

Care UK Community Partnerships Ltd

Collingwood Court

Inspection report

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Tyne and Wear
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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

Collingwood Court is a large residential care home in North Shields, North Tyneside. The service provides accommodation, care and support for up to 63 older people, most of whom have physical and/or mental health related conditions. At the time of the inspection, 57 people were using the service.

We last inspected the service in March 2016, at which time we found the provider to be in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Subsequently, the provider sent us an action plan setting out the immediate and on-going improvements they intended to make. This inspection took place on 1 December 2016 and was unannounced.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager kept records which showed the quality and safety of the service was robustly monitored through audits. However one aspect of the management of medicines had not been thoroughly checked. Although improvements had been made to the management of medicines, they were still not completely managed in line with safe working practices. We found that whilst the previous concerns around the storage and disposal of surplus medicines had been addressed, a separate concern was identified.

We found the action plan which was submitted to us following the last inspection had been completed and the safety issues had been addressed. There was continuous action in place to improve the quality of the service.

People told us they felt safe at Collingwood Court and the relatives we spoke with confirmed this. There was a safeguarding policy in place and staff were able to describe their responsibilities with regards to protecting vulnerable people from abuse. More permanent staff had been recruited since the last inspection and additional staff were on shift; agency staff were still being used to ensure staffing levels were appropriate at all times.

Staff now used the company policies, procedures and systems effectively to enable them to provide safe

and good quality care. Record keeping had significantly improved. Care plans were thorough, well detailed and personalised. They were regularly reviewed and updated following changes to people's needs.

Improvements had also been made to the management and monitoring of accidents and incidents. These were now processed without delay into the electronic care records system to enable the registered manager to keep track of people's well-being and make referrals if necessary to external health and social care professionals.

Emergency plans had been reviewed and updated as necessary and the safety and maintenance of the premises continued to be monitored.

CQC is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements. The registered manager had applied to the local authority for DoLS authorisations for the majority of people who lived at the home. Care records now showed that mental capacity assessments were completed and decisions which were made in people's best interests had been carried out and recorded in line with the MCA principals.

People continued to be supported by staff to maintain a well-balanced, healthy diet. We observed the kitchen staff followed best practice guidelines and they were knowledgeable about people's individual dietary requirements.

The provider ensured a corporate induction process was given to all new employees and staff new to the care industry went on to complete a robust induction process which measured their competency. All staff were now regularly supported by senior staff and the registered manager through supervision and appraisal meetings.

We saw staff displayed kind and caring attitudes and treated people as individuals. We heard and observed staff giving people choices. People were respected by staff and their privacy and dignity was upheld.

Most people enjoyed a variety of activities; however some activities were not available to all people. The provider planned to increase the activities provision and a second activities coordinator was being recruited. We've made a recommendation that the provider reviews their activities program to ensure it meets the needs of all people who use the service. The staff continued to welcome families, friends and visitors into the home and support people to maintain links with their community.

The registered manager continued to hold meetings with staff, residents and relatives to gather their opinions and feedback about the service. People and their relatives told us they knew how to complain and would feel confident to do so. The provider had a complaints policy in place and the registered manager followed the correct procedures to record, investigate and respond to all complaints or concerns as necessary.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Despite improvements in the safety of the service, the management of medicines was not entirely safe.

Risk assessments were in place and preventative action was taken to reduce further risks.

Accidents and incidents were thoroughly investigated, recorded and monitored.

Is the service effective?

Good 

The service was effective.

Staff received a thorough induction process and completed training relevant to their role. Senior staff formally supported staff through supervision and appraisal.

The Mental Capacity Act and its associated principals were implemented throughout the service.

People had access to a wide choice of meals and drinks. The environment was designed to meet with best practice dementia care.

Is the service caring?

Good 

The service was caring.

All people and relatives spoke highly of the care workers and described them as caring, friendly and respectful.

Care records contained information about people's life history, preferences and routines to enable care workers to get to know people well.

Sensitive and supportive end of life care was delivered to enable people to remain at the home if they wished.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and contained personalised details.

Regular assessments were completed to ensure people received appropriate care and support. Care plans were reviewed often.

A plan was in place to increase the activities provision in order to give all people access to meaningful and interesting activities.

Complaints were responded to and managed well. People knew how to complain if necessary.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The established registered manager had ensured significant improvements were made to the service following our last inspection, however one aspect of the service had not been thoroughly checked.

An action plan had been implemented and target dates were met. The provider had increased management support at the service.

