

Continuing Care Services Limited

Continuing Care Services t/a The Promenade

Inspection report

The Promenade Residential Care Home
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Hornsea
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Tel: 01964533348

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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

This inspection was carried out on 26 July 2017 and was unannounced.

Continuing Care Services t/a The Promenade is a care home which provides accommodation for up to 24 people. We will refer to the service as 'The Promenade' throughout this report.

The Promenade supports older people, some of whom may be living with dementia. The service is located in Hornsea, in the East Riding of Yorkshire. Accommodation is provided across two floors with a stair lift to provide access to the first floor. There is a garden with seating at the rear and the front of the property looks directly over the sea. At the time of our inspection there were 23 people living at The Promenade and three people using the service for day care.

At our last inspection in May 2016, we found two breaches of the Health and Social Care Act 2008. These related to safe care and treatment and good governance. We rated the service as requires improvement. The registered provider sent us correspondence on 22 July 2016 in the form of minutes from a meeting which stated what action the service would take to address the issues.

At this inspection we found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance and an additional breach in relation to requirements as to display of performance assessments.

The service had a manager who was registered in post in September 2016. 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 registered manager was present during this inspection. The registered manager will be referred to as 'manager' throughout the report.

There was a positive atmosphere at The Promenade and people told us how much they liked staying there. Staff were friendly, helpful and were all positive about their experience of working at the service. The manager had only been registered as the manager for a short time when we inspected but demonstrated she was committed to changing systems and processes to improve the service delivered to ensure they met their regulatory obligations. However, we identified continued shortfalls and omissions with the recording and management of medicines.

We found not all of the changes made to the processes and audits had been robust and did not identify the issues highlighted during this inspection. Consent, consultation, medicines management and quality assurance processes needed to be strengthened to ensure people received a consistent and safe service.

The manager understood their responsibilities to report accidents, incidents and other notifiable incidents

to the CQC as required. Copies of the most recent report from CQC were on display at the service. However, we noted when planning this inspection that the current CQC rating for the service was not accessible through the registered provider's website. This meant any current or prospective users of the service, their family members, other professionals and the public could not easily assess the most current assessments of the provider's performance.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were not always being followed. Capacity assessments were not always carried out and people's consent was not always sought.

People told us they felt safe at The Promenade and we saw there were systems and processes in place to protect people from the risk of harm. Staff were clear about how to recognise and report any suspicions of abuse and risks to people's safety were assessed.

There were sufficient staff deployed to meet people's needs. Staff interacted with people with respect and warmth. We saw the atmosphere at The Promenade was friendly and supportive. Staff were able to spend time chatting and laughing with people. People spoke highly of the staff who cared for them and felt able to raise any concerns with staff.

People we spoke with said they were very happy with the meals provided and were involved in choosing what they wanted to eat and where they wanted to eat their meals. The mealtime we observed was a relaxed and enjoyable experience for people at the service and staff supported people with dignity and respect.

People had access to healthcare services such as GPs and other specialists.

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 consistently safe.

There were continued shortfalls and omissions with the recording and management of medicines.

People told us they felt safe. Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential signs of abuse.

Risks to people's safety were identified and measures were put in place to reduce these risks as far as possible.

People's needs were met by sufficient numbers of staff. Safe recruitment practices were followed to make sure that all staff were suitable for the role they performed and of good character.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The principles of the Mental Capacity Act 2005 were not always being followed. Capacity assessments were not always carried out and people's consent was not always sought.

People were supported by staff that had received training relevant to their roles. Staff told us they received supervision and support.

People were provided with a variety of meals and their nutritional needs were monitored to ensure they were not placed at risk of malnutrition and dehydration. People told us they liked the meals provided.

The health and wellbeing of people was monitored closely by staff who worked well with community healthcare professionals to ensure people's health needs were effectively met.

Is the service caring?

Good ●

The service was caring.

We spent time observing interactions in communal areas of the service and saw that conversations between staff and people that used the service were relaxed, polite and friendly.

People were supported by staff who were kind and caring. They treated people as individuals and respected their dignity and right to privacy.

People told us they were involved with their care planning.

Is the service responsive?

Good 

The service was responsive.

Care plans included the information staff required to support people in a person-centred way.

There were systems in place for people or their relatives to make a formal complaint. People told us they had no concerns and knew how to raise a complaint.

We found activities were provided on a daily basis and staff encouraged people to join in with social activities.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

People who used the service and staff were very complimentary about the manager.

The provider had systems of audit in place to improve the service; but these were not sufficiently comprehensive to identify areas of concern.

