

Prime Healthcare UK Limited

# Ranelagh Grange Care Home

## 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

We visited the service on 19 August 2016. This inspection was unannounced.

Ranelagh Grange Care Home is registered to provide accommodation for persons who require personal care. The service accommodates up to 39 people and bedrooms are located on the ground and first floor of the building. There were 16 people using the service at the time of this inspection.

A registered manager was not in post at the time of the inspection visit. However the manager had applied to become the registered manager with the Care Quality Commission and her registration was confirmed following this 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.

The last inspection of the service took place in May 2016. During that inspection we found improvements were needed in relation to the management of people's medicines and the monitoring people's fluid intake. After the inspection, we issued a requirement action in relation to the breach of the Health and Social Care Act 2008 which we identified.

Following the inspection the registered provider sent us an action plan stating that they had met the relevant legal requirement. During this inspection we found that the registered provider had made improvements in relation to the legal requirement, however we found other concerns in relation to the management of people's medicines.

Improvements continue to be needed in the management of people's medicines. Although we found that people's medicines were safer, improvements were still required to ensure that all medicines were managed safely. This is a continued breach of Regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have told the provider to take at the end of this report.

We have made a recommendation in relation to checks on people's medication. During this and previous inspections carried out at the service we found on going concerns with the management of people's medication, which were not identified during audits (checks) carried out at the service. Whilst improvements had been made we need to be assured that those improvements are sustained.

At the last inspection in May 2016 improvements were noted in the way people's fluid intake was being recorded, however some charts were not always completed correctly. We made a recommendation that the service reviews the systems in place to record and monitor people's fluid intake to ensure that accurate information was available at all times. During this inspection we were unable to assess the improvements

made. This was because at the time none of the people who used the service required a record of their fluid intake. However documentation for recording people's fluid intake had been improved so that it captured all the relevant information to ensure an appropriate record was kept.

People told us they felt safe living at the service. The environment was kept clean and free from hazards. Equipment and hazardous substances were safely stored and used appropriately. Staff received training in relation to keeping people safe and they were confident about the action they needed to take if they had any concerns about people's safety, including safeguarding concerns.

People received the care and support they needed with their healthcare needs. They attended appointments as required with their GP and other health care professionals involved in their care. Prompt referrals were made for people to other professionals when concerns about their health and wellbeing were noted.

Risk assessments had been carried out when planning people's care and appropriate risk management plans were put in place instructing staff on how to provide people with safe care and support.

People's dietary needs were understood and met. People told us they liked the food they were offered and that they were given plenty to eat and drink. Mealtimes were a positive experience for people and they had a choice of food and drink and where they ate their meals.

Staff received training and support which they needed to meet people's needs. Training was provided to staff on an ongoing basis and their competency was checked to make sure they understood and benefited from the training undertaken. Regular staff meetings and one to one supervision sessions enabled staff to explore their training needs and discuss any additional support they needed to carry out their roles effectively.

Care plans included information about people's abilities to make decisions and where required applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisations in respect of people. Staff obtained people's consent prior to delivering care and support and they respected people's decisions.

People's privacy, dignity and confidentiality were respected. Staff had a good understanding of people's needs, including their preferred gender of carer, routines, wishes, likes and dislikes. Staff approached people in a kind, caring and patient manner. Information about the service including planned changes to the environment and up and coming events was shared with people and their family members in a timely way.

People, family members, staff and external health and social care professionals were complementary about the way the service was managed. People commented on many positive changes made to the service over recent months. They described the management team as approachable and supportive and they had confidence in them. They said there was an open door policy operated at the service which enabled them to speak openly and in confidence with the management team.

## 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.

People's medicines were not always managed safely.

Risks people faced were planned for and managed safely.

People were protected from abuse and the risk of abuse.

Recruitment of new staff was thorough and safe.

### Is the service effective?

**Good** 

The service was effective.

People's nutritional and hydration need were assessed and planned for.

People received care and support from staff that were appropriately trained and supervised.

People's rights were protected in line with the Mental Capacity Act 2005.

### Is the service caring?

**Good** 

The service was caring.

People's privacy and dignity was respected.

People's personal information was securely stored and accessed only by authorised staff.

People were updated with information about the service.

### Is the service responsive?

**Good** 

The service was responsive.

Care plans which were reviewed regularly described people's needs and how they were to be met.