Records made about the service people received were relevant and detailed. Audits of records were completed.

Collingwood 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 1 December 2016 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all of the information we held about Collingwood Court including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters which the provider is legally obliged to inform us of.

We reviewed the initial action plan which the provider had sent us following our previous inspection in March 2016. We also contacted North Tyneside Council's contract monitoring team and safeguarding adults team, to obtain feedback about any recent interaction with the service. We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with seven people who lived at Collingwood Court. We spoke with seven members of staff including the registered manager, the deputy manager, senior care workers and other staff in care and non-care related roles. We also spoke with three relatives of people who used the service, who visited the home during the inspection. A representative from the provider attended part of the inspection and we were able to talk with them about the improvements made throughout the service. We spent time

observing care and support at various times throughout the day and we observed people engaging with activities.

We reviewed six care records in depth. We cross referenced paper and electronic care records and reviewed other aspects of people's care, including generic risk assessments, emergency plans and medicine administration records.

We looked at three records of staff who had been recently employed. Additionally, we looked at a range of management records which related to monitoring the safety and quality of service delivery.



Our findings

At our last comprehensive inspection in March 2015 a breach of legal requirements was found in Regulation 12 relating to safe care and treatment. We issued the provider with a warning notice in respect of this.

We previously found evidence that the provider had not ensured the proper and safe handling of some medicines. During this inspection we saw some steps had been taken to address this area concern, such as introducing a new system to store medicines which were awaiting return to the pharmacy for disposal. However appropriate arrangements were still not entirely in place.

During our observation in a treatment room a staff member described to us the action they took to discard some medicines. For example, medicines which people refused once removed from the packaging. We found the action which was being taken by staff throughout the home was both unsafe and untraceable. This meant there was no way we could be sure people had refused the medicine or track that these medicines were actually returned to a pharmacy for safe and proper destruction as staff were inappropriately destroying the medicines themselves. We alerted the registered manager to this issue and she immediately took action to rectify the concern. This included an immediate meeting with the senior staff involved to discuss the current process and contact was made with a local pharmacist to acquire medicine disposal bags to store any loose medicines.

This is a continuing breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12, safe care and treatment.

We found all other procedures in place which related to medicine management were safe and hygienic. Company policies were being followed with regards to other aspects of medicine management such as ordering, receipt, stock control, storage and administration. Medicine administration records (MARs) were completed appropriately.

Other evidence which we found at the last inspection in March 2015 which contributed to the breach of regulation 12 included insufficient recording and monitoring of accidents and incidents (particularly falls), care plans which were brief did not always describe individual risks people faced and were not up to date. There had been little evidence that preventative action or follow up action was taken following accidents and incidents to avoid a similar occurrence. In particular some people had not been referred to further services which may have improved their health and well-being. We found significant improvements had

been made in these areas.

The six care plans we reviewed in depth had been updated and thoroughly detailed the current care and treatment people required. A full audit of care plans had been carried out to ensure each risk assessment was completed correctly and the relevant information was transferred into people's care plans. We saw the care monitoring tools completed on paper by staff on a daily basis corresponded with the electronic records. Following accidents and incidents, records were made immediately and the electronic recording system was updated in a timely manner. We were able to review a collation of the records held regarding accidents and incidents in November 2016 and the action taken by staff. We saw that as well as referrals to external services, staff had also made use of safety equipment and sensors. This meant staff took reasonable steps to further protect people from harm which may arise from their on-going health conditions.

In relation to the management of falls, the registered manager had improved a post fall observation chart to enable staff to monitor people for 72 hours for any side effects which may develop later such as swelling, bruising or dizziness. Evidence showed that staff had followed the company falls policy and referred people as necessary to external services such as a GP, a falls clinic, a physiotherapist, occupational health services and a specialist in movement control. Where a GP had visited and people did not require further intervention, these details were now recorded. For example, one record read, "GP called out as three falls since admission – prescribed vitamin D to strengthen bones, no need for falls clinic referral at this time." Individual care records contained evidence that risk assessments had been updated and care plans were re-evaluated to ensure people received appropriate care and support following an accident or incident. The registered manager told us, "We have made such improvements to falls monitoring, the FRASE (Falls Risk Assessment Score for the Elderly) care plan is updated after every fall."

Company policies, procedures and guidance continued to assist staff to safeguard people from abuse and their training in this topic was up to date. Staff demonstrated their knowledge and awareness of this to us through discussion. The registered manager followed the local authority's safeguarding procedures and notified CQC as necessary.

