

The Royal Masonic Benevolent Institution

Prince George Duke of Kent

Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 04 and 05 July 2016 and was unannounced. At our last comprehensive inspection on 01 and 03 December 2015 we found breaches of legal requirements because risks to people had not always been safely managed and people's risk assessments were not up to date. Staff had not always been deployed in a way to ensure there were sufficient numbers to meet people's needs. Mental capacity assessments had not always been conducted appropriately in line with the requirements of the Mental Capacity Act 2005 (MCA) and referrals had not always been made promptly to healthcare professionals where required in support of people's health. The provider wrote to us following that inspection and told us the action they would take to address these breaches.

At this inspection we found that improvements had been made in these areas and that the provider was compliant with the relevant regulations. However we also found a further breach of regulations because the systems used to monitor and mitigate risks to people did not always identify areas of risk promptly and because audits of people's care plans did not always identify issues.

Prince George Duke of Kent Court is a nursing and residential home providing accommodation, care and support for up to 78 people. At the time of our inspection there were 71 people living at the service. There was a registered manager in post at the time of our inspection. 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.

We found that risks to people had been assessed and were safely managed, although improvement was required to ensure there was sufficient guidance for staff on how to manage identified risks. Improvement was also required to the management of people's records, to ensure they were consistent and could be located promptly when required. People's medicines were stored and administered safely as prescribed. Staff had received training in safeguarding adults and knew the action to take if they suspected abuse had occurred.

The provider followed safe recruitment practices and there were sufficient staff deployed within the service to meet people's needs. People had access to a range of healthcare professionals when required and healthcare professionals we spoke with told us staff worked well to meet people's health needs. People were supported to maintain a balanced diet.

Staff were aware of the importance of seeking consent from the people they supported and the provider followed the requirements of the MCA where people lacked capacity to ensure decisions were made lawfully in people's best interests. Where required, people were lawfully deprived of the liberty in their best interests under the Deprivation of Liberty Safeguards (DoLS).

People were treated with kindness and consideration and told us they were involved in day to day decisions

about their care and treatment. Staff treated people with dignity and respected their privacy. Staff were supported in their roles through training and regular supervision.

People's care plans were reviewed on a regular basis to ensure they remained reflective of their current needs and views. There was a range of activities available to people at the service. People told us they knew how to complain and any complaints received by the service had been dealt with appropriately in line with the provider's policy and procedure.

People were able to express their views about the service through regular residents meetings and by completing an annual survey. People told us they felt listened to and that action was taken in response to their feedback. People and staff also spoke positively about the leadership of the service and we saw that an ongoing programme of improvements was in place.

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.

Risks to people had been assessed and action taken to manage risks safely. However, improvement was required to ensure there was adequate guidance in place for staff on how identified risks should be managed.

People were protected from the risk of abuse. Staff had received training in safeguarding adults and knew the action to take if they suspected abuse had occurred.

Medicines were safely stored, managed and administered.

The provider followed safe recruitment practices and there were sufficient staff on duty to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the importance of seeking consent from people when supporting them. The provider complied with the requirements of the Mental Capacity Act 2005 where people lacked capacity to consent.

People were supported to maintain a balanced diet.

Staff were supported in their roles through regular training and supervision.

People were supported to access a range of healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People were involved in day to day decisions about their care and treatment.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were regularly reviewed and reflective of their individual needs.

People were supported to participate in a range of activities.

The provider had a complaints policy and procedure in place and people knew how to raise concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems to monitor and reduce the level of risk to people were not always effective.

The service conducted audits in a range of areas and took action to address identified issues. However, audits of people's care plans had not always identified inconsistencies in the information they contained.

People and staff spoke positively of the registered manager. Regular staff meetings were conducted to ensure the proper running of the service.

People were invited to express their views on the service through regular meetings and an annual appraisal. A programme of improvement was in place within the service.

Prince George Duke of Kent Court

Detailed findings

Background to this inspection

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

This inspection took place on 04 and 05 July 2016 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor with a background in nursing and an expert by experience on the first day. 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 adult social care inspector returned to the service on the second day to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

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

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support being delivered.

