to date. They had also noted in the report that the supervision audit completed in April 2016 had also identified that the service had not been completing supervisions as per the provider's policy.

These findings evidenced a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the cook. They described how they planned people's meals and described people's individual likes and dislikes. They showed us a file which held a record of each person dietary requirements, their personal likes and dislikes. They were aware of the people who needed a specialised diet and/or soft diet. They showed us a board in the kitchen which gave details of each person's dietary needs. For example, bread no crusts, diabetic, low salt and soft diet. There was a list of people's birthday and the cook told us they baked a cake for people on their birthday. They baked diabetic cakes and biscuits for people who required a diabetic diet.

We saw there was a variety of food available for breakfast. For example, toast, cereals or a cooked meal. We observed one of activities organisers in a dining room chatting with people and encouraging them to drink and eat their breakfast. People could choose to eat their meals in the dining room or in their room. People told us they were satisfied with the quality of the food and people were able to describe the different choices they were provided with. Peoples comments included: "the food is lovely, lots of choices and plenty to eat, I eat like a horse" and "it's good, I tell them [staff] what I like". During the inspection we saw that drinks and snacks were being provided during different times of the day.

At lunch time we carried out an observation in two of the dining areas. The dining areas were inviting, the tables were covered with tablecloths and condiments were available. There was a written menu on the tables. The mealtimes were unhurried, there was a calm and relaxed environment and support was provided to people who needed support to eat. However, we noticed in one dining room there was little encouragement given to people to eat other than those who required support to eat. For example, one person sat with food in front of them for twenty minutes not eating. In another dining room we noticed that people had not been offered a cold drink to go with their meal. We saw jugs of drinks were available in the room. Staff referred to a list for people who required a specialised diet and/or soft diet during mealtimes. This told us that people's dietary needs were being met. We shared this feedback with the regional operations manager.

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.

Staff received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that some staff would benefit from further training to develop a greater understanding of the act.

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).

The provider had policies and procedures in relation to the MCA and DoLS. The service was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person. The service had a monitoring system in place to monitor DoLS applications, approvals and reviews.

We saw examples where the best interest decision making process under the MCA had been followed in regards to administering medication covertly. Before a medication is administered covertly there must be a best interests decision which includes the relevant health professionals and the person's family members. However, we found one example where this process had not been followed and a best interest decision had not been completed. The unit manager told us the person had fluctuating capacity and would refuse medication. We also noted on one person's records that staff had not signed and dated the mental capacity assessment or the best interest decision. We shared this information with the regional operations manager so appropriate action could be taken.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Good

Is the service caring?

Our findings

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "staff are wonderful, really kind and caring", "the girls [staff] are so friendly", "the activities organiser comes in to have a chat with me" and "they [staff] are kind and caring".

We saw staff knocking on people's doors before entering. We observed a staff member ensuring one person's door was shut whilst they were changing their clothes. They provided reassurance as the person preferred to have their door open at all times. They reopened the door for the person when they were ready.

Relatives spoken with also made positive comments about the staff. Most relatives spoken with confirmed they were fully involved in their family members care planning.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and cheerful and interacted positively with people they were providing care to. In the morning of the inspection we saw staff were really busy with tasks but in the afternoon we saw staff spending time in the lounge areas whilst writing up notes and speaking with people. We saw people enjoyed chatting with the staff.

Staff spoken with were able to describe people's individual needs, likes and dislikes and the name people preferred to be called by. It was clear from our discussions with staff that they enjoyed talking with people living at the service and some care workers told us they wished they had more time to do this.

We spoke with the activities organiser who told us they and the other activities organiser visited people in their rooms who were unable to join in the activities in the communal areas. They described how they bought flowers regularly for one person who did not receive any visitors and spent most of their time in their room. The person really liked looking at the flowers.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. We spoke with a unit manager who told us some of the care and nursing staff had received end of life training from the Macmillan organisation in 2015.

Requires Improvement

Is the service responsive?