Personal emergency evacuation plans were updated since our last inspection and all of the care records we reviewed contained copies of these. A central file remained in the reception area for use during an emergency evacuation.

There were enough staff to meet people's needs. The service used a recognised tool for determining dependency levels. The results were based on people's needs and took physical and mental health into consideration. The registered manager used her experience and knowledge to deploy staff between the floors if and when people's needs changed. The registered manager had recruited additional care staff to ensure more care workers were utilised on each shift. Agency staff were still being used to cover some vacant shifts. An administrator had been employed since the last inspection; the service had vacancies for a full-time maintenance person and an additional part-time activities coordinator.

We reviewed three personnel files of staff who had been recruited since our last inspection. The recruitment process continued to be robust. An appropriate application and interview process had been followed. Suitable referees had been sought and an enhanced check had been carried out with the DBS. The Disclosure and Barring Service (DBS) check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed.

In the bedrooms we were invited into, we noted some domestic tasks were not attended to as timely as

expected. One room needed vacuuming and some people's bedding and curtains appeared old and worn. The en-suites in two of the bedrooms we visited were soiled, there was rubbish lying on the floor and the toilets had not been cleaned. One member of staff told us, "This is because one domestic is covering handyman duties." Some rooms were in need of redecoration and marks could be seen on the walls of one room from pictures removed by the previous occupant. We informed the registered manager of our observations and she later provided us with a satisfactory explanation about each comment. Two members of domestic staff were on duty during our inspection and an additional person had been employed in the laundry department. One member of the domestic team was temporarily assisting with maintenance tasks to ensure the safety of the premises. A malodour was still apparent in some areas of the home. The registered manager told us new flooring had been ordered.

Overall, the premises were clean and well maintained with good quality soft furnishings in communal areas. We observed staff used personal protective equipment such as disposable gloves and aprons when attending to personal care and serving meals. Safety checks continued to be carried out around the home and we reviewed a random selection of the records which related to the safety of the premises, such as gas, electrical and fire safety equipment testing. These were up to date and carried out by external contractors.



Our findings

During our last inspection we identified a breach of Regulation 11, need for consent. There was a lack of evidence regarding people's consent to the care they received and appropriate best interest decision making for people who lacked the mental capacity to make their own complex decisions. Care records did not contain evidence of these decisions and forms which related to people consenting to their care and treatment were left blank. We issued the provider with a requirement notice in respect of this.

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 to receive care and treatment when it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider and the registered manager had made improvements in this aspect of the service. A full audit of care plans had been undertaken to ensure mental capacity assessments were completed. Relatives who had informed the service that they held a Lasting Power of Attorney (LPA) were contacted to acquire a copy of the document. A LPA is a legal process that lets people appoint someone else to help them make decisions or to make decisions on their behalf. There are 2 types of LPA: health and welfare and property and financial affairs. People who lack mental capacity may still have the ability to consent to some aspects of their care and treatment. People should be included in the best interest decision making process along with their supporters. We discussed this with the registered manager who confirmed 'best interest' decisions were now routinely considered and recorded in line with the MCA. Mental capacity assessments, signed consent forms and up to date DNAR (Do Not Attempt Resuscitation) wishes were present in the care records we reviewed. This meant staff actively sought the consent of people or their supporters to provide appropriate care and treatment and they ensured that care was assessed, planned and delivered in line with the principals of the MCA.

Care records showed, and the registered manager confirmed the majority of people living at the home were subject of a DoLS. Applications to the local authority and their outcomes continued to be recorded. The registered manager notified CQC of these as they are legally required to do.

At the last inspection supervision sessions were not up to date and appraisals had not been carried out to

formally support the staff in their roles. During this inspection, we reviewed the supervision and appraisal documentation of five members of staff. We saw new appraisal documentation had been implemented and staff had attended a one to one meeting with a supervisor, the deputy manager or the registered manager to receive formal support. Some sections of the appraisal record had not been completed and most of the sections which were completed were brief. However we did review a small amount of supervisions sessions which had been carried out by a support manager which were more in depth and covered discussions with the staff about the previous CQC inspection, improvements which were required with record keeping and specific individual training requirements. The majority of the staff we spoke with told us they felt supported by the registered manager, deputy manager and senior care staff.

