

## Caring Homes Healthcare Group Limited

# Miranda House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Miranda House is a care home which provides accommodation and nursing care for up to 68 older people. At the time of our inspection 47 people were resident at the home. This inspection took place on 7 September 2016 and was unannounced. We returned on 8 September 2016 to complete the inspection.

At the last comprehensive inspection in October / November 2015 we identified that the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks people faced were not managed effectively, there were not always sufficient staff deployed in the home, the home did not always follow the requirements of the Mental Capacity Act 2005 when people did not have capacity to consent to care and treatment. In addition, care plans did not always contain up to date information about people's specific needs and records kept by staff were not always accurate. We served warning notices to the provider and registered manager as a result of some of the concerns we identified. We completed a focussed inspection in June 2016 and found that the provider had taken the immediate action necessary to improve the service. During this inspection we found that the provider had sustained these immediate improvements, but further work was needed for people to receive a consistently good service.

People were given the support they needed to take medicines they had been prescribed and staff kept good records of the medicine they had supported people to take. Although medicines were stored securely, further work was needed to ensure they were always stored at the temperature recommended by the manufacturer and were disposed of before they reached their expiry date.

Staff were taking suitable action when they identified that people did not have capacity to consent to their care or treatment and had made applications to authorise restrictions on people's liberty. However, where restrictions had been authorised with conditions, staff were not always clearly recording the actions they had taken to meet the condition.

Risks people faced were being well managed. Staff had identified risks people faced and had planned with them how those risks should be managed. Staff had a good understanding of the risks and the action that was planned. The plans were regularly reviewed and updated when people's needs changed.

Staffing levels had been reviewed and there were sufficient staff deployed to meet people's needs. During our observations we saw that staff were available to provide support to people when needed. This included support for people to eat, drink and move around the home safely. Requests for assistance from people were responded to promptly. Staff told us there were enough of them available to be able to provide safe care and meet people's needs. Comments from staff included, "There are enough staff to meet people's needs, which is a big improvement", "The team works well together and there are sufficient staff to meet people's needs" and "Staffing levels are enough to provide the care that people need".

There was an improvement in the information set out in people's care plans. People's records contained

care plans relating to their specific needs and there was evidence that the plans were updated when people's needs changed. Some people told us they were involved in developing and reviewing their plans. Where people were not able to tell staff what care they needed, there was a record of who had been involved in making decisions.

People told us they were treated well and staff were caring. Comments included, "I am very happy living here. Staff treat me well" and "The staff are kind and look after me". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy.

Staff told us they received training and support which gave them the knowledge and skills needed to do their job effectively. Comments from staff included, "Training is good quality. Every week we complete some training", "The online training courses are good" and "I have had lots of e-learning and training. This has helped me to understand people's needs".

Staff felt the changes that had been made to the management of the service since the last comprehensive inspection had been positive. Comments from staff included, "Morale is much better. We continue to make improvements and everyone has worked together", "There have been further improvements (since the last inspection). Management are there when you need them and they will come onto the floor if we need help. People are getting good care" and "It's enjoyable now to come to work. When I leave I feel I have done a good job".

We found a 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 this 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?

The service was not always safe.

People received the support they needed to take any medicines they were prescribed. However, action was needed to ensure medicines were always stored at the temperature recommended by the manufacturer and were disposed of before they reached their expiry date.

There were systems in place to manage risks people faced. Staff had a good understanding of the action they needed to take to keep people safe.

Staffing levels were sufficient to meet people's needs and keep them safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff understood the action they needed to take if people did not have capacity to consent to their care. However, where restrictions had been authorised by the local authority with conditions, staff were not always clearly recording the actions they had taken to meet the condition.

Staff received good training, which gave them the skills and knowledge to do their job effectively.

People were able to see relevant health care professionals when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

**Good** ●

Staff provided care in a way that maintained people's dignity and upheld their human rights. People's privacy was protected and they were treated with respect.

### **Is the service responsive?**

The service was responsive.

People and their representatives were involved in planning and reviewing their care.

Staff had a good understanding of people's specific needs and provided care and support in line with the care plans.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

**Good** ●

### **Is the service well-led?**

The leadership of the service had improved, but further work was needed to build on the changes that had been made and embed them in practice.

There was a registered manager in post, who was supported by a peripatetic manager to help improve the service.

Management systems were being used to regularly review the service and identify where to prioritise action. However, these systems did not always identify the shortfalls that needed to be addressed.

