

# Haydon Park Lodge Limited

# Haydon Park Lodge

## Inspection report

7 Haydon Park Road  
Wimbledon  
SW19 8JQ  
Tel: 020 8540 0172  
Website: haydonparklodge@live.co.uk

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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?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 21 July 2015 and was unannounced. At the last inspection on 13 February 2014 we found the service was meeting the regulations we checked.

Haydon Park Lodge is a small family run care home which provides personal care, support and accommodation for a maximum of thirteen adults. People using the service have learning disabilities and/or sensory impairment. There were twelve people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During this inspection we found the provider in breach of their legal requirement to ensure that people's medicines were managed properly and safely. We identified concerns with how some prescribed medicines had been administered and the way information was recorded. There was no guidance for staff on people's records as to

# Summary of findings

how, when and why some medicines should be administered. We also found medicines were not properly disposed of and a controlled drug was not stored safely.

We also found them in breach of their legal requirement to ensure appropriate checks had been undertaken for new members of staff at the service to ensure they were suitable and fit to work at the home.

And, we found them in breach of their legal requirement to operate an effective system to assess and monitor the quality and safety of the service and maintain up to date, accurate records relating to people, staff and to the management of the service.

Despite the issues we identified, people and their relatives told us people were safe at Haydon Park Lodge. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how, when and to whom they must report their concerns to if they suspected someone was at risk of abuse or harm.

Staff knew how to minimise identified risks in order to keep people safe from injury or harm in the home and community. The provider ensured maintenance and service checks were carried out at the home to ensure the environment and equipment were safe. Staff kept the home free of obstacles so that people could move freely and safely around.

There were enough staff to care for and support people. Staffing levels had been planned to ensure there were enough staff to meet the needs of people using the service. Staff received relevant training to help them in their roles and they felt well supported by the provider and registered manager.

People and relatives' feedback about the service praised the care and kindness shown by staff. Staff had a good understanding and awareness of people's specific needs and how these should be met. They knew people well and were able to anticipate what people wanted or needed. The way staff supported people during the inspection was kind, thoughtful and caring.

Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. They treated people with respect and

ensured communication with people was done in a way that people could understand. Staff supported people to retain as much control and independence as possible when carrying out activities and tasks.

People were supported to keep healthy and well. Staff ensured people were able to access other healthcare services when this was needed. They worked proactively with healthcare professionals to ensure people got the care and support they needed. They also encouraged people to drink and eat sufficient amounts to reduce the risks to them of malnutrition and dehydration.

People had been involved in making decisions about their care and support needs. Support plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. These gave guidance and instructions to staff on how people's needs should be met. However we found people's support plans had not been reviewed and updated regularly.

Staff demonstrated a good understanding and awareness of how to ensure people were able to consent to the care and support they received and what to do if they felt people may lack capacity to make decisions. The registered manager had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People and relatives told us the home was always open and welcoming. People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. Relatives said they would feel comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints however the procedure for dealing with these was out of date and contained inaccurate information for people.

People, their relatives and staff spoke positively about the management of the home. People said they were approachable and supportive. The provider and registered manager sought the views of people, relatives,

## Summary of findings

and other healthcare professionals about how the care and support people received could be improved. The registered manager worked proactively with healthcare professionals to continuously improve the service's knowledge, learning and understanding of how to care for and support people.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. We identified concerns around the administration, recording, disposal and storage of medicines at the home. We also found little evidence that the suitability and fitness of new staff that worked at the home had been checked by the provider.

However, there enough staff at the home to support people and they knew how to recognise signs that people may be at risk of abuse or harm and the action to take to ensure they were protected.

There were plans in place to minimise known risks to people to keep them safe from injury and harm. Staff kept the home free from clutter so that it was safe to move around. Checks of the environment and equipment were carried out to ensure these did not pose a risk to people.

**Requires improvement**



### Is the service effective?

The service was effective. Staff received regular training and support to ensure they could meet people's needs. The registered manager knew what their responsibilities were in relation to the MCA 2005 and DoLS.