Staff continued to complete daily notes on the electronic care records system in order to maintain an effective communication system. We saw these records had improved since our last inspection. Senior staff told us if care workers did not have time to complete these before their shift ended, they would write the information down and a senior carer would input detailed information onto the electronic system. We reviewed handover records for two previous weeks and saw these were also completed to an improved standard which provided effective communication for the oncoming staff members.

There continued to be no issues with the induction and training of staff. Newly recruited care workers had commenced the care certificate. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. On-going training which the provider deemed mandatory was up to date and regularly refreshed. Specific training which was necessary for staff to assist people with individual needs was provided by nurses and occupational therapists for example. Checks on the competency of staff had also been carried out. The staff we spoke with told us they completed training on a computer. They felt some of the training would be better if it was practical rather than computer based. The registered manager responded to this during feedback. She said, "We do have face to face training i.e. fire, moving and handling, first aid, care planning and health and safety, however the company also provides e-learning on these subjects."

We observed support being provided during lunchtime in the dining room upstairs to help us understand the experience of people who could not talk with us. There were 13 people seated in this dining room. The atmosphere was peaceful and people appeared relaxed. Staff offered people a choice of hot and cold drinks. People were offered choices of beef soup and a bread bun or burger in a bun with chips and salad. Meals were plated and served to people at their table; the meal appeared pale and dry. A sponge cake was served for dessert, however we noted these had arrived uncovered at the same time as the main meals. We observed very little interaction with people. The experience was practical, however it could have benefitted from more socialisation and engagement from the staff.

Other people we were able to speak with told us they could choose an alternative meal if they didn't like what was offered. One person told us, "I'm a very fussy eater, the cook says I can have something else, he says, tell me what you want, you can have anything you want." Another person told us, "I had a good breakfast this morning, we have a very good chef, we are all different but he manages to please us all." One person commented, "The chef told me everything is bought in, nothing is cooked on site, I am used to fresh vegetables, it was burgers and chips today." We informed the registered manager of this comment and she later told us, "Fresh vegetables are on the menu daily, the deputy manager has assured (person) that food is cooked on site. We completed a 'Resident of the Day' [review], (person) was asked about meals. On all documentation they have stated they are more than happy with the meals at Collingwood Court.

We reviewed a lot of records which showed people had access to other health and social care professionals to meet their needs. We found improvements had been made to the entries in the electronic care system

which now provided detailed information about visits, any instructions given and follow up actions taken by the registered manager and staff.

The communal areas of the home were well designed and adapted to meet with best practice guidelines for dementia care. Areas of the home had themes, such as a 'pub' with a bar, tables, chairs, pub games and associated décor. A quiet room used by people and relatives was decorated like a library. Doors, walls, handrails and flooring were contrasting colours and signage appropriately displayed words and pictures. The home had plenty of outdoor space and a gardening area for people who wished to undertake light gardening activities.



Our findings

People we spoke with told us, "I love it here, the staff are friendly and very nice to me", "I am very happy here, it's a marvellous home", "They are a nice lot, they are very friendly here" and "It's like being on holiday here."

The relatives we spoke with echoed people's comments. They said, "The care is fine, it suits my mother well", "I am impressed with the staff and what they do", "There is good continuity of care staff, they are getting to know my mother well. She is very well looked after", "I think (my mother) is very well looked after" and "The staff are fantastic."

The home had a relaxed, welcoming, homely atmosphere and appearance. Staff were friendly and treated people with kindness and compassion throughout our inspection. Staff were able to explain to us about individual people's needs and it was apparent they knew people very well and had built up good relationships. The registered manager had received many compliments about her staff and the service they delivered to people.

We observed staff respected people's wishes and maintained their privacy and dignity. We saw staff knock on people's doors before entering and were discreet with their involvement in personal care. The registered manager told us the 'quiet' library themed room was still used by people and relatives as somewhere to sit for confidential conversations and it had continued to be used as a private room when relatives were bereaved.

Care records contained information about people's life histories, preferences, likes and dislikes. These entries had much improved since our last inspection. They contained thorough details about people in order for staff to get to know people and read about what people liked to do or talk about.

Visitors came and went all day and those who spoke with us told us how friendly and relaxed the home was. There were no restrictions for visiting and relatives and friends were encouraged to join in with activities and be part of the home's community.

Discussions with the registered manager and staff revealed that people who used the service had diverse needs in respect of the protected characteristics of the Equality Act 2010; in relation to age, disability, gender, marital status and religion. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. Training records showed some staff

had undertaken training in equality and diversity. We saw staff took positive action to ensure people's needs were met in a way which reflected their individuality and identity.