Our findings

We saw people's care plans had been personalised but were not yet person centred. We found some people's care plans had not been updated to reflect changes in their needs and we also found examples of conflicting information. For example, one person's eating and drinking care plan record had not been updated to reflect the speech and language therapist teams assessment. In another person's Percutaneous Endoscopic Gastronomy (PEG) their regime had changed, this information was included in the evaluation but not in their care plan.

In one person's care plan their end of life care plan completed in March 2016 stated they did not have a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) and should be resuscitated. However, a DNACPR discussed with a relative as their family member was unable to communicate was in place in February 2016. We spoke with the unit manager who identified another care plan which stated the person should not be resuscitated so removed the incorrect documentation. We also reviewed the person's eating and drinking care plan written in March 2016 which stated the person has a Percutaneous Endoscopic Gastronomy (PEG) and is "mainly nil by mouth". In the person's planned care it stated "nil by mouth". We spoke with the unit manager who told us they were sure the person was "nil by mouth".

We reviewed one person who was receiving care for a pressure ulcer. The person's wound care plan was completed when they were admitted to the service at the end of September 2015. This plan had not been updated to reflect changes. An evaluation of the plan had been carried out in December 2015 but no further evaluations were recorded. The last entry on the person's ongoing wound assessment was on 20 August 2016. The wound was resolving, the grading had reduced and did not require a dressing at present. We saw the person's wound had not been assessed since this date. Although care staff were checking the person's body whilst providing personal care it is important that regular assessments are carried out by a nurse when an ongoing wound is present. When we visited the person in their room we noticed the person's pressure relieving mattress setting was wrong and we informed the unit manager. We shared this information with the regional operations manager.

People's daily supplementary notes were kept in their room. There notes included a section for staff to record they had checked the person's pressure relieving mattress and to record the times the person had been repositioned. However, we found there was no information available for staff to refer to regarding the correct setting or the timeframe for repositioning on the supplementary records we viewed. In the staff room located on the first floor, there were two large boards with a list of people requiring nursing care and people receiving residential support. Each person's room number, dietary requirements, moving and handling requirements and type of incontinence pad were listed. Only one person's repositioning time frame was listed on the board. In people's care plans we found it difficult to ascertain the current measures in place to minimise the risk of people developing pressure sores as these details were not always recorded in the person's care plan. For example, in one person's care records it stated two hourly repositioning on a body map completed in July 2016 or within an evaluation of a care plan as four hourly in August 2016.

This showed there was a risk that people would not receive appropriate care and treatment to meet their

needs. These findings evidenced a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw some people had access to a call bell to call for assistance. For example, a call bell lead had been placed on their bed to call for assistance. We saw examples where people were unable to use a call bell to call for assistance from staff, arrangements were in place for staff to complete regular wellbeing checks. These checks were documented in the person's supplementary charts. In care plans viewed we found it difficult to establish whether a person was able to use a call bell or not. One person we visited in their room did not have a call bell lead in place. When we spoke with the person they used their remote control to turn their television off to speak with us. When we ask them about using a call bell they did not know what it was. It is important that people where able have access to a call bell and supported to use one to call for assistance. We shared this information with the regional operations manager.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. The service employed two activities organisers. One activities organiser was working on the day of this inspection. They told us there was a range of activities provided at the service which included: arts and crafts, baking, pamper mornings and gentle exercises. During the inspection we saw the activities organiser engaging with people with music in the lounge using percussion instruments. They went on to encourage people to sing along with them to songs. We saw the people who had chosen to participate had really enjoyed it.

Entertainers regularly visited the service and there was an opportunity for people to sing, play instruments and dance. The entertainers had included: concerts with Kevin and lost chord concerts. The activities organiser told us some people's relatives also attended the concerts held at the service. They also described how they regularly visited people who stayed in their rooms. People spoken with in their rooms made very positive comments about the activities organisers and told us they really enjoyed the visits. The service was planning to hold another Christmas fayre in December 2016. There was also regular church services held at the service by the local vicar.