Staff involved people, their relatives and other relevant professionals to make decisions about their care and support. When specific complex decisions had to be made these were taken in people's best interests where people lacked the capacity to make these decisions for themselves.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

**Good**



### Is the service caring?

The service was caring. People and their relatives said staff were kind and caring. Staff demonstrated a good understanding and awareness of how people's needs should be met and they did this in a way that was warm and friendly.

Staff ensured people's rights to privacy and dignity were respected and maintained. They supported people to do as much as they could for themselves to ensure they retained as much independence as they could.

The home was warm and welcoming to visitors. Relatives told us the home placed no restrictions on when they could visit their family members.

**Good**



# Summary of findings

## Is the service responsive?

Some aspects of the service were not responsive. Support plans were in place which set out how people's needs should be met by staff. They were person centred and reflected people's individual choices and preferences. However they were not reviewed regularly to ensure they were up to date and accurate.

People and their relatives told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately. However their procedure for dealing with these was out of date and gave incorrect information.

People were encouraged to maintain relationships with the people that were important to them and were supported to live an active life in the home and community.

**Requires improvement**



## Is the service well-led?

Some aspects of the service were not well led. There was no effective system in place to monitor the safety and quality of key aspects of the service. Records maintained by the service had not been properly maintained so that they were out of date or inaccurate.

However people, their relatives and staff spoke highly of the provider and registered manager and told us they were approachable and supportive. People's views about the quality of care and support people experienced, were sought.

The registered manager worked proactively with other healthcare professionals to continuously improve the service's knowledge, learning and understanding of how to care for and support people.

**Requires improvement**



# Haydon Park 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 21 July 2015 and was unannounced. The inspection team comprised of two inspectors. Before the inspection we reviewed information

about the service such as notifications they are required to submit to the Commission. We also contacted the local authority and asked them for their views and experiences of the service.

During the inspection we spoke with seven people who lived at the home. We also spoke with the provider, the registered manager and three care and support workers. We observed care and support in communal areas. We looked at records which included four people's care records, staff files and other records relating to the management of the service.

After the inspection we spoke with five relatives and asked them for their views and experiences of the service.

# Is the service safe?

## Our findings

People and their relatives said people were safe. One person said, "I like it here, nobody bullies or harasses me and I feel safe." A relative told us, "I feel [family member] is very safe." And another relative said, "Absolutely yes, people are safe here."

Despite the positive comments we received, we found some aspects of the service were not safe. Medicines were not managed in the home in a safe way. During our checks of people's medicines we identified a number of concerns about the way medicines had been administered. For example we found staff had administered a medicine to one individual once a day, over a period of seven days, which had expired in March 2015. The service had not attempted to obtain a new and current prescription for this medicine during this time which meant this person had received a medicine which was not fit for use. Through further checks we established this medicine had been taken from a stock of prescribed medicines, stored in a clear plastic box, that were no longer in use. Their use had been discontinued for a variety of reasons. Staff had not taken appropriate steps to dispose of these medicines and in a reasonable period of time. Some of these medicines were out of date and not safe for use. For example we found one medicine had expired in January 2014.

In another instance we found a label on a boxed medicine had been altered in pen but it was not clear by whom. It appeared the quantity in the box had been increased and the dose reduced but there was no evidence of a new prescription having been received from the dispensing pharmacist. There were no records or notes documented about why this had been done which meant we could not be assured the person had received their actual prescribed dose.

The service was not following legal requirements to store and record the administration of a controlled drug. Separate records of this medicine had not been maintained and the registered manager had not ensured this had been administered and countersigned by two members of staff as the current Misuse of Drugs Regulations 2001 legislation required. We were concerned that the stock of this medicine had been split in two and stored in two separate places in the home and staff were administering from both stocks. This meant this medicine was not adequately managed to ensure it was being properly administered.