We found repeated concerns about medicines being managed safely and the governance systems identifying the issues within the service.

Clear documentation around consent and consultation with people needed to be improved.

The provider failed to display their inspection rating on the service website following their CQC inspection in May 2016.

The culture of the service was open, which meant people felt confident to express their views.

Continuing Care Services t/a The Promenade

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.

The inspection took place on 26 July 2017 and was unannounced. This meant that the provider and staff did not know we would be visiting. The inspection team consisted of one inspector and one 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 carrying out the inspection, we reviewed all the information we held about the service. The manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make. We contacted East Riding of Yorkshire local authority safeguarding and contracts and commissioning teams prior to our inspection. We used their feedback to inform the planning of this inspection.

We spoke with 10 people and three relatives during our inspection. We spoke with the deputy manager, three members of staff and two visiting healthcare professionals. We viewed three people's care plans and associated risk assessments.

We spoke with the manager and business manager about improvements made since the previous inspection. We also looked at information relating to staff recruitment and training. We examined a variety of records which related to the management of the service.

Is the service safe?

Our findings

We previously rated this key question as requires improvement. At the last inspection we identified a breach of regulation 12 which related to safe care and treatment. We found gaps on several medicine administration records (MARs) and issues with recording on topical medicine charts that were in use for the application of external use creams and lotions.

At this inspection we identified continued shortfalls with the recording and management of medicines. We saw topical medicine application records (TMAR) were not always signed for in line with the prescribed instructions. For example, one person's TMAR stated 'Apply to area three times daily'; when we checked the medicine chart we saw significant gaps in the recording. This meant we could not be sure whether the medicine had been appropriately applied as prescribed.

We checked the balance of two people's medicines and found that both were incorrect and did not tally with the stock what was recorded in the service. Another person had received a liquid medicine into the service the day before this inspection. When we checked the medicine administration record (MAR) against the prescription they did not correspond. This had not been picked up by the service.

We spoke with the manager and deputy manager about these shortfalls and omissions. They told us that immediate action would be taken to address the issues raised in the form of an investigation. Whilst we were satisfied that action had commenced to address the concerns we raised; this had only been instigated after we had highlighted these shortfalls and omissions.

We judged that an effective system was not fully in place to ensure that medicines were managed safely and accurate records were maintained. This was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 (1) (2) (g) Safe care and treatment, for which we have made a requirement.

People told us they felt safe and secure at The Promenade. One person said, "I have been here over 10 years and if I didn't feel safe I wouldn't be here" and another told us, "It's lovely. I like it here. I feel very safe."

The staff training records we saw showed staff had completed safeguarding training. Staff were clear about how to recognise and could identify types of abuse and knew what to do if they witnessed any incidents. Staff were confident any concerns they had would be dealt with by the management team. The manager told us they would speak with the local authority safeguarding team if required. We looked at the records held at the service and saw that no safeguarding incidents had been reported since the last inspection. This correlated with the information we held about the service.

Throughout the course of the day we noted that there was a calm atmosphere within the service and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

People who lived at The Promenade told us there were sufficient staff on duty to care for them. Comments included, "I think there is enough staff" and, "If I press my buzzer I don't have to wait very long before they come to me so yes there is enough." A relative told us, "Yes there is always someone about and they are all very good."

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member told us, "Yes it's good really" and another told us, "We all work well together." A healthcare professional told us, "[Name of manager] has employed new staff and has done a good job. Staff are friendly."

We found staffing levels were sufficient to meet the needs of people who used the service. At the time of this visit there were 23 people living at The Promenade. The manager told us the staffing levels agreed within the service were being complied with, and this included the skill mix of staff. We looked at the staffing rotas for July 2017, which showed the staffing levels were maintained so people's needs could be met. The manager explained four staff were provided in a morning and afternoon, two at night and an on call system was in place.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment starting, references had been secured and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with adults at risk.

We saw the service had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included nutrition, pressure care, mobility, falls, medicines and mental health. These assessments were kept under regular review and identified potential risks to people's safety and the controls in place to mitigate risk. For example, one person's assessment for pressure care stated 'Use emollients to encourage my skin health.' Members of staff we spoke with were knowledgeable about people's needs and were able to describe the steps they took to ensure people's safety.

We saw that any accidents and incidents were recorded. The manager generated a breakdown of all accidents and incidents through the service's electronic system. However, they told us this information was not currently analysed to monitor any patterns or trends emerging. We discussed this with the manager who assured us the analysis of accidents would be strengthened.