We spoke with eleven people living at the service, two relatives, one visitor, two visiting community nurses and eight staff including the registered manager. We observed how care was provided and looked at

records, including 11 people's care records, eight staff recruitment records and other records relating to the management of the service.

Is the service safe?

Our findings

At our last comprehensive inspection on 01 and 03 December 2015 we found a breach of regulations because risk assessments were not always up to date, areas of risk to people had not always been assessed and risks were not always safely managed. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that the provider had taken appropriate action to address the issues we had identified.

Risks to people had been assessed in a range of areas including moving and handling, malnutrition, falls, skin integrity and risks associated with eating and drinking. Records showed that people's risk assessments were reviewed on a regular basis to ensure they remained up to date and reflective of people's current needs. Staff we spoke with were aware of people's identified areas of risk and could describe how they worked to ensure these were managed safely. For example, one staff member was aware of the specific issues regarding the mobility of a person they had been supporting and could describe the techniques they used to ensure the person was transferred safely when getting out of bed.

Records showed that risks to people were safely managed. For example we noted that one person who had been assessed as being at risk of malnutrition had subsequently put on weight in response to staff making adjustments to their nutritional intake. In another example we saw that one person's skin integrity had improved due to appropriate management by staff. However, further improvement was required to ensure people's care plans included sufficient guidance for staff on how to manage identified risks. For example, one person had been assessed as being at high risk of falls but there was limited guidance for staff on the action they should take to manage this risk. We spoke to the registered manager about this and they told us they would review the person's care plan to ensure appropriate guidance was in place, although we were unable to check on the outcome of this at the time of our inspection.

There were arrangements in place to deal with emergencies. People had Person Emergency Evacuation Plans (PEEPs) in place which gave guidance to staff and the emergency services on the level of support they would require to evacuate from the service safely. Staff we spoke with were aware of the action to take in the event of a fire or medical emergency and confirmed they had received training in these areas. Regular checks had been made on emergency equipment to ensure it remained fit for purpose and that fire drills had been conducted on a regular basis.

At our last comprehensive inspection on 01 and 03 December 2015 we found a breach of regulations because staff had not always been deployed in a way to ensure there were sufficient numbers to meet people's needs at all times and that there were occasions when people experienced significant delays in staff responding to call bells when required. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that the provider had taken appropriate action to address the issues we had identified.

People and relatives had mixed views about the staffing levels within the service. One person told us, "There seems to be enough staff about. We don't have to wait very long for help." Another person said, "There are

enough staff here; I get the support I need when I need it." However, a relative said, "There are not enough staff, especially at weekends." Another person commented, "Generally, in the morning there are not enough staff so they get in agency. I prefer to be dealt with by the regulars."

We observed there to be enough staff on duty to support people when required during our inspection. Staff were on hand to support people when required. Records showed that staffing levels were consistent throughout the week, although we noted one shift during the previous month where cover had not been found for a shift when a staff member called in unwell at short notice. The registered manager confirmed that agency staff were used to provide cover as a last resort but that they had not been able to find cover on this occasion. However they also told us that the management team, and some trained office staff were on hand to provide cover where needed in such emergencies to ensure people's needs were met. We also saw that the service was in the process of recruiting new staff at the time of our inspection to provide greater options to cover shifts.

People also had mixed views on call bell response times. One person told us, "They take a long time sometimes to respond to a call from me." Another person said, "There has been an improvement [with call bell response times]. They're very quick in an emergency." A third person commented, "When I ring the bell they come quickly." Records showed that call bell response times had improved since our last inspection and we noted that this had been a subject that had been discussed in a positive light during a recent residents meeting. We also observed staff responding promptly to call bells throughout the time of our inspection.

The provider followed safe recruitment practices. Staff files contained completed application forms which included details of staff member's qualifications, health and social care experience and work history. The files also contained proof of identification and evidence of their right to work in the UK, where applicable, as well as criminal records checks and references to ensure staff were of good character and suitable for the roles for which they had applied.

People told us they felt secure living at the service. One person commented, "I feel very safe here. I am very happy." Another person said, "Yes, I'm safe, the carers are very kind to me." A third person told us, "In every way I've been safe."