Records maintained by staff were inaccurate and not always completed appropriately. The service had put in place their own medicines administration record (MAR) for people rather than use one that was issued by the pharmacy. We found one MAR where the dose of one medicine had been incorrectly recorded. Staff had not picked up and queried why they were administering a higher dose, which was correct, than the one stated on the MAR.

We saw people's medicines records did not contain detailed protocols for staff for when, why and how medicines prescribed to people 'as required' (PRN) should be administered. These are medicines which are only needed in specific situations such as when a person may be experiencing pain. This meant staff did not always have the information they needed to ensure people received these medicines appropriately.

Medicines were not stored safely. We observed the keys to the lockable medicines cupboard were left in the door unattended. We noted when they were not in use they were kept in a drawer with no lock which meant these were easily accessible to unauthorised individuals. These failures amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider could not evidence that new members of staff had been appropriately checked and vetted to ensure they were suitable and fit to work at the service. We were told by the registered manager two new members of staff had been appointed within the last six months. When we asked to see records in relation to the checks the provider was required by law to carry out, they told us they could not locate these records and were not aware where these may be. We did see evidence the registered manager had carried out criminal records checks on both individuals. However there was no evidence of any other checks being carried out such as proof of staff's identity, employment and/or character references, evidence of relevant qualifications and training, checks of staff's previous employment history, including explanations for any gaps in employment, and satisfactory information about any physical or mental health conditions to ensure staff were fit to work at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

We found the provider had made arrangements for checks of the environment and the equipment in the home to be undertaken to ensure these did not pose unnecessary risks to people. Records showed checks and servicing had been undertaken of fire equipment and systems, alarms, emergency lighting, portable appliances and gas and heating systems. Equipment in the home such as the hoist had been serviced and maintained. Although the environment was kept free of obstacles which enabled people to move around the home safely, we identified some parts of the environment could pose a risk to people. For example, staff had left doors to the basement and to the laundry room open and therefore they were easily accessible to people. A broken door handle on a cupboard posed a safety risk due to a protruding sharp screw. And, some of the light bulbs around the home were not working and needed to be replaced. This could have put some people at risk due to poor visibility in those areas. We raised these issues with the provider and registered manager and by the end of the inspection these issues had been appropriately dealt with.

Risks to people's health, safety and welfare had been assessed and there were plans in place to minimise these. People's records showed there was information for staff on how to minimise identified risks to keep people safe from harm or injury. This included guidance on how to keep

people safe in the event of an emergency such as a fire in the home. We found these plans had not been updated since October 2013 however staff demonstrated a good understanding of the specific current risks each person faced and how they could protect people from the risk of injury and harm.

Staff knew how to protect people from the risk of abuse, neglect or harm. They had received training in how to safeguard adults at risk. Staff told us the actions they would take to ensure people were protected. Staff said they would report their concerns to the registered manager or to another appropriate authority such as the Police. The registered manager told us they expected all staff to inform them of any issues or concerns about people and they would report these to the local authority safeguarding team.

There were enough staff to support people. The staffing rota for the service took account of the level of care and support people required in the home and community, each day. When people took part in activities or attended appointments outside of the home there were enough staff on duty to ensure people were supported to do this safely. We observed during the inspection, throughout the day staff were visibly present and supporting people promptly when needed.



# Is the service effective?

## Our findings

Staff received training and support to enable them to meet people's needs. Records showed staff had attended training in topics and areas appropriate to their work. Staff confirmed with us that they received regular training which was relevant to their roles. Annual appraisals of their work performance had been undertaken with them by the registered manager in October 2014. We saw no documented evidence of one to one meetings with staff to indicate they received regular supervision from the registered manager around their competence. However staff told us they had regular one to one meetings with the registered manager and felt well supported by them. The registered manager said they met with staff regularly on an individual basis to provide them with support in their roles. They told us they had carried out supervision sessions recently with all staff on how to care for and support an individual who now needed to be fed by a percutaneous endoscopic gastrostomy PEG tube. This is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. It is used when people are unable to swallow or eat enough and need long term artificial feeding. The registered manager confirmed that these individual meetings with staff were not documented and acknowledged that these records should be maintained.