**Requires Improvement** ●

# Miranda House

## 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 7 September 2016 and was unannounced. We returned on 8 September 2016 to complete the inspection.

The inspection was completed by one inspector and a specialist advisor in the nursing care of people with dementia. We reviewed reports from the last comprehensive inspection in October / November 2015 and a follow up focussed inspection in June 2016. This enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with five people who use the service, four relatives and seven staff, including nurses and care assistants. We spoke with the regional manager and a peripatetic manager who was providing management support for the home. The registered manager was on a period of leave during the inspection and we spoke with them by telephone on their return to work. 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 way staff interacted with people who use the service and looked at the records relating to care and decision making for seven people. We also looked at records about the management of the service.

## Is the service safe?

### Our findings

At the last comprehensive inspection in October and November 2015 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the risks people faced in relation to pressure ulcers, management of falls, nutrition and hydration were not managed effectively. Following that inspection we served a warning notice on the registered manager. We completed a focussed inspection in June 2016 and found that the provider had taken the immediate action necessary to manage the risks people faced and keep them safe. During this inspection we found these improvements had been maintained and the service was managing risks effectively.

We assessed the care files of seven people using the service. Each person had a set of assessments covering the risks they faced and the action staff should take to manage those risks. The assessments had been regularly reviewed with people and their representatives and changes had been made to the management plan where necessary.

Where people were assessed as being at increased risk of falls, there was clear information about the equipment they needed to help keep them safe, such as walking frames and wheelchairs. The plans included information about how to use equipment people had been assessed as needing. Referrals had been made to the occupational therapist and they had been involved in designing people's plans where necessary.

People had assessments of their risk of developing pressure ulcers and the risks of malnutrition and dehydration. The plans included details of any equipment that was needed, for example pressure relieving mattresses and cushions. There was clear information about the support people needed, for example to change position or the support people needed to eat and drink. Staff kept records of the support they had provided, which indicated care was provided in line with the risk management plans.

Staff demonstrated a good understanding of people's needs in relation to risk management. Staff reported prompt action was taken when people's needs changed or when they raised concerns about a person's needs. Care assistants and nurses reported they worked well together and said they received good support from the management team.

At the last comprehensive inspection in October and November 2015 we identified that the service was not meeting Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection. At this inspection we found that action had been taken to improve the safety of the medicine management systems, although further work was needed to ensure medicines were always in date and stored correctly.

Since the last inspection the home had taken action to reduce the temperature of the rooms medicines

were stored in. Air coolers had been installed, which had reduced the temperature of the rooms to below 25 Celsius. However, during recent periods of hot weather, the coolers had not been sufficient to keep the rooms at the right temperature. Records indicated the temperature had exceeded 25 Celsius on 11 occasions between 27/8/16 and 7/8/16. The peripatetic manager told us they were aware of the problem and were arranging the installation of an air conditioner unit. The peripatetic manager said this would be sufficient to keep the room at a temperature that was in line with medicine manufacturer's instructions.

The home had two fridges for the storage of medicines that required refrigeration. During the inspection we were told that one of the fridges had been identified as faulty and all medicines had been moved into the other fridge. The temperature records for the fridge that was being used stated that the maximum temperature of the fridge exceeded eight Celsius on 27 occasions between 11/8/16 and 7/9/16. The nurse completing the form recorded that management had been informed, but did not say which member of the management team. The registered manager, peripatetic manager and regional manager all told us they were unaware of the high fridge temperatures. Following our discussion with the peripatetic manager on the first day of the inspection, action was taken to provide a temporary fridge and replacement medicines had been obtained in case the storage temperature had reduced their efficacy. The peripatetic manager also ordered two new clinical fridges. Whilst the management team took prompt action once they became aware of the issue, the systems for staff reporting and following up issues had not worked effectively.

Medicines people were taking regularly were checked as part of the home's medicines audit. However, we found the two medicines that had been prescribed for people to take 'as required' had recently passed their expiry date. One of these medicines was no longer in use and the peripatetic manager disposed of it. The other medicine was still being used by the person occasionally and the peripatetic manager ensured new tablets were obtained. The failure of the medicines audit to identify medicines that were out of date increased the risk that people would be supported to take medicines which may not be effective.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that other aspects of medicines management demonstrated good practice, with medication administration record (MAR) sheets fully completed to give details of the medicines staff had supported people to take. Topical creams and medicated lotions were safely stored and there was clear information about how and when to support people to apply them. There was clear information about the circumstances in which staff should support people to take medicines that had been prescribed to be taken 'as required'.