The complaints process was on display at the service. The registered manager kept a complaints log and complaints were monitored via the registered provider's regular visits to the service. One relative told us they had made minor complaints in the past for example, incontinence pads going missing and this was easily resolved. Another relative spoken with told us they would speak with the nurse in charge or the manager if they had a concern or complaint.

Requires Improvement

Is the service well-led?

Our findings

People and relatives knew they could ask to speak with the manager if they had any concerns. Staff spoken with made positive comments about the registered manager and the staff team working at the service.

We reviewed the minutes of two staff meetings that had been held at the service. A nurses meeting had been held in October 2015. A range of areas were discussed at the meeting which included, staffing, staff sickness, medicines audit, biodose presentation, accident and incident monitoring and recording, wound dressing and short term care plans, daily care records, staff supervisions, documentation, pressure area care, infection control and team work. We noticed the medication audit concerns discussed included: topical charts, medicines fridge temperatures and clinical temperature checks and recording the date of opened medicines. Our findings during the inspection showed that insufficient action had been taken to address these concerns.

A care staff meeting had been held in April 2016. There were a range of areas discussed including manual handling, night shift support and care plan reviews. We noted in the minutes that the updating of care plans and the information board was included in the discussion; "nurses need to make sure that the care plans are getting updated and we're reviewing them every month. If any changes are made in the care plan, can the change also be made on the board, because carers rely on the boards". Our findings during the inspection showed that insufficient action had been taken to ensure care plans were updated and we saw information boards did not contain some people's repositioning timeframe.

The provider's regional operations manager completed checks at the service. We reviewed the audit completed in July 2016. The audit covered a range of areas including the following: care files, human resources, internal quality monitoring, medications and clinical governance. The audit included an action plan for the registered manager to complete to make further improvements.

There were planned and regular checks completed by the senior staff within the service to check the quality of the service provided. The checks completed at the service included: medication audits, infection control and care plan audits. These checks were used to identify action to continuously improve the service. However, our findings during the inspection showed some of the audits were ineffective in practice.

Our findings during the inspection showed the processes used to monitor staff training and to ensure staff received regular supervisions and an appraisal needed to be more robust.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular resident and relative's meetings were held at the service. We reviewed the minutes of the relatives meetings held in August 2016. A range of topics had been discussed which included: parking, hosts, people's daily notes, named nurses, communication, laundry, staffing levels and activities.

We reviewed the minutes of the residents meeting completed in May 2016, 23 people attended. A range of topics were discussed which included: making a complaint, environment, activities, a survey and involvement in a newsletter. Twenty five people attended the July 2016 meeting. The topics discussed at this meeting included, food, activities, housekeeping and privacy and dignity. We saw in the minutes that each person's view had been sought and noted. This showed the service actively sought the views of people living at the service and their relatives so their experience could be used to improve the quality of the service provided.

The provider had completed a survey with staff, relatives and residents in 2015, the results and the action being taken were displayed in the reception area of the home. The resident's survey covered a range of areas including their views on the care staff in relation to their attitude, knowledge and training, staffing levels, the catering service, housekeeping, laundry service and activities. It also included comments received from people under each area.

The relatives survey covered a range of topics including: quality of care, staffing levels, staff training, dignity and respect, availability of equipment, complaints and whether the home manager listened to them. The action being taken included providing dignity and respect training for all staff as five people had answered 'average' to care staff attitude and that the topic would be raised in staff meetings and supervisions.

We saw evidence to show the registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not protected against the risks of receiving care or treatment that is inappropriate and did not meet their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The provider had not made sure there was robust systems in place to assess the risks to the health and safety of people of receiving care or treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that were effective processes in place to assess, monitor and improve the quality and safety of the services provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff received appropriate support, training, supervision and appraisal as is necessary to

Treatment of disease, disorder or injury

enable them to carry out the duties they are employed to perform.