The provider had policies and procedures in place to give guidance to staff on how to protect people from the risk of abuse. Records showed that staff had received safeguarding adults training and staff we spoke with demonstrated a good knowledge of the types of abuse that could occur and the signs they would look for. They were aware of the action to take if they suspected abuse and told us they were confident that the registered manager would take action if they needed to raise such concerns.

The registered manager knew the process for raising safeguarding concerns with the local authority safeguarding team and was aware of the need to inform the commission of any allegations of abuse they received. Staff were also aware of the provider's whistle blowing policy and told us that they would escalate any concerns they had to both the local authority safeguarding team and the Commission if they needed to.

People told us they received appropriate support with their medicines. One person said, "I do get my medication when I should. It is good as it comes the same time morning and afternoon." Another person said, "Yes, I do get my medication on time." A visiting relative also commented, "They are good with [their loved one's] medication."

Medicines were stored safely. Medicines were securely locked in cupboards in resident's rooms or in two

secure medicines rooms that only authorised staff had access to. Medicines which required refrigeration were kept in lockable refrigerators within the two medicine rooms, and there were arrangements in place to ensure that controlled drugs were stored and managed appropriately in compliance with regulatory requirements. Records showed that temperatures of storage areas were checked on a regular basis to ensure medicines remained safe and effective for use.

Medication administration records (MAR) included a copy of each person's photograph and details about any known allergies to help reduce the risks associated with the administration of medicines. The MAR we reviewed listed people's current medicines and were up to date and completed correctly to confirm that people had received their medicines as prescribed.

Staff responsible for administering medicines had received training and had undergone an assessment to ensure their competency for the role. Records showed that regular medicines audits had been conducted by staff and that an external audit had also been conducted by a pharmacist at the beginning of the year. We saw that action had been taken where issues had been identified. For example, daily records of the medicine refrigerator temperatures had been put in place in response to feedback following the external audit.

There had been one recorded medicine error since our last comprehensive inspection. This had been appropriately investigated and details of the incident had been shared with healthcare professionals and the Commission in the interests of transparency and to ensure that appropriate action was taken to ensure the person involved in the error was safe. We also noted that medicine errors were to be used as a learning tool during staff medicine training sessions.

Is the service effective?

Our findings

At our last comprehensive inspection on 01 and 03 December 2015 we found a breach of regulations because staff responsible for preparing people's meals were not always aware of their recorded food allergies. Following the inspection the provider wrote to us and told us how they would address this breach. At this inspection we found that the provider had taken appropriate action to address the issues we had identified.

People had mixed views about the food that was on offer at the service, although most people spoke positively. One person said, "The food's excellent." Another person told us, "The food's good and the meals are nice." A third person told us, "There's a good choice and it [the food] is well presented." However, one person commented that, "The food is below average," and another person spoke negatively about the food on offer in the evenings.

People's nutritional needs had been assessed and any support they required with eating and drinking had been identified in their care plans. We saw advice had been sought from healthcare professionals such as a dietician or speech and language therapist (SALT) where required, to ensure any risks to people associated with eating and drinking were safely managed. Staff were aware of people's individual needs, for example which people were diabetic, or who required fortified meals, and we confirmed that meals were prepared accordingly to meet their needs. We saw regular checks had been made to ensure that kitchen staff had up to date and accurate information about people's dietary needs, including details of any food allergies.

People were offered a choice of main meals and staff told us they were able to cater for any cultural dietary needs if required. We observed a lunchtime meal at the service and noted that people were able to change their minds about their choice of meals at short notice. A range of freshly prepared vegetables were made available on each table for people to serve themselves, although staff were also on hand to offer support where required. The atmosphere in the dining area was relaxed and friendly and people were able to eat at their own pace. We also noted that snacks were available to people between meal times and that drinks were available throughout the day.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last comprehensive inspection on 01 and 03 December 2015 we found a breach of regulations because staff were not always aware that assessments of people's mental capacity should be conducted around specific decision making areas. There was also a risk that staff were making decisions about one person's care and treatment without consulting them because they believed the person lacked capacity. However there were no supporting mental capacity assessments to demonstrate this. Following the inspection the provider wrote to us and told us how they would address this breach. At this inspection we found that the provider had taken appropriate action to address the issues we had identified.