People's consent to the care and support they received was sought by staff. Records showed people's level of understanding and ability to consent was considered and used to plan the level of care and support they needed. Staff had a good understanding and awareness of people's capacity to consent and to make decisions about their care and support and would respect any decisions by people to refuse this, if they wished. Staff were able to give practical examples of what they would do if support was refused and knew to escalate any issues they had to external agencies such as the local authority if refusal of support became an on-going issue that might adversely affect a person's wellbeing.

When more complex decisions needed to be made about specific aspects of people's care and support, staff attended best interests meetings held with relatives and other healthcare professionals involved in people's lives to ensure appropriate decisions were made. The registered manager was aware of their responsibilities in relation to

the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had received training in this. These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there was no other way to look after them.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us they were happy with the food and drink on offer at the home. Staff knew people's likes and dislikes for food and drink and they encouraged choice. We observed during meal time's staff supported people to communicate what they wished to eat and drink. Where people had specific preferences this was respected and staff were able to meet this. For example, one person ate a meal in the evening that suited their cultural preferences. Some people had specialist diets and their needs had been catered for. People could eat at times that suited them.

Most people needed minimal assistance to eat their meals but staff were on hand if help was needed. Meals were freshly prepared, appeared well balanced and nutritious and were served at an appropriate temperature. People appeared relaxed and unhurried so that they were able to take their time to eat. Records showed staff monitored people's food and fluid intake to ensure they were eating and drinking enough. People's weights were monitored on a regular basis to ensure they were maintaining a healthy weight.

People were supported by staff to maintain their physical and mental health. One relative told us, "When [family member] was poorly he was well supported to get back to good health." Another relative said, "[The registered manager] spends hours and hours with people when they are not well. He is so dedicated to them." We were told by another relative when one person recently went into hospital with a serious illness for a period of time, the registered manager ensured a member of staff was with them at hospital at all times to provide them with support. Staff recorded the care and support people received and any issues or concerns they had about their health and wellbeing. Where there were concerns about this, they took prompt action to seek appropriate support from the relevant healthcare professionals. For example we were able to see through records how staff had documented

## Is the service effective?

their concerns about one person who was having difficulty eating and drinking and appeared to be in pain. This was reported to the registered manager, the person was put on close monitoring and the GP was contacted immediately.

People's records contained information about how, why and when they should be supported to access healthcare

services such as the GP or Dentist. Information and outcomes from people's healthcare and medical appointments were noted in their records. People also had a hospital passport. This contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

# Is the service caring?

## Our findings

None of the people using the service or their relatives raised any concerns about the care provided at the home or the attitude of staff who worked there. People told us they were happy living at Haydon Park Lodge and liked the staff that supported them. Relatives gave us positive feedback about the service. Comments we received included, “They make sure people are well cared for. [Family member] loves it there. The staff couldn’t be more caring.”; “We’re glad [family member] was sent there. It’s a home from home.”; “Put it this way, I would move in there!” And, “Everything is excellent. It’s because of the care – the way they treat [family member] and the way we’re treated.”

During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in their presence. We observed many instances of conversations between people and staff which were warm, friendly and fun, evidenced by the laughter we heard. Staff spoke to people in a caring and respectful way. We saw they involved people in making decisions about what they wanted. For example during meal times people were offered choices about what they ate and drank. Staff gave people time to communicate their needs and wishes and then acted on these. For example when people were asked what they would like to do in the way of activities staff were patient and let people take their time to communicate what they wanted to do.

We observed staff were alert and quick to assist people when this was needed. They regularly checked that people were comfortable and happy. In our conversations with staff we noted they spoke about people fondly in a kind and respectful way. They knew how to support people when they became anxious or distressed so that this was done in a caring and non-restrictive way.