At the last comprehensive inspection in October and November 2015 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient staff were not always deployed to be able to meet people's needs. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection. At this inspection we found that action had been taken to improve staffing arrangements in the home.

The service used a dependency assessment tool to identify how many staff needed to be working on each shift. The dependency assessments were regularly reviewed and staffing levels had been amended as people's needs changed. The home's staff rotas demonstrated these staffing levels were maintained consistently. The peripatetic manager told us they had the flexibility to bring in additional staff if they were needed. The management team used an allocation sheet to ensure there was a good skill mix of staff in all areas of the home and that staff breaks were planned to ensure there were enough staff left available to

meet people's needs.

During our Short Observational Framework for Inspection (SOFI) we saw that staff were available to provide support to people when needed. This included support for people to eat, drink and move around the home safely. Call bells were answered promptly and staff responded to verbal requests for assistance from people.

Staff told us there were enough of them available to be able to provide safe care and meet people's needs. Comments from staff included, "There are enough staff to meet people's needs, which is a big improvement", "The team works well together and there are sufficient staff to meet people's needs" and "Staffing levels are enough to provide the care that people need".

At the last comprehensive inspection in October and November 2015 we identified that the service was not meeting Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because safe infection control procedures were not always followed. Following that inspection we issued a requirement notice in the inspection report. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

At this inspection we found that improvements had been made in infection control procedures. During the inspection we observed staff using appropriate protective equipment, such as disposable gloves and aprons. Staff were aware of the infection control procedures in place and said they were followed by all staff. We observed staff following the infection control procedures in relation to separating soiled laundry, using cleaning equipment that was specific to the area being cleaned and following good food hygiene procedures. The management team completed regular infection control audits to assess how the procedures were being put into practice. These checks included whether staff were using the correct personal protective equipment, whether food was being handled and transported around the building safely and whether staff were following good hand hygiene procedures.

Although the home was generally clean, we found one of the bathrooms had mould on the floor. During the visit the peripatetic manager took action to resolve this and identified that it had been caused by an extractor fan that was not working. An order for a replacement extractor fan had been placed by the end of our visit.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw that the provider was working with the safeguarding team to respond to concerns where they had been raised.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of three recently recruited staff and found these procedures had been followed.

## Is the service effective?

### Our findings

At the last comprehensive inspection in October and November 2015 we identified that the service was not meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not meeting the requirements of the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. Following that inspection we served a warning notice on the provider. We completed a focussed inspection in June 2016 and found that the provider had taken the immediate action necessary. During this inspection we found that these improvements had been maintained. However, further work was needed to ensure that conditions made when restrictions were authorised were complied with.

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 legally authorised under the MCA. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff had taken appropriate action where they assessed that people did not have capacity to make a decision. Staff had completed training in the MCA and DoLS and those we spoke with had an understanding of the principles of the Act. People's care records contained detailed and decision specific mental capacity assessments and the provider had made DoLS applications to the local authority where appropriate. At the time of the inspection 46 applications had been made to the local authority, 22 of which had been authorised. The other applications were still being assessed by the local authority.

Some of the DoLS authorisations contained conditions that the provider was required to meet. We saw that for one person there was a condition that their care was regularly reviewed to ensure the continued use of covert administration was the least restrictive option of supporting them with their prescribed medicines. The medicines care plan for this person had been reviewed each month. However, the reviews made no reference to whether the covert administration of medicines was still the least restrictive way to support the person. The most recent review available on the file stated that the person's 'medications are administered by trained nurses as prescribed'. There was no information about whether other methods of supporting the person with their medicines had been tried or what the outcome was. Without this information the provider was not able to demonstrate how they were complying with the conditions that had been made when the restriction was authorised.

The registered manager had obtained copies of any power of attorney documents that people had in place. A power of attorney has legal authority to act on a person's behalf in some circumstances relating to decisions about finance or the person's health and welfare. Details of these powers were included in people's care plans. Where there was no power of attorney in place, staff had made decisions in people's best interest, following consultation with a range of people, including families and professionals.

The peripatetic manager told us the provider had been working to improve the environment since the last comprehensive inspection in October and November 2015. Areas of the home had been redecorated and new flooring had been fitted in some areas of the home. Staff had tried to support people to make memory boxes for their bedroom doors. These are boxes containing objects or pictures that are important to the person. This had worked in some cases and the boxes were fixed to people's doors. In other cases, staff had found people preferred the use of picture frames or photo boards and had supported them to create these. Further work was planned to complete this work for everyone who used the service.