All records relating to the maintenance and safety of the building and equipment were up to date and monitored. We saw regular checks were conducted in such areas as water temperatures, and emergency lights. Each person had a personal emergency evacuation plan (PEEP) which detailed how to support them in the event of an emergency. There were current maintenance certificates in place for the fire alarm system, portable electrical appliances, gas safety, the electrical installation and hoists.

Is the service effective?

Our findings

During our last inspection we made a recommendation for the provider to seek advice and guidance from an appropriate source in relation to the Mental Capacity Act (2005).

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.

Care plans considered people's ability to consent to care and treatment and sharing of information. However, we noted in one person's care records where it was documented that the person's advocate had provided consent for on-going care and any necessary treatment. There was no underpinning mental capacity assessment to demonstrate that the person lacked capacity to make that decision and required their advocate to provide consent on their behalf. Documentation also reflected that the advocate did not have the appropriate authority to be acting on the behalf of their loved one as they did not have lasting power of attorney (LPOA) for health and welfare. We saw it was recorded that another family member held LPOA for the person. We discussed this with the manager who assured us this would be addressed.

Closed circuit television cameras (CCTV) were used in the service in communal areas to ensure the safety and security of people. People's care records did not reflect that people had agreed to the use of these cameras and we were unable to see any evidence of consultation with people using the service prior to the installation of the CCTV. The people we were able to speak with during this inspection were not all aware of the cameras and could not recall agreeing to their use. Comments included, "No, I didn't know" and, "Yes I can see them. I don't think I was asked." One person told us, "Yes I know they are there. I saw them being put up," when we asked if they had been consulted about them they went on to tell us, "No."

We discussed these concerns with the manager at the time of our inspection who told us that people had been verbally consulted with about the use and installation of CCTV at the service. The manager agreed to implement clearer documentation around consent and consultation. We have reported on this further in the well led section.

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). We checked whether the service was working within the principles of the MCA. We found that where appropriate DoLS authorisations had been sought. The service was meeting the requirements of the DoLS.

We asked people if there was a good level of communication between themselves and staff. Comments included, "Oh yes they (staff) always have time to listen" and, "The staff are ever so nice." A relative told us, "They (staff) are all very good."

People were supported by staff who had received the appropriate training for their role. Staff told us and records confirmed that staff had attended training and induction when they commenced work which included between three and four days shadowing an experienced member of staff. This was followed by training over the next 12 weeks. One member of staff told us they were currently completing an NCFE course in medicines. NCFE is a national educational awarding organisation that designs, develops, and certificates diverse, but recognised qualifications and awards, including for distance learning courses.

The training matrix showed us staff were offered opportunities to train and develop knowledge and skills in the following areas; safeguarding adults, fire safety, first aid, MCA and DoLS, manual handling, infection control, health and safety and dementia. Training was required to be refreshed at intervals set by the service. Those staff that administered medicines had their competence regularly checked and were offered training in this area.

Staff told us that they received supervisions and felt supported by the management team. All of the staff we spoke with told us they were happy with the content of their supervisions and felt listened to by the manager. We reviewed a selection of supervisions records and saw staff were able to discuss their learning and development needs.

People's care plans recorded their current health care needs and we saw that any contact with health care professionals was recorded, such as their GP or community nurse. People told us, "If I want to see my doctor I just ask one of the carers and they ring for an appointment for me and then they let me know when it is, or he (the doctor) comes here" and, "I see the doctor when needed, and chiropodist. Well it's on the notice board when she is coming again and we have a hairdresser as well. So all is good."

We spoke with health and social care professionals who have regular contact with the service. They confirmed that following assessment and any recommendations made, staff ensured these were followed and worked for the individual. One healthcare professional told us, "[Name of staff] is brilliant. I am always listened to" and another told us, "Whenever I visit the home the staff listen. They (staff) are always welcoming and provide me with good information during my visits."

We saw people's nutritional needs were met. People's weight was monitored on a monthly basis (where required) and entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been assessed using the 'Malnutrition Universal Screening Tool' (MUST). MUST is a nationally recognised screening tool used to identify adults at risk of malnutrition or obesity.

Observation of the lunch time meal during the inspection showed that people were given a choice of where they wanted to sit. Portion sizes were adequate and people were given their choice of food, which was served to them by the staff. Care staff offered people support and help with cutting up food and eating and drinking. The meals looked and smelt appetising. One person told us, "The food is lovely."

We found the environment was suitable for people's physical needs; there were raised toilet seats, moving and handling equipment and a stair lift. We saw that some attention had been paid to supporting people with dementia. For example, there was pictorial signage as prompts to locate toilets and bathrooms and toilet seats were a contrasting colour to the toilet bowls. This ensured people living with dementia had clear information about the facilities available to them.