Records showed staff sought and acted on people’s views when planning their care and support. People using the

service had complex needs and their records provided good information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support as well as their day to day needs at home or out in the community.

People’s right to privacy and dignity was respected. During the inspection we observed staff did not enter people’s rooms without their permission. People were free to spend their time as they wished in the home and when people wanted to be left alone staff respected this. The provider had created different spaces around the home and garden that people could spend time in either alone or with other people. Staff told us they supported people to maintain their privacy and dignity. This included ensuring people’s doors were kept closed when staff were supporting people with their personal care. Staff did not discuss personal information about people openly.

People were encouraged to be independent in the home and community. We observed staff promoted people’s independence by enabling them to do as much as they could for themselves. For example, people were encouraged to help in the preparation of their meals as much as they were able to. They were encouraged to eat independently and staff would only step in when people could not manage tasks safely and without their support. Records showed each person had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence.

Staff ensured the home was warm and welcoming to visitors. One relative told us, “Every time we visit we’re treated like family.” Another said, “We can visit at any time.” And another told us, “I’m always made to feel welcome.”

# Is the service responsive?

## Our findings

Relatives told us staff that worked in the home knew their family members well and knew how to meet their needs. One said, “The staff have been there a long time and that helps, as [family member] needs continuity and can get upset with new faces. I think they know [family member] really well.” Another told us staff had a very good understanding of what their family member needed and as a result the care they received was personalised. Records showed people were supported to contribute to the planning and delivery of their care. Their care and support needs had been assessed with them and staff had used this information to develop a detailed support plan which set out how these needs should be met. These plans were person-centred, focussed on people's priorities and aspirations for their care and welfare and reflective of their specific likes and dislikes particularly for how support should be provided to them. There was good information in people's plans about what people were able to do for themselves to help promote their independence and the support they required from staff.

However records indicated people's needs had not been regularly reviewed to identify and document any changes that may be needed to the care and support they received. In all of the records we looked at care plans were dated October 2013. In May 2014 the registered manager had signed these records to indicate these had been looked at by them, but there was no evidence of a formal evaluation of people's care needs to assess if these remained the same or whether changes were needed in the level of support they required. We were aware that at least two people's needs had changed within the last six months. However, their care plans had not been updated to reflect the current support they needed.

Despite these issues, staff demonstrated a good understanding and awareness of the specific needs of people they were supporting and were able to explain to us the care people required. Where people's needs had changed recently they were well informed about this and knew how to care for and support them. Staff knew people well including their life histories, their likes and dislikes and their interests and hobbies.

People were supported to pursue activities and interests that were important to them. One relative said, “They are always taking people out to activities that are

individualised.” And another said, “They do try and do things with [family member] every day.” Each person had a personalised weekly timetable of planned activities they undertook at home and in the community. These covered their hobbies and interests, outings and social events, attending college or the local community centre and household chores and tasks. Staff were proactive when people's needs changed in ensuring that people could still enjoy doing the things they liked and wanted to do. For example, for one person who was no longer able to attend church, staff arranged for prayers to be held every evening and a service each Sunday, in the home. The registered manager ensured anyone who wanted to attend and participate could do so, so that people were not excluded.

People were supported to maintain relationships with those that mattered to them. One relative told us they could not visit the home as much as they previously could. They said staff had put in place arrangements for their family member to visit with them at home. Staff kept in regular contact with people's families providing them with updates and news about their family member. One relative said, “They tell us every little detail about [my family member]. Their attention to detail is really excellent.” People were encouraged to undertake activities and attend events with their friends and relatives. The home held celebratory events such as birthday parties as well as social gatherings such as a ‘summer party’ that friends, relatives and people and organisations with close links to the home were invited to.

People and their relatives confirmed that staff were approachable and would act on any concerns they may have. One said, “If we had a problem we would talk to them and know they would do something about this straight away.” Feedback from the last annual satisfaction survey carried out in 2014 showed people and their relatives and friends were happy with the care and support provided and had no issues or concerns about any aspect of the service.