People enjoyed a variety of activities made available to them.

People had information about how to complain and they were confident about raising a concern or complaint.

**Is the service well-led?**

The service was well-led.

Systems for checking on medication need to be more robust and improvements made need to be sustained.

There was no registered manager in post at the time of the inspection visit; however the manager has since been registered by CQC.

People had confidence in the management team and the way they managed the service.

**Requires Improvement** 

# Ranelagh Grange Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 was undertaken by one adult social care inspector and a pharmacist specialist inspector. The purpose of this inspection was to assess the improvements made following the last inspection which we carried out in May 2016. We also needed to make sure that improvements noted during the inspection in May 2016, which were required following the inspection carried out in January 2016, had been sustained.

During this inspection we spoke with six people who used the service. We spoke with two family members, a visiting social worker, a district nurse, the manager and the deputy manager. In addition we spoke with five staff who held various roles including care staff, domestic staff, chef and maintenance person.

We looked at the care records, including medication administration records (MARs) belonging to seven people who used the service and recruitment records for a newly recruited member of staff. Other records relating to the management of the service which we looked at included, staff rotas, minutes to meetings, audits and safety certificates for equipment and systems used.

Prior to this inspection we obtained information from two local councils who had commissioned the service. Both councils told us that they had seen improvements in the service that people received at Ranelagh Grange.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. Their comments included; "Yes I feel very safe", "It's safe and secure here" and "Safer than at home".

We found improvements had been made with the management of people's medication. However we found other concerns.

The management of people's medication was not always safe. We checked the medicines and records for seven people. Two people had been prescribed a course of antibiotics for one week to treat an infection. The course of antibiotics for one person was not completed because staff had failed to carry over the remaining quantity to the new cycle of medicine. The Medication Administration Records (MARs) for the other person on a prescribed course of antibiotics had too many signatures for the number of capsules in the course. It was unclear as to whether one had been signed for and not given at some point in the course. A third person who was taking medicine to relieve the symptoms of a particular health condition was meant to have their medicine at specific times. Although staff had administered the medicine at regular intervals it was not at the times specified by their doctor, which may have affected the effectiveness of the medicine.

This was a breach of Regulation 12(1), (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not protected from the proper and safe management of medicines.

Details of the medicines people were prescribed were recorded within the medicine section of their care plans. The Medicines Administration Record sheets (MARs) displayed a photograph of the person it was for, however the allergy section was not completed for some people. When we highlighted this to the manager they sent a fax to the community pharmacy to resolve it. This information reduced the risk of medicines being given to the wrong person or to someone with an allergy.

The minimum and maximum fridge temperatures were recorded as per national guidance and the medicine storage room was clean and well organised, which are both improvements since previous inspections.

We observed a member of staff administer medicines to three people and found it was completed in a very caring and professional manner. At the previous inspection, there were missing signatures on MARs, which meant it was difficult to know whether a medicine had been given to a person. MARs which we reviewed at this inspection were appropriately signed, which was an improvement since the last inspection. At the previous inspection people had not received food supplements which had been prescribed by their doctor. During this inspection we checked the records for two people who were prescribed food supplements and found that they received them as required. We had concerns about competency assessments for senior carers administering medicines at our previous inspection, as a senior carer had made several administration errors. Since the previous inspection the manager and deputy manager had completed competency assessments on all staff who administered medicines and this had highlighted training needs for some of the staff. At the previous inspections, carers were prompting people to apply their own creams;

however there was no formal self-assessment or care plan to support this. In addition were found during previous inspections that an accurate record was not kept for people who were having their fluids thickened with fluid thickener powder. During this inspection we found that the manager had provided training for all staff in applying creams. Self-assessments and care plans were completed and a chart had been produced and put in place which recorded the use of fluid thickener.

People lived in a safe environment which was hazard free and clean. Equipment which people needed to help with their independence, comfort and mobility such as wheelchairs and hoists were clean and stored safely in dedicated areas when not in use. When using cleaning equipment and substances hazardous to health (COSHH) domestic staff supervised it closely and locked it away in secure cupboards after use. Appropriate warning signs identifying the storage of potentially dangerous substances were displayed on the outside of the cupboard doors. This was in line with Guidance on the Control of Substances Hazardous to Health (COSHH). Cleaning schedules were in place and being followed as required. Staff used personal protective equipment (PPE) such as disposable gloves and aprons when carrying out tasks which had the potential to cause a spread of infection, for example handling soiled laundry and waste.