Although improvements had been made to the environment, we found some areas of the home were not suitably maintained or decorated. The first floor of the home had two shared bathrooms. One of the bathrooms had a large area of the floor covering cut out of it, where hoisting equipment had previously been sited. This left an area of the floor that could not be effectively cleaned and was unsightly. We discussed this with the peripatetic manager who decided to take this bathroom out of service until new flooring was fitted. This left one bathroom on the first floor available for people to use. When we looked at this bathroom on the second day of the inspection it was being used to store cleaning and laundry trolleys, which prevented access to the bathroom. The use of the only bathroom on one floor of the home to store equipment did not ensure there was a comfortable and pleasant environment for people to have a bath.

We found that devices used to hold fire doors open were not always effective. Staff were observed struggling to enter one person's room whilst holding their lunch tray as the door would not stay open on its retaining device. As well as being inconvenient for staff, this also meant the person, who was being cared for in bed, could not choose whether to have their door open or closed and increased the risk of social isolation. We saw that another two bedroom doors remained open when they were tested. This was because the device holding them open had not released as it was meant to. A fourth door, at the bottom of a staircase, was rubbing on the floor and would not close independently once it had been opened past approximately 45 degrees. We reported these issues to the peripatetic manager who said they would take action to repair or replace the doors.

People told us they received good care and support from staff. Comments included, "Staff provide the right care" and "Staff are good – they treat me very well".

Staff told us they received training and support which gave them the knowledge and skills needed to do their job effectively. Comments from staff included, "Training is good quality. Every week we complete some training", "The online training courses are good" and "I have had lots of e-learning and training. This has helped me to understand people's needs". Registered nurses told us they were able to maintain their continuous professional development, to ensure they kept up to date with current best practice. Examples were given of recent courses in the use of syringe drivers and wound management.

The peripatetic manager told us she had focused on ensuring all staff were up to date with the training they needed. Records demonstrated staff had completed 98% of the training that was expected of them. The management team were aware of the courses individual staff still needed to complete and were working with them to ensure this was completed as soon as possible. Staff had completed accredited courses in support for people with dementia and further training at a higher level was planned. A visiting palliative care nurse told us they were working with staff to provide education sessions about end of life care. They said they had found staff to be receptive to the sessions and had started to see changes in practice as a result.

Records showed staff received both group and one to one supervision sessions. These were used to follow up on training they had received and apply this to situations in the service. Staff told us they felt well supported and were able to raise issues or concerns at any time with a member of the management team.

People who were able to speak with us said they were happy with the food provided by the home and were able to choose meals they liked. Comments included, "The food is very nice. There's very little they cook that I don't like" and "The food is very good. They come round with a menu to make a choice". A relative told us the food was "quite nice".

Most people in the dining rooms appeared to be enjoying their lunch and spent time interacting with each other. In most areas we observed there were sufficient staff, who provided good support for those that needed assistance to eat. Staff providing this support sat at the person's level, took their time and explained to people what the food was. In one of the dining rooms on the first day of the inspection, staff told us they were finding it difficult to support people. This resulted in some people having to wait a little longer for support to eat. Although people needed to wait, they all received the support they needed. Staff said they were finding it difficult because some staff were out of the home supporting people on a trip.

People were able to see health professionals where necessary, such as their GP, specialist community nurse or dentist. This was demonstrated by records in people's care files. One health professional we spoke with commented that staff were 'on the ball' and willing to assist them and implement any actions or treatment they advocated. Wound assessments showed staff appropriately sought the views of the tissue viability nurse and plans of care were put in place and followed.

## Is the service caring?

### Our findings

People told us they were treated well and staff were caring. Comments included, "I am very happy living here. Staff treat me well" and "The staff are kind and look after me". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance. For example, we saw staff providing discreet support for people to go to the toilet and providing comfort and reassurance to some people who were distressed.

The relatives we spoke with felt the home provided the care people needed in the right way. They felt that both the personal care needs of their loved one were met and they were pleased their relatives were involved in activities and trips out of the home. One relative described the home as supportive of both them and their loved one.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. For example, we observed staff saying hello to one person. The person placed their arm round the member of staff and have them a hug. The affection appeared to be genuine and the person later told us they had "no concerns" about living in the home. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about the care they received and their preferences.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. We observed staff working in ways that supported people to maintain their independence, including encouraging people to be independent when eating and supporting people to make decisions by giving them clear information about their options.