People had been given a 'service users guide' upon admission which contained information about the service; what to expect, what services were offered and local amenities. Leaflets which provided advice and guidance relevant to people who used the service and their relatives were on display around the home to ensure people and relatives had access to information and other services which may be of benefit to them.

The registered manager was aware of how to access a formal advocate if people needed this support, as she had arranged this in the past, although most people had family or friends who acted on their behalf. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

The staff continued to support people with palliative (end of life) care. People's care records contained information about advanced care planning decisions and end of life wishes. The home was proactive in supporting people at the end of their lives and took pride in the service they were able to offer to people at a difficult time. Relatives were very appreciative of the support given to them by staff and we saw their thanks expressed in 'thank you' cards displayed in the reception area.



Our findings

At our last inspection we identified a breach of Regulation 17, good governance. Evidence we found at that time demonstrated that despite an electronic recording system being in place which was capable of effective recording and monitoring, staff were not using the system to its full potential. Although assessments had been completed some of these were basic and brief. A score was computer generated, however these scores were not translated into an up-to date, thorough, person-centred assessment of how staff should provide care and support to each individual person. Some sections of the system were entirely blank.

At this inspection, we found the registered manager and deputy manager had undertaken a full review of each person's care records and additional training had been sought for staff with regards to person-centred care planning. Significant improvements could be seen in all six of the care records we reviewed. The registered manager told us, "The staff have tried really hard with the care plans." We found the documentation to be very thorough and the detailed care plans were regularly evaluated and updated as necessary. Each care plan contained a current situation, expected outcomes and actions for staff to take. Monthly care plan reviews were documented and we saw care plans and risk assessments had been updated after people's needs changed or there had been an accident or incident.

Daily care monitoring tools continued to be recorded manually by care staff regarding food and fluid intake, hourly checks, incidents and post-falls observations. We found the information detailed in these records had also improved. These records were checked on a daily basis by a senior care worker which meant any action required was now implemented in a timely manner. This demonstrated the service responded quickly to meet the needs of people.

Regular additional assessments of people's needs took place. The 'Resident of the Day' review had also improved. The registered manager now closely monitored this to ensure every person was spoken with on a monthly basis. Every day staff from different departments would visit a 'resident of the day' to discuss their care and support. This included care staff, kitchen staff and domestic staff. There were now detailed records of these reviews taking place and what was discussed. The registered manager was able to use these records to respond to some of the comments people made to us during the inspection.

At our last inspection, evidence which related to the management of complaints had also contributed to the breach of Regulation 17. We had been made aware of two complaints which we found were not recorded in the complaints register.

At this inspection we found the two outstanding complaints had been recorded following our visit and information was logged about how these complaints were handled and the outcome. We reviewed complaints and minor issues made about the service since our inspection and saw these were recorded, contained thorough investigatory notes and an outcome, which where necessary included an apology to the complainant. A complaints register had been updated which allowed the registered manager to track and monitor trends.

Most of the people and relatives we spoke with did not have any complaints or concerns about the service. One relative said, "The care is good, she is enjoying the food and doing well, no problems." Another said, "We are perfectly happy with the care." We passed the comments of those who raised minor issues to the registered manager who later informed us of the action she had taken to address these.

An activities coordinator was in post and the service was in the process of recruiting a second part-time coordinator to increase the activities provision and provide cover at weekends.

The activities coordinator told us there was no set budget for activities and the registered manager always agreed to any expenditure. They said, "There has never been a problem requesting equipment or spending." There were photos around the home of people enjoying outings, visits from animals and using electronic leisure equipment. We observed several people joined in decorating the Christmas tree, and a craft session in the dining room. The activities coordinator kept electronic records of people's engagement with activities. One person told us, "(Activities coordinator) is very enthusiastic; she will come in on her days off to celebrate events and birthdays."

Some people told us they would like more to do. The activities coordinator told us, "The residents on the first floor refuse to come out; they don't like using the lift." We spoke with some of these people who said they would have liked to join in the craft sessions, or would like to do exercises. The activities coordinator told us they did not network with other activities coordinators and relied on a monthly magazine from a dementia organisation for ideas.

We recommend a review of the activities provision to ensure all people have opportunity to engage in activities which are meaningful and interesting to them.