Each person had a personal emergency evacuation plan (PEEP) which provided staff with information about how to support and assist the person out of the building in the event of an emergency. A copy of each person's PEEP and the registered provider's evacuation procedure was stored in a file held near to the main entrance of the service and staff knew where to locate it.

Risks people faced were assessed and planned for to keep them safe. New risk assessment documentation which was introduced prior to this inspection had been completed for each person. Care plans took account of any identified risks. For example, where a person was identified of being at risk of falls, measures staff were required to take to minimise the risk were included in a mobility care plan. This included the use of equipment and the number of staff required to assist people with mobilising. Risk assessments were carried out in respect of people for other things such as nutrition, the environment and moving and handling. Risks to people were regularly reviewed and care plans were updated when a new risk was identified or if an existing risk reduced or increased.

There was a system in place to record and monitor accidents and incidents. Following an accident/incident a reporting form was completed which recorded the name of the person affected, date, a description of the incident and action taken. In addition, an incident/accident log was completed and analysed each month as a way of monitoring any patterns and trends. Any patterns or trends were acted upon to keep people safe. For example, when it was noted that a person had experienced an increase in falls an appropriate referral was made to the community falls team.

Staff had undertaken safeguarding training and they had access to the registered provider's safeguarding policy and procedure and those set out by the relevant local authorities. A flow chart explaining the steps staff were required to take if they witnessed, suspected or were told about abuse was displayed in staff areas around the service. This Information was also displayed on a 'residents and relatives' notice board so that people who used the service and visitors were aware of the procedures required if they witnessed, suspected or were told about abuse. Staff described the different types and indicators of abuse and they were confident about how to report such incidents.

A record of allegations of abuse which had occurred at the service was kept. The records showed that relevant staff, including the manager and deputy manager had taken appropriate action by promptly informing the relevant authorities such as the local authority safeguarding team and the Care Quality Commission (CQC). There was also evidence of action taken to reduce further risks to people. This included



an analysis of any safeguarding concerns which was used to identify contributory factors and measures to prevent further incidents.

The recruitment of staff was safe and thorough. One new member of staff had commenced employment at the service since our last inspection in May 2016. Records showed that appropriate checks had been undertaken before their employment was confirmed. The staff member had completed an application form, attended an interview and provided photographic evidence of their identity. A Disclosure and Barring Service (DBS) check had been carried out and a minimum of two references were obtained in respect of the new staff member, including one from their most recent employer. A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This helped the registered provider to make safer decisions about the recruitment of staff.

There were sufficient numbers of suitably qualified and experienced staff to keep people safe. The staffing rota was developed a minimum of two weeks in advance and took account of the occupancy level and the needs of people who used the service. At the time of our inspection there were four care staff on duty, the registered manager, deputy manager and a team of ancillary staff including cook, kitchen assistant and domestic staff. The staffing arrangements at night were three care staff which included a senior carer. Discussions with people and the staffing rotas showed that these arrangements were usual. People who used the service, family members and staff told us that they thought the amount of staff on duty each day and night was sufficient to keep people safe. The manager confirmed that staffing levels were regularly reviewed to ensure they were sufficient to safely meet the needs of people who used the service. All staff including ancillary staff had undertaken training in topics of health and safety such as fire safety and first aid and they were aware of their responsibilities to work independently and as a team when required, to keep people safe.

# Is the service effective?

## Our findings

People told us they were happy living at the service. They described staff as "Good at their job" and "attentive". Other comments people made included, "I like all the meals", "They [staff] listen and help when I need them" and "I couldn't ask for better care".

At the previous inspection in May 2016 we found that improvements were required to ensure people's fluid intake was correctly recorded. During this inspection we were unable to assess whether improvements had been made in relation to the recording of people's fluid intake. This was because no one who used the service at the time of our inspection required that kind of support. However, the manager had made improvements to the documentation which would be used for recording people's fluid intake should this be required. A section had been added to fluid monitoring records to show the amount of millilitres offered to people and consumed. This would help to ensure that an accurate record is kept as to how much fluid a person had taken.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff described their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to their day to day practice. Staff gave examples of practices that may be considered restrictive. Relevant staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body, and authorised at the time of our inspection.