Staff had undergone training in the MCA and were aware of the importance of seeking consent from people when offering support. One staff member told us, "I always make sure people are happy to receive support. If they don't wish me to help them when I offer, I respect their wishes." One person confirmed, "Staff check to make sure I'm happy with what they're doing."

Where people lacked capacity to make decisions for themselves we saw that mental capacity assessments had been conducted and decisions made in their best interests, in line with the requirements of the MCA. Records showed that healthcare professionals and relatives, where appropriate had been consulted when making best interests decisions on people's behalf in areas such as the use of covert medicines or bed rails. Mental capacity assessments had been appropriately recorded in most cases, although we found one person's recorded mental capacity assessment referred to multiple decision making areas and it was not clear that the person's capacity to make each of these decisions had been assessed separately. The registered manager and staff we spoke were aware that decisions should be recorded separately and told us they would address this recording issue, although we were unable to check on this at the time of our inspection.

The registered manager understood the process for seeking authorisations to deprive people of their liberty in their best interests under DoLS where required. We saw that authorisation requests had been made appropriately and authorisations granted by the relevant supervisory body to ensure people's freedom was not unduly restricted. Senior staff told us that there were no conditions placed upon any of the DoLS authorisations that had been granted and we confirmed this to be the case in the sample we reviewed.

At our last comprehensive inspection on 01 and 03 December 2015 we found a breach of regulations because referrals had not always been made promptly to healthcare professionals where required. Following the inspection the provider wrote to us and told us how they would address this concern. At this inspection we found that the provider had taken appropriate action to address the issues we had identified.

People told us they had access to healthcare services and support when required. One person told us, "I see the optician and chiropodist and they [staff] organise it." Another person said, "They [staff] got the doctor in to attend to my bad chest; I got antibiotics which sorted it out." A third person commented, "If I need the doctor, I can see him. He organised my hearing aid."

Records showed people had access to a range of healthcare professionals when required including a GP, community nurse, physiotherapist and dentist. Staff told us they worked well with healthcare professionals and ensured that any guidance they received on how to support people was followed. We spoke with two visiting community nurses during our inspection and they confirmed that staff worked well to meet people's healthcare needs. One of the nurses told us, "Any instructions we leave are carried out [by staff]; the care here is good."

People told us they felt that staff were competent in their roles. One person said, "They all do their jobs as they should." Another person told us, "The staff are good at their jobs." Staff we spoke with confirmed they

had completed an induction when starting work at the service which included training in areas considered mandatory by the provider. This training covered a range of topics including health and safety, first aid, moving and handling, safeguarding and food hygiene. The registered manager told us that staff received refresher training on a regular basis and records we reviewed confirmed this. One staff member told us, "We receive plenty of training which is good; it's given me the confidence to do my job well."

Staff also received support in their roles through regular supervision and an annual appraisal of their performance. This included reviewing staff performance against the requirements of their job role and any objectives they had been set as well as identifying any training needs. Staff we spoke with told us they found the supervision process to be supportive. One staff member said, "It's a good opportunity to share your views and discuss any concerns you have." Another staff member explained that training had been arranged for them around the use of thickener in fluids for people who had difficulties swallowing, in response to a discussion they'd had during supervision.

Is the service caring?

Our findings

People told us staff were caring and considerate. One person said, "The staff are very good, careful and caring; we only have to ask and it will happen." Another person told us, "We have a good bunch of staff; marvellous," although a third person referred to a small number of staff as being "miserable, although most are nice." Staff we spoke were aware of the importance of treating people with kindness. One staff member said, "We are here to serve the residents and make their lives as comfortable as possible."

We observed staff treating people in a caring and kind manner throughout our inspection. For example, we noted that staff engaged with people in a polite and friendly way and regularly sought to ensure people were comfortable and happy. Their interactions with people were positive and demonstrated their interest in people's well-being. People responded positively when interacting with staff as they engaged in conversation and shared jokes with them. We also saw examples of staff being on hand and offering reassurance to people who displayed signs of anxiety or discomfort.