Our findings

Following our last inspection in March 2016, we identified evidence of a breach in Regulation 17, good governance. This included poor record keeping, lack of constructive and motivating formal feedback to staff and audits which had not identified issues or issues had not been addressed in a timely manner. We issued the provider with a warning notice in respect of this. Subsequently, as required the provider sent an action plan stating the improvements they intended to make. At this inspection we found considerable improvements had been made throughout the service, however one aspect of the service had not been thoroughly audited which meant staff had carried out an unsafe practice.

Comprehensive audits were carried out by senior care workers, the deputy manager and the registered manager on a daily, weekly and monthly basis. However these had not been robust enough to identify the issue regarding disposal of medicines, which we highlighted during the inspection. The unsafe practice did not meet with the National Institute for Health and Clinical Excellence (NICE) guidelines and an overall quality assurance check conducted by the registered manager or a representative for the provider should have realised this. The inspection team took further advice from a medicines team manager within the Commission who confirmed our findings.

The regional manager subsequently checked the training records of the staff and told us all of the senior staff had successfully completed a recent competency check which had been carried out by the provider's quality director. The regional manager also undertook a short audit of the medicine administration records in an attempt to identify how many incidents of this nature had taken place. However due to the practice being untraceable, they were unable to identify which people were involved and how many times this had happened, which meant we could not be certain of the impact this had on people. We considered that the impact on people was low as there was no evidence of ill-effects suffered by people and no complaints had been made about this aspect of the service. The practice was stopped with immediate effect and action was taken to implement a new process.

The registered manager and deputy manager had undertaken a large amount of work to support and encourage staff to make better use of the electronic recording system, which included training, supervision and on-going monitoring. We found staff now used the system to its full potential. They made imperative, detailed entries on the system to record and monitor the care and support people needed and received. Other written evidence regarding incidents (particularly falls), risk management, health and safety, complaints about the service and quality assurance were thorough and fully described the situation, investigations, actions taken and outcomes.

A full audit of all care plans had taken place since our last inspection, staff files had been checked as had other records kept to monitor the safety and quality of the service. Issues identified were acted upon and recorded.

Senior staff had carried out formal individual appraisal meetings with their teams in order to record the support given to them in their role. This demonstrated that the registered manager had assured herself that staff understood their responsibilities and were accountable for their actions.

Communication had improved throughout the home. Care workers and senior care workers ensured information was inputted onto the electronic system in a timely manner and urgent information was passed verbally or hand-written to the deputy manager or registered manager on a daily basis. This guaranteed the registered manager had an up to date overview of the service and an automated audit tool called I-perform which could be viewed through the electronic recording system, was up to date. This meant the registered manager was able to ensure appropriate and timely internal and external input into people's care needs could be sought if necessary.

We reviewed minutes from staff meetings in October and saw key topics such as safeguarding, health and safety, care planning and the on-going service improvements featured on the agenda. Staff had been given the opportunity to ask questions, share ideas and take part in the discussions.

The action plan which the provider had submitted to us following the last inspection was regularly updated as improvements were made and action was taken. An internal service improvement plan was continuously monitored by the registered manager and the regional manager on a monthly basis. We were able to review up to date versions of both of these documents during the inspection and saw an effective and timely response had been made towards the concerns identified. The regional director continued to conduct provider audits. This meant senior management had oversight of the service.

The registered manager told us the provider had arranged for valuable support to be given to the service since the last inspection. A peripatetic support manager had been working with the registered manager to implement the necessary changes and conduct audits and checks on the service. We spoke with the support manager who told us they had been brought in to support with clinical issues, care planning and risk assessments. They also told us they had redrafted sections of people's care plans, such as nutrition and hydration and moving and handling, conducted supervision and appraisals with staff and delivered specific training to the staff to address competency.

The registered manager had been registered with the Care Quality Commission (CQC) to provide regulated activities since October 2011. This meant she had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. Prior to our inspection we checked our records to ascertain whether statutory notifications were being submitted and we found that they were. The registered manager had sent regular notifications of deaths or other incidents which had occurred at the home as she was legally responsible to do.

During the inspection and afterwards during feedback, the registered manager and the provider were receptive of the evidence we presented to them. They have been proactive in their response to our findings in order to reduce risk and have supplied additional evidence as requested.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines which were administered to people but refused were not being stored and disposed of safely and properly. There was no system in place to record medicines which had been refused to provide an accurate account of their whereabouts. These medicines were not being returned to a pharmacy to be destroyed; instead staff were inappropriately destroying medicines themselves.</p> <p>Regulation 12(g)</p>