People's needs were communicated effectively amongst the staff. Handovers which took place during each shift change enabled staff to share important information about people's care and support needs. Information shared during handovers included; visits people received or were expecting that day from external health and social care professionals, changes to people's medication or routines and any changes made to the service such as staffing and management arrangements. Daily records which were completed for each person also included important information such as how people had been generally, any progress made and any changes to their usual care routine which staff needed to know about.

People's health care needs were assessed, identified and met. People's healthcare needs were recorded in their care plans along with the names and contact numbers of external health and social care professionals involved in their care. People had accessed health and social care professionals when required including

GPs, consultants, specialist nurses, dieticians and opticians. A written record of the contact was made and included details of any intervention, the outcome and any follow up care which staff needed to provide people with. People were referred on to other services when a notable decline in their health and wellbeing had been noted. Referrals were made on behalf of people to community services including dieticians, continence and falls teams.

Peoples nutritional and hydration needs were identified and met. People's dietary needs had been assessed and a care plan was in place for people with an identified need. This included people who were at risk of malnutrition and people who needed prompting or assistance to eat and drink.

Food stores were well stocked with tinned, dried and fresh food items. Menus had been devised to suit people's nutritional needs, food preferences and the time of the year. Records and discussions with people showed they had been consulted about their food preferences, likes and dislikes. Kitchen staff held information about people's food dislikes and dietary needs and they were knowledgeable about them. For example the cook and kitchen assistant knew people who had food allergies, those who required a soft diet and those who had diabetes and required a low sugar diet.

People were given a choice of cereals and hot options for breakfast and a choice of two main meals for lunch and tea. People placed their order for lunch and tea at breakfast time. However, additional options including sandwiches and baked potatoes with various fillings were offered to people if they changed their minds. People were offered various snacks for supper, including biscuits, cake and toast. With their prior consent we joined a group of people and had lunch with them. Meals were nicely presented and served hot. Fresh fruit was offered to people daily, either as a desert following meals or as a snack throughout the day. The cook had various recipes for drinks made out of fresh fruit and they explained that they regularly offered people fruit shakes and smoothies. During our inspection fruit and hot and cold drinks were served to people in between main meals. Jugs of cold drinks and glasses were available in people's bedrooms and in the lounge areas so that people could help themselves whenever they wanted. Staff regularly offered drinks to people who needed assistance to access them.

An induction programme for new staff had been developed since the last inspection and was linked to The Care Certificate Standards. Introduced in April 2015, The Care Certificate is a nationally recognised qualification based on a set of minimum standards that social care and health workers follow in their daily working life. The standards aim to give staff a good basis from which they can further develop their knowledge and skills. Training completed as part of The Care Certificate included, understand your role, duty of care, equality and diversity, person centred care, communication and health and safety. The manager explained that all staff currently in post had been encouraged and agreed to complete the programme so that they all had the nationally recognised qualification. A number of staff confirmed that they had commenced The Care Certificate training.

Staff told us they felt well supported by the manager, deputy manager and senior staff. They said the improvements identified during our last inspection in relation to the support they received had not only been sustained but had further improved. Staff were invited to attend regular staff meetings facilitated by the manager and deputy manager and they had the opportunity to meet on a one to one basis with their line manager. Staff described the meetings as beneficial and said they gave them the opportunity to discuss both as a group or on an individual basis their work and training and development needs.

## Is the service caring?

### Our findings

People told us that they were treated with respect and that the staff were kind and caring. Their comments included; "They [staff] are very kind indeed, they treat me like a lady" and "They are all ever so nice and very caring".

People's confidentiality, privacy and dignity was promoted and respected. Records about people were accessed by authorised staff only and they were securely stored when not in use. Written records were locked away in filing cabinets in offices which were kept locked when unsupervised and electronic records (kept on a computer) were password protected. Conversations about people took place in private. For example, face to face and telephone discussions staff held about people with visiting health and social care professionals and family members took place in the office with the door closed. During the inspection people received visits from external healthcare professionals including community nurses. People were taken to their bedrooms where consultations and treatment was carried out in private.

People were encouraged to personalise their bedrooms with their own belongings such as photographs, pictures, ornaments and other items personal to them. Staff respected that bedrooms were people's personal space and they knocked and obtained people's permission before entering. People's bedroom doors were kept locked on their request and those who wished had their own key. A member of staff explained how important it is for one person to know that their bedroom door was kept locked and our checks showed the door was locked whilst the person occupied a lounge. In addition to curtains, windows in all bedrooms were fitted with nets, which acted as an additional privacy screen so that bedrooms could not be viewed from outside when curtains were open.