Staff we spoke with demonstrated a good knowledge of the people they supported. For example, they were aware of people's life histories and the things that were important to them, as well as people's preferences in the way they received support. This knowledge helped them to provide support in a way in which people were comfortable.

People were treated in a dignified way and their privacy was respected. One person told us, "They respect you here; we've no complaints at all." Another person commented, "They do give me my dignity." Staff we spoke with described the ways in which they worked to ensure people's privacy and dignity were respected, for example by knocking on people's doors before entering, ensuring doors and curtains were closed, and that people were covered up as much as possible whilst offering support with personal care. We observed staff knocking on doors before entering people's rooms during our inspection and people also told that staff treated them respectfully when offering them support.

The registered manager told us that the service was non-discriminatory and would always support people in a way that was respectful of their diverse needs they had with regards to their disability, race, religion, sexual orientation or gender. People confirmed they were supported with their spiritual needs within the service and we noted that religious services were held on a regular basis at a chapel within the home which people were welcome to attend.

People were involved in making day to day decisions about their care and treatment. One person told us, "I can do what I want, and the staff respect my wishes." Another person said, "They [staff] do as I ask. I can do most things for myself but I let them know if there's anything I need help with." Staff we spoke with told us they involved people in decisions about the support they received. One staff member said, "Wherever we can we offer people choices, for example I'll offer people options on what they might like to wear if they can't tell me directly."

Is the service responsive?

Our findings

At our last comprehensive inspection on 01 and 03 December 2015 we found that improvements were required because some people's care plans contained contradictory statements about their goals and wishes, and to ensure that people's preferences were met. At this inspection we found that improvements had been made in response to our previous findings.

People were involved in reviews of their care planning to ensure it remained up to date and reflective of their current needs and included their views. Records showed that care had been planned for people in areas including personal care, communication, mobility and transfers, nutrition and hydration and pain management. We noted that care plans included information about the things people were able to do for themselves, areas in which they required support and details of any preferences they had in the way staff supported them. We spoke to two people together who told us, "We feel the service we get is right for us." Another person said, "Yes, I do think I get the care I should."

People's care plans also contained information about their life histories, likes and dislikes, and the people that were important to them. Staff we spoke with were aware of the details in people's care plans and how to support them in a way which met their individual needs. They also told us that they promoted people's independence wherever possible, for example by encouraging them to complete aspects of their personal care with minimal support.

At our last comprehensive inspection on 01 and 03 December 2015 we found that improvement was required to meet people's need for stimulation because we noted that a significant number of people did not have anything to do in the day times during our inspection. At this inspection we found that a greater proportion of people were engaged in the activities on offer and whilst we received one comment suggesting activities could be better, most people told us they were happy with the options available to them.

People and relatives told us there was a range of activities on offer at the service to meet their need for social interaction and stimulation. The service had two activities co-ordinators who arranged entertainment and activities for people to take part each day. We saw a planned schedule of activities was in place which included, shopping trips, musical entertainment, talks from local societies, quizzes, keep fit and discussion groups. One person told us, "They do have enough going on to interest all; we think it's quite good. We have trips out sometimes; the Home has a mini-bus. They take us shopping; you don't need for anything." Another person commented, "The entertainment is reasonable." A visiting relative said, "The activities here are very good and varied."

People were supported to maintain the relationships which were important to them. People told us that friends and relatives were able to visit the service to see them when they wished. One person said, "The family can visit anytime. They are made welcome." Another person also explained that staff had supported them to visit friends at home they'd previously lived at, which they'd enjoyed.

People told us they knew who they would talk to if they had any concerns or complaints, but that they had not needed to do so. One person said, "No, we've not needed to complain recently; there are meetings for residents [to discuss any issues], but we can go to the management anytime." Another person told us, "No, we've not complained. I would say if I was unhappy about something."

The provider had a complaints policy and procedure in place and on display within the service which provided information to people on how they could raise any issues. The registered manager maintained a record of complaints received by the service which included details of any investigation and action taken in response. Records showed that there had been three complaints at the service since the last inspection, one of which had only recently been received and was still under investigation. The other two complaints had been investigated and responded to appropriately in line with the provider's procedure.

Is the service well-led?