## Is the service responsive?

### Our findings

At the last comprehensive inspection in October and November 2015 we identified that the service was not meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not always kept up to date to reflect people's specific needs. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

At this inspection we found there had been an improvement in the information set out in people's care plans. People's records contained care plans relating to their specific needs and there was evidence that the plans were updated when people's needs changed. For example, there were plans in place where people had specific needs in relation to nutrition, skin integrity and support needed when people were distressed. Some people told us they were involved in developing and reviewing the care they received. Where people were not able to tell staff what care they needed, there was a record of who had been involved in making decisions.

Care staff told us they received good information about people's needs, which helped them to provide the right care. One member of care staff said the improved information had given them more confidence in dealing with the challenges that some people presented as a result of distress or the effects of their dementia.

During our Short Observational Framework for Inspection (SOFI), we observed staff supporting people to choose different activities, including singing, dancing, watching television and looking at a book of photographs. Staff supported people to make choices about drinks and snacks, trying different methods to support people with making a decision. Later in the day, staff supported some people to join in with a musical entertainment session from visiting performers. People appeared to enjoy the interactions and staff responded to people in different ways, specific to their particular needs.

There was a planned programme of activities, with regular activities planned outside the home. Most of the relatives we spoke with were happy about the activities that were available. One visitor told us they were pleased that their relative was involved in activities and trips out of the home. One of the relatives we spoke with, whilst happy with the care provided, felt more activities were needed in the home during the mid-morning period.

The service had a complaints procedure and we saw there was a record of complaints received. Individual complaints had been responded to by a member of the management team and details of complaints were reported through the home's monthly management returns. Complaints were also reviewed by the regional manager as part of their monthly visits to the service.

## Is the service well-led?

### Our findings

At the last comprehensive inspection in October and November 2015 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because accurate records of events in the home and care provided to people were not always kept. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

At this inspection we found that action had been taken to improve the records that were kept in the service. Visiting health professionals told us they had seen improvements in the quality of records that staff kept over the previous six months. The health professionals said this improvement in record keeping helped them to implement any actions or treatment that was required.

Accident and incident forms had been completed with detailed information. The forms included actions from the manager as part of their review of the form. We saw examples where the registered manager had requested further information from staff before signing off the form. This helped to ensure that incidents and accidents were fully investigated and actions taken to reduce the risk of them happening again.

There was a registered manager in post at Miranda House. Following the last comprehensive inspection in October and November 2015, the registered manager had received support from a peripatetic manager. The peripatetic manager was a full time employee of Caring Homes Healthcare Group and was experienced in supporting services to improve their performance. There was also a deputy manager and heads of departments in the service making up a management team. The management team was supported by a regional manager who visited the service regularly.

The management team completed a daily 'walk around' in the service. This was used to assess how the home was operating. There were reports of their observations and details of any actions that had been taken to address shortfalls that were identified. For example, action had been taken where the management team had identified gaps in the care records and where staff had not completed required training. The management team held a heads of department meeting every morning. This was used to review what had happened overnight and plan any work that was required.

Despite the management systems in place, the management team had not identified some of the shortfalls we found during the inspection. The daily walk around had not identified action was required in relation to mould in the bathroom or the gap in the bathroom flooring. Audits had been completed, but had not identified the fault with the medicines fridge which meant the medicines were not being stored at the temperature recommended by the manufacturer. The management team took immediate action to address shortfalls we pointed out to them, but failures in the auditing and checking systems had not ensured the shortfalls were picked up and addressed promptly.

Staff that we spoke with felt the changes that had been made to the management of the service since the last comprehensive inspection had been positive. Staff told us the management team had met with them to

discuss the findings of the previous inspection and plan how to make improvements. Comments from staff included, "Morale is much better. We continue to make improvements and everyone has worked together", "There have been further improvements (since the last inspection). Management are there when you need them and they will come onto the floor if we need help. People are getting good care" and "It's enjoyable now to come to work. When I leave I feel I have done a good job". Staff told us they felt they were able to say what they wanted and were listened to. Staff demonstrated an understanding of the improvements that were needed and the plans in place to achieve these.

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
Treatment of disease, disorder or injury	Medicines were not always stored at the temperature recommended by the manufacturer and were not always disposed of before their expiry date. Regulation 12 (2) (g)