People were provided daily with clean towels and face cloths and their bed linen was checked regularly to make sure it was clean and in good condition. There was a good stock of clean bed linen and towels which were neatly folded and made available to people on request. The laundry service was efficient, people told us their clothing was nicely laundered and returned to them quickly.

Staff had a good understanding of people's needs and they spoke about people in a kind and caring manner. It was evident that staff had taken time to get to know people well including their preferred routines, likes and dislikes and things of importance. For example, staff knew where one person liked to sit during the day and why it was important to the person. People's preferred gender of staff to assist them with personal care and their preferred title was recorded in their care plans. People told us this was important to them and that staff respected the preferences they had made.

People had a choice of where to sit for meals and their dining experience was positive. Some people preferred to eat their meals whilst watching TV in the lounge and others chose to eat in their bedrooms or dine with others in the main dining room. The dining room was colourful and bright and tables were laid with matching table clothes. Meals were individually served and prior to serving each person with their meal staff reminded them of the choice they had made earlier in the day. Staff sat next to people who needed assistance to eat and drink, they engaged with the person and were patient in their approach. For example,

staff gave the person they were assisting plenty of time in between offering them each mouthful of food and they recognised when the person had eaten enough.

People were provided with information and received regular updates about the service. Information which was given to people and their family members included the registered provider's statement of purpose and a brochure describing the services and facilities available such as meal times, the laundry service and staffing arrangements. A 'Residents Charter' which was also made available to people described the aims and objectives of the service including ensuring people's rights to things such as choice, privacy, independence and dignity. People were given a welcome leaflet designed to provide answers to some of key questions on their arrival to the service. For example, name of the manager and head of departments, arrangements for security of valuables, meal times, access to advocacy services and how to make suggestions and complaints.

Regular 'residents and relatives' meeting were held as a way of sharing information about the service to give people an opportunity to comment and put forward any suggestions about how it was run. Signs were displayed on communal notice boards detailing when and where the meetings were held. A monthly newsletter was produced and copies of them which were displayed in the foyer provided people with updates about the service and details of any up and coming events and special celebrations. Pieces of information included in the last three months newsletters included plans to improve the décor of the service, hairdressing arrangements and a price list and details of an up and coming BBQ. People and family members told us they were kept well informed about the service.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These were put in place where people had chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible. This information was also highlighted to staff during handovers so that staff knew what action to take in the event of a person's death.

## Is the service responsive?

### Our findings

People told us that they received good care and support which met their needs and that they were confident about telling staff if they were unhappy about something. Their comments included, "They [staff] are always there when you need them", "I have no complaints, but would certainly tell them [staff] if I did" and "Spot on, nothing seems to be too much trouble to any of them [staff]". A family member told us that they were confident in the knowledge that their relative was receiving all the right care. They also told us that they would be confident in raising any concerns they had.

People's needs were planned for using documentation which the registered provider had recently implemented at the service. This included the completion of pre admission assessment documentation which considered a range of information about people and their care need requirements, including any risks they faced. Assessments covered things such as; people's current situation, health and wellbeing, communication, hygiene and personal appearance, mobility, falls and food nutrition and mealtimes. Assessments in relation to people's needs were also obtained from other health and social care professionals and used to help plan peoples care.

Other information gathered about people to help plan their care included, hobbies and interests, religious beliefs, medical history, information relating to medicines, personal belongings and possessions and a personal emergency evacuation plan. Care plans clearly identified the area of need and how best to support the person to achieve the intended outcome. Wherever possible, people had signed to consent and agree with the content of their care plans and where appropriate family members were involved.

All care planning documents were reviewed each month or following a change in a person's needs. A written record of each review was completed and detailed who was involved in the review, how it took place and any changes which were made to care plans and the reasons why.

Staff encouraged and promoted people's involvement in meaningful activities. Located around communal areas of the service were bookshelves containing a range of books and magazines, various games such as scrabble, chess and bingo and a selection of art and craft materials for people to use at their leisure. Staff encouraged people's involvement in one to one and group activities. Photographs displayed on the 'residents' notice board showed people involved in activity sessions and events organised and facilitated by staff at the service. These included BBQ's, art and craft, birthday parties, baking, and cinema shows. People told us they were offered a choice of activities which they found enjoyable.