Is the service caring?

Our findings

People told us staff were kind and caring. They also said staff respected their privacy and treated them with respect. Comments included, "The staff are a nice crowd. They treat you as if you are somebody" and, "They (staff) are very nice. They don't rush me, we have a laugh and a joke and it makes me feel at ease."

Relatives we spoke with were positive about the standard of care provided by the service. One relative told us, "The staff understand my mum's needs. She is always clean and has clean clothes on every day. I can talk to them (staff). They are all very good."

People were able to move freely around the service, some required assistance and others were able to mobilise independently. We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the service indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time. One person told us, "A marvellous place this is. Staff are ever so nice."

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. For example, we observed one member of staff asking each person what they would like for their lunch. The member of staff knelt down to get eye contact, spoke clearly and waited patiently for people to decide what they would like to eat.

We found positive relationships existed between people who used the service and staff. People were supported by staff who demonstrated a commitment to meeting their needs and we observed this was carried out in a relaxed atmosphere with staff and people talking together with smiles on their faces. One person told us, "Staff are lovely and caring. They are nice" and another told us, "The staff are lovely. I have been here six and a half years and if I didn't like it I wouldn't be here."

During the inspection we saw people who used the service had a positive relationship with the managers and we observed kindness and genuine affection between them. For example, we observed one person went into the office and spoke to the managers who stopped what they were doing to talk with the person. The person chatted for a while and then left. The deputy manager told us, "If anyone wants to see me I make sure I am free. If I am busy then I will make sure I am available as soon as possible." We saw people chatted with the managers frequently during the inspection.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff told us how they were mindful of people's privacy and dignity when providing personal care. One person described the support they received with personal care, they told us, "When I have a shower they always lock the door for me and when I have finished they cover me in towels so I'm not just sat there." This demonstrated that staff understood how to respect people's privacy and dignity. We observed staff supported people to move and transfer with a hoist and transfer belts, this was done with great care and staff members talked to people quietly, telling them what was happening.

Staff made sure that their dignity was maintained during these manoeuvres.

The bedrooms we entered with people's permission were personalised, clean and had call bells. We noted that people who used the service looked clean and were appropriately dressed with shoes or slippers on.

We saw in people's care plans that consideration had been given to people's needs in terms of marital status. The care plan then indicated details of the person's relationships and whether they had a spouse or partner. Consideration was also given during the care planning process to people's faith or religious needs and how or whether people wished to actively practice their religion. The service had regular visits from a local vicar and a member of a United Reform Church. They also had links with a catholic church should these be required. This helped to ensure people's needs were met in terms of practising their religion, should they wish to do so. These examples showed equality and diversity were acknowledged.

Care plans contained information relating to people's choices in relation to end of life care. Information included such as what the person would like to happen, as well as where the person would like to receive end of life care. This showed people's end of life wishes were given consideration during the care planning process.

Is the service responsive?

Our findings

Through speaking with people who used the service and relatives we felt confident people's views were taken into account in planning their care. Comments included, "Yes I have seen my care plan. It's in the office", "I was involved in my care plan" and, "Yes of course I have seen my care plan. We talked about it at meetings."

We found care plans were person centred and explained how people liked to be supported. For example, entries in the care plans we looked at included, "I am very close to my brother" and, "Keep your language simple and your questions straightforward." This helped staff to know what was important to the people they cared for and helped them take account of this information when delivering their care. This is important as some of the people who lived at The Promenade had memory impairments and were not always able to communicate their preferences.

Care plans covered areas such as communication, food and drink, pressure care, mobility, continence and personal care. People's needs were reviewed as soon as their situation changed. Reviews were held regularly and care plans were evaluated and updated monthly or when needs changed. These reviews helped monitor whether care plans were up to date and reflected people's current needs so any necessary actions could be identified at an early stage.

We saw staff provided people with person-centred care. For example, staff knew which people required specific equipment to meet their needs. This included moving and handling aids. We observed people walking about the service freely. Staff knew people's needs well and provided them with choices. People were able to spend time in their preferred places such as their bedroom or communal lounge areas. People told us they were able to get up when they wanted to and go to bed at their preferred time.

We saw people were able to bring in items such as ornaments and pictures which they could use to personalise their bedrooms and the bedrooms we saw were homely and individual to the person. One person told us, "My room is nice. I have all my nice memories in my room like personal items and photos."

The communal and living areas were well used and we observed people spending time in them during the inspection. The service had a secure outside space which was well laid out with a summer house and seating which people could easily access.