Our findings

At our last comprehensive inspection on 01 and 03 December 2015 we found improvement was required because some of the checking and auditing processes used by the service were not sufficiently robust to identify trends in concerns. Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection, whilst we found improvements had been made in the auditing processes used at the service, audits of people's care plans had not always identified inconsistencies between their care planning and risk assessments. We also found that the systems used by the provider to monitor and mitigate risks to people were not always effective in promptly identifying risks.

Records showed that audits and checks were conducted on a regular basis in areas including people's medicines, equipment and the environment, care planning and infection control. We saw that action had been taken to address issues identified during audits. For example, details regarding people's life histories, and likes and dislikes had been added to one person's care plan, and a thermostatic mixing valve had been fitted to address issues identified during a health and safety risk assessment.

However, we also found that an audit of one person's care plan had failed to identify a contradiction in the number of falls they had suffered in the last twelve months between their mobility care planning and risk assessment. We also found that the system in place to identify and address risks associated with malnutrition was not being used effectively because the staff responsible for weighing people and the nursing staff responsible for conducting the risk assessment were not synchronised. This led to an example where one person's risk assessment had been reviewed at the beginning of June 2016 to indicate that they were not at risk of malnutrition five days before they were re-weighed. Records showed that they had lost more than 10% of their body weight during the previous month but at the time of our inspection, they were still to be reassessed.

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

At our recent focused inspection on 06 May 2016 we found a breach of regulations because notifications relating to significant incidents at the service had not been submitted to the Commission as required. At the time of this inspection the provider was still to write to us to tell us how they would address this breach because the deadline for this information had not yet passed. However, we found that staff had submitted notifications appropriately where required in response to our previous concerns.

Improvement was required to the system used to manage people's records within the service. People's care records were securely maintained on an electronic database. Staff confirmed they had received training on the use of the database and were able to locate most records when request. However, we requested to see information relating to one person's condition of diabetes which staff were unable to locate promptly. We spoke with several staff, including the registered manager and noted that the staff members looked in different places on the system for the information. After more than two hours, staff provided us with a paper copy of the information we requested which they confirmed should have been scanned onto the electronic

system. Because staff were not always confident of where records should be stored on the system, and because staff were not always aware of which records were not stored electronically, there was a risk that important information relating to people's care and treatment may not be located promptly when needed.

There was a registered manager in post at the time of our inspection. She understood the requirements of being a registered manager and the responsibilities of the position under current legislation, including the Health and Social Care Act 2008.

People and staff spoke positively about the registered manager and the management of the service. One person told us, "The manager is nice; she is approachable." Another person said, "The manager's intentions are high and they do the best they can." A third person commented that, "They [the management team] look after us very well and sort problems out." Staff we spoke with told us that the registered manager was available to them when needed and that they felt listened to. They also told us they had confidence the registered manager would address any issues they had. One staff member said, "The management team are visible to us and communicate well so we know which areas of our work require improvement."

The management team at the service held regular staff meetings to discuss how the service was run and to identify areas for improvement. Records showed that discussions at recent meetings included a focus on improving the management of people's medicines, a reminder to staff to ensure people's privacy was respected and maintenance issues relating to improved security within the service. We noted that improvements had been made in response to these discussions and that none of these areas had been identified as being of concern any longer at the time of our inspection.

People were able to share their views on the running of the service at regular residents meetings. One person told us, "The resident's meetings are good; they let me know what's going on and if I have any issues, I'll raise them there." Another person told us, "I suggested a more detailed service user guide be drafted during the meeting to provide more information about what services are available." We spoke to the registered manager about this who showed us the first draft of the updated guide which was to be circulated to people for review. Minutes from the resident's meetings showed that areas of discussion included activities, people's preferences for decorating the corridors within the service, and updates on improvements made to the service, for example the implementation of a new ramp and handrails.

People were also able to express their views about the service through the completion of an annual survey. The most recent survey included areas such as the standard of care, access to healthcare professionals, dealing with complaints and being treated with dignity and respect. The results from the survey showed a good level of satisfaction from people about the service they received and an improvement over the previous year's results.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor and mitigate risks to people were not always effective in promptly identifying risks.