The registered provider had a complaints policy and procedure which was made available to people, their family members and others. People knew there was a complaints procedure and where to find it. There was a locked box mounted on the wall in the foyer which was clearly labelled comments, compliments, suggestions and complaints and next to it were forms which people could take away and complete. People and their family members told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken. The manager maintained a log for recording the details of any complaints received and responses to them.

# Is the service well-led?

## Our findings

At the time of this inspection there was no registered manager in post at the service. However shortly after the inspection visit the manager who had been in post for approximately three months was registered by the Care Quality Commission (CQC).

People who used the service, family members, staff and visiting health and social care professionals were complementary about how the service was managed. They described the manager and deputy manager as very supportive and approachable. Comments people and family members made included, "They are always around checking if we are ok", "So much has improved lately because of them [managers]" "Just amazing", "We are never kept in the dark about anything. I have a lot of confidence in them".

The rating following our last inspection and a copy of the most recent inspection report was clearly displayed at the service for everybody to see.

There were systems in place for monitoring the quality of the service and making improvements. However, despite improvements made in relation to the management of medicines we found some checks failed to identify other concerns. Although we received confirmation from the manager during and following the inspection that they had acted upon the concerns we need to be assured that the improvements are sustained. We recommend that the service strengthens the current systems in place for checking on people's medication to ensure that people always receive their medication safety.

The manager, deputy manager and senior staff carried out checks at various intervals on other things such as people's care records, the environment, housekeeping, catering, and staffing and infection control. A record of the checks which were kept detailed the specific areas covered, the outcome of the check and where required comments were recorded detailing any required improvements which were needed. Action plans were developed to address areas for improvement and they included who was responsible and timescales for action. Once the action was completed it was checked and signed off by the manager. The registered provider or a representative of theirs carried out regular visits to the service. They spoke with people who used the service, staff and visitors. They also checked on areas of the service such as care and quality monitoring records, the environment and staff performance. The manager and deputy manager said the registered provider had always been contactable to provide support when needed.

A family member told us they had recognised several months ago improvements to the overall management of the service. They commented that they thought the improvements had been sustained and that they had noted further improvements to the service. For example, they said they had received continuous updates over the telephone regarding their relative which was important as they lived out of the area and found it difficult to visit as often as they would like to. The family member described the management as efficient and proactive.

People and their family members received updates about the service in the form of newsletters and were invited to attend residents and relatives meetings.

Throughout the inspection staff freely approached the manager and deputy manager for guidance and advice and to update them as required on matters regarding people who used the service. Staff described an open and supportive culture amongst the team. They said they had no concerns about approaching the management team with any questions or requests for advice or if they had a personal issue which impacted on their work. Minutes of staff meetings showed staff were provided with updates and encouraged to ask questions and make suggestions about the service. The minutes also showed that the management team consistently reminded staff of the visions and values of the service and encouraged a positive culture amongst all. They promoted high standards of care for people who used the service and acknowledged staff for their hard work. One member of staff told us that they had learned a lot from the manager and deputy manager.

Staff demonstrated they were aware of whistleblowing procedures and they said they would not hesitate to use them if they needed to. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams and the Care Quality Commission.

Staff had access to key contacts such as the registered provider, manager and deputy manager should they need to contact them outside of their usual working hours for advice and support. Staff told us that they were notified about who would be on call and that the on call person had always responded when they called upon them.

There was a system in place for reporting and recording any accidents or incidents which occurred at the service. The records were analysed on a regular basis as a way of identifying any trends or patterns and they were used to learn lessons and help prevent any future occurrences.

Policies and procedures were in place to promote the delivery of safe and effective care at the service. The documents were kept in clearly titled files and stored in areas accessible to staff should they need to refer to them. During the previous inspection the manager told us that the management team were in the process of reviewing all of the policies and procedures in place and we saw that this had been done. This meant that staff and relevant others had up to date information on delivering safe, effective care and support to people. Updates made to information which impacted on the service delivery were shared with staff through group and one to one meetings.

The manager and registered provider had informed us promptly about any untoward incidents or events which occurred at the service. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations. For example statutory notifications had been received in relation to accidents and safeguarding concerns which had occurred at the service.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always protected from the proper and safe management of medicines.