People told us they were able to access activities. The service did not employ a dedicated activity worker and staff provided activities on a daily basis for people. Staff were knowledgeable on how they supported people to access activities. For example, people took walks along the seafront and in the local area, singers and entertainers visited the service regularly as well as groups such as Music for Health, animal therapy and children from a local nursery to sing songs. During the inspection we saw people enjoying a game of dominoes and taking part in a quiz. We saw a notice board in the service contained information of upcoming entertainment.

People we spoke with told us staff were always approachable and they were able to raise any concerns. A complaints procedure was available to people and their relatives. Records showed there had been no formal complaints since the last inspection. People we spoke with said they had no complaints to raise. Staff told us if people wanted to make a complaint they would inform the manager who would deal with the issue.

We looked at handover records which showed appropriate information was shared between staff, for example, information in relation to people's mobility, diet, food and fluid intake, medical history and other relevant details. This enabled continuity of care when staff changed over.

Is the service well-led?

Our findings

At our last inspection, we rated this key question as requires improvement. We identified a breach in regulation 17 which relates to good governance. We found that effective systems were not in place to assess, monitor and improve the quality and safety of the services provided.

At this inspection we found repeated concerns about medicines being managed safely and the governance systems identifying the issues within the service.

Since our last inspection the quality assurance processes in the service had been reviewed and an increase in service audits had taken place. The manager had overall responsibility for monitoring the quality of service provided with key staff delegated the task of completing audits of certain areas. A number of audits were completed which looked at areas such as infection control, health and safety and care planning. Some audits needed further improvement, for example the medication audit, to reflect the issues we found at this inspection. The manager had not identified that this audit required improvement and that medicine concerns were still continuing.

We spoke with the manager about our findings. She immediately took action to address the concerns raised. Whilst we were satisfied that action had been commenced; this had only been instigated after we had highlighted the shortfalls. We considered that a robust system was still not fully in place to ensure that medicines were managed safely and accurate records were maintained.

The manager told us they had recently carried out satisfaction surveys amongst healthcare professionals and none of these had been completed or returned. We were unable to see any evidence of these surveys during this inspection.

As previously mentioned in the effective domain, evidence obtained from our inspection showed that further improvements needed to take place in the application of the MCA 2005. Records needed to be clearer about peoples consent and consultation with people using the service needed to improve.

We rated the service as requires improvement at our last inspection in May 2016 and identified two breaches of the regulations. At this inspection we found that improvements in all areas had not been made. This meant compliance with the regulations was not sustained.

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

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in May 2016 was displayed within the service. However, we identified during the planning of this inspection that the last rating was not displayed on the registered provider's website. We spoke with the manager about this. They told us they were not aware that the registered provider's website was still active. They told us they would speak to the registered provider and address this issue. The failure

to display the rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuing Care Services t/a The Promenade was accredited by the Investors in People award in October 2016. Investors in People are a standard for people management, offering accreditation to organisations that adhere to these standards.

Staff were positive about the support and guidance provided by the manager. One member of staff told us, "This is the best place I have ever worked at and we all work well as a team." There were systems in place to support all staff. Staff meetings took place regularly and we saw records to confirm that staff meetings had occurred in the last year. These were an opportunity to keep staff informed of any operational changes. The meetings also gave an opportunity for staff to voice their opinions or concerns they may have.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives and staff who spoke with us. Everyone said the culture of the service was open. Relatives and staff told us the manager was approachable. One person using the service told us, "I can talk to anyone and they listen to me. They are like my family" and another said, "The manager is very approachable."

The manager told us they were well supported by the business manager however they went on to say that their support from the provider could be better. The manager was supported by a deputy, business manager, senior care staff, carers and ancillary staff who all felt part of a team and that morale had improved throughout the service.

One healthcare professional told us, "I am comfortable when I come here and the relationship we have with the service is better." Another healthcare professional said, "I never have any concerns when I visit and the staff listen. This home is one of the good ones." The manager told us they had worked closely with a community healthcare team to improve the relationship with the service after issues in communication were highlighted. We spoke to a healthcare professional about this and they told us, "The relationship is much better, we ring the service 15 minutes before we come which helps people not to be rushed as the staff have time to help them to their rooms before we arrive." This demonstrated the management team worked in partnership with other organisations in order to provide a quality service.

We asked the manager about how they kept up to date with best practice guidance. They told us they maintained their training and development and attended local authority forums. They went on to tell us they received regular health and social care sector magazines to keep them updated with best practice.

The manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with the management of medicines by the inappropriate arrangements for recording and handling of medicines.</p> <p>Regulation 12 (1) (2) (g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(e)</p>

The enforcement action we took:

Warning Notice