Records showed no formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments and complaints about the service. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about the service. However the procedure was

## Is the service responsive?

out of date and contained incorrect information about what people could do if they were unhappy with the way

the service had dealt with their complaint. We discussed this with the provider and registered manager who acknowledged this needed to be updated to ensure people had the correct information.

# Is the service well-led?

## Our findings

People and their relatives described the quality of care and support that people experienced as, “brilliant”; “excellent” and “100%”. We received positive feedback from relatives about the provider and registered manager. One person said, “[The registered manager] is a brilliant man. He is brilliant with them all. He will sit and talk with us and we can talk to him about anything.” Another told us, “I can’t say enough about them. We don’t have any concerns that [family member] isn’t being looked after.”

Despite the positive comments and feedback we received, we found some aspects of the service were not managed well. The provider and registered manager did not carry out effective audits to assess and monitor the quality of care and support that people experienced. During this inspection we identified a number of concerns and shortfalls within the service, which had not been picked up by the provider or registered manager, as checks of key aspects of the service were not routinely planned. This meant the provider was not taking appropriate action to identify shortfalls and make the improvements that were needed to ensure people were not put at unnecessary risk of poor practice.

Many of the records kept by the service had not been maintained appropriately. Records maintained by staff about people’s medicines were sometimes inaccurate or not properly completed. We saw no evidence on files for new members of staff that the provider had carried out all the necessary recruitment checks they were required to make. People’s records were out of date and not reflective of their current care and support needs. Staff did not consistently maintain daily records as they were required to, about the care and support people received each day. Some confidential information about people was easily accessible in a communal area of the home. The provider and registered manager could not easily locate during the inspection, records they should keep to hand, about checks of the gas and heating systems and fire equipment in the home. The registered manager did not formally record notes of supervision meetings held with staff. And, we found the complaints procedure was out of date and

contained inaccurate information. These failures amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However we did find some aspects of good leadership in the home. The service had an open door policy and people and staff could speak with the provider and registered manager about any concerns or issues they had. During the inspection we saw a number of people and staff do this and each time the provider or registered manager listened to what people had to say and acted on their feedback and comments. Staff told us they felt well supported by the provider and registered manager and able to express their views. From our discussions with staff, it was clear they were focused on ensuring people received the care and support they needed.

The service formally sought the views of people, their relatives and healthcare professionals involved in people’s care and support through annual satisfaction questionnaires. People were encouraged to give their ideas and suggestions for how the service could be improved. We looked at all the completed questionnaires and each one was positive and complimentary about the care and support people received. There were no suggestions for how the service could be improved. Typical comments included, “Couldn’t do better. Excellent” and “Perfect home. No improvement [needed]”. The service also held ‘residents meetings’ where all people using the service could come together and share their views. However, we did not see any evidence that a ‘residents meeting’ had been held since July 2014. The registered manager told us one had taken place since that date but the minutes had not yet been typed up.

The registered manager worked proactively with other healthcare professionals to improve the service’s knowledge, learning and understanding of how to care for and support people. For example, they had recently undertaken specialist training in how to support people who needed to be fed through a PEG tube. This included attending briefings and supervision sessions with professionals where their competence was assessed. The registered manager then disseminated this learning to all staff which meant people would be appropriately supported.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not ensure that people's medicines were managed properly and safely. They had not ensured all medicines were administered properly. Some information was inaccurate and there was no guidance for staff on people's records as to how, when and why some medicines should be administered. We also found medicines were not properly disposed of properly and a controlled drug was not stored safely.

Regulation 12 (2) (g).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider could not demonstrate that appropriate checks had been undertaken for new members of staff at the service to ensure they were suitable and fit to work at the home.

Regulation 19 (2).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not operate an effective system to assess and monitor the quality and safety of the service.

Regulation 17 (2) (a).

The provider had not maintained up to date, accurate records relating to people, staff and to the management of the service.

Regulation 17 (2) (c).