

Little Trefewha Limited

Little Trefewha Care Home

Inspection report

Praze an Beeble
Camborne
Cornwall
TR14 0JZ

Tel: 01209831566
Website: www.trecaregroup.co.uk

Date of inspection visit:
04 November 2019

Date of publication:
28 November 2019

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

About the service

Little Trefewha Care Home is a residential care home providing personal care to 21 people, some of whom are living with dementia. People are primarily aged over 65 years. At the time of the inspection 20 people lived at the service. The home was on two floors with a range of communal areas. These included dining spaces and lounges.

People's experience of using this service and what we found

The medicines system was not managed effectively. For example, medicines which were administered were not always labelled correctly. Types of medicines which were handwritten on to medicine administration records were not countersigned by two members of staff to confirm instructions were correct. Otherwise the medicines system was well organised, there were no other errors, and staff received suitable training. People said they received their medicines on time.

The service was generally managed effectively. However, systems to monitor service delivery were not always satisfactory. For example, medicine audits had not picked up and recommended changes to the system in regard to the shortfalls we have highlighted.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice. However we have made a recommendation that care records and planning should be more detailed where people had limited or lacked capacity.

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Risk assessment procedures were satisfactory so any risks to people were minimised.

Staff were recruited appropriately. For example, suitable references were obtained, for example when new staff had previously worked in a caring capacity. Checks from the Disclosure and Barring Service were obtained.

Staffing levels were satisfactory. We observed people receiving prompt support from care staff when required. People said they were happy with the support they received and they did not have to wait too long.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The service had suitable assessment systems to assist the registered provider to check they could meet people's wishes and needs before admission was arranged.

People received enough to eat and drink. Some people said the quality of meals was good and they received a choice about the meals they received.

Care planning systems were satisfactory. Care plans outlined people's needs and were reviewed when people's needs changed.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities.

People felt confident raising any concerns or complaints. There had not been any complaints about the service since the last inspection.

Staff induction procedures were satisfactory. For example there was suitable information to show staff had received a comprehensive induction. Staff received suitable training to carry out their roles. Suitable records were available to demonstrate staff received regular one to one supervision with a senior member of staff.

People, relatives and staff had confidence in the management of the service.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 30 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in regard to the previous breach of regulation. However, we found another concern so the provider was still in breach of the regulations. We have used the previous rating and regulatory action taken to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating. We found evidence that the provider needs to make improvements. Please see the Safe, and Well Led sections of this full report.

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

Enforcement

We have identified breaches in relation to the management of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Little Trefewha Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Little Trefewha Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager, care workers and one of the owners of the service. We also spoke with one external professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant people were not always safe and were at risk of avoidable harm.

Using medicines safely

- Systems for administering, storage and monitoring medicines were not always safe. We found some medicines were not correctly labelled. For example, one item of medicine, which required additional security for storage, had a hand written label. The label stated the amount to be administered each evening but did not specify the strength of the medicine, and there was no date to state when the medicine was dispensed. The bottle did not have a pharmacy and /or manufacturers label. It was therefore not possible to know definitively the contents of the bottle, and when /if it was prescribed to the person it was being administered to. Staff had highlighted to the registered manager concern about receipt of this medicine. The registered manager had completed a risk assessment about the receipt of the unlabelled bottle. The staff were continuing to administer from the bottle and a prescription had not been obtained to replace the medicine. Following the inspection a replacement prescription was arranged.
- In people's bedrooms we found containers of creams which had no labels. Some containers of creams were not dated when they were first opened. These items were dispensed from the pharmacy between May and August 2019. However, not having a date when containers were opened meant there was a risk these creams may become less, or not effective, if they were not used, or disposed of, in the timeframe recommended by the manufacturer. We also saw a tube of cream which had no label and it was being used although the expiry date had passed. During the inspection, the registered manager disposed of this item.
- The service had a medicine audit system. Records showed audits were usually completed on a weekly basis. However records showed the audit had last been completed on 21 October 2019. Completed audit reports we inspected did not pick up the concerns highlighted above and had not been effective.
- Medicines were stored in locked trolleys or cupboards, apart from some creams and lotions which were kept in people's bedrooms. One trolley was stored on the upstairs landing, outside a bedroom. The medicines within the trolley were for people on the first floor of the service. The trolley was not secured to the wall. The trolley also may have presented a hazard to the occupant of the bedroom, as it partially obstructed their bedroom door. This matter had not been risk assessed. The registered manager said this trolley was used for storage as the pharmacy had not provided a big enough trolley to store all the medicines the service needed. The provider had not made arrangements to provide suitable storage facilities if suitable trolleys or cupboards cannot be obtained from the pharmacy.
- Some medicines had been dispensed to people outside the routine four weekly delivery cycle. These medicines were not printed on medicine administration records but were handwritten on records by care staff. In these cases the transcription should have been counter signed by a second member of staff to minimise the risk of error. This was not completed in at least two cases. Such practice is in line with Royal Pharmaceutical Society guidelines.
- When medicines were prescribed for use 'when required' there was insufficient written guidance for staff

to know when these medicines should be given.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the medicines' system was managed safely. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- Where necessary there were body maps to indicate to staff where to apply creams and lotions.
- Staff received appropriate training and had to complete regular competency checks to ensure they were able to administer medicines appropriately.

Assessing risk, safety monitoring and management

- In most cases staff understood when people required support to reduce the risk of avoidable harm. However, as highlighted above, we were concerned about lack of appropriate action taken due to poor management of medicines.
- We observed staff working with people in a safe manner, for example, when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. For example, when a person's needs had deteriorated, or risks had lessened due to positive work completed by staff. Risk assessments were regularly reviewed.
- People had suitable equipment to help ensure their health needs were met. For example raised toilet seats and specialist mattresses.
- The environment and equipment were safe and well maintained. Risk assessments were completed to ensure any health and safety risks were minimised. There were suitable records in place to demonstrate equipment was regularly checked, maintained, and where necessary serviced.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

At our last inspection the provider had failed to carry out suitable staff recruitment checks. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely to ensure they were suitable to work in the care sector. For example, there were no unaccounted for gaps in employment histories which the registered provider had not investigated. References were always sought from previous employers for example when staff had previously worked with vulnerable adults. There was evidence the registered provider had obtained a Disclosure and Barring check for all staff.
- The registered manager said each day three care staff were on duty in the morning, and two staff on in the afternoon, evening and waking night. Maintenance, catering and cleaning staff were employed.
- People and staff told us that they felt there was enough staff. People also said if they used the call bell it was responded to quickly.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern.
- People said that they felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.

Preventing and controlling infection

- The service was clean and risks of infection were minimised.
- Suitable measures were taken to minimise the risk of infection. The building, carpets and furnishings were all very clean. The home smelled fresh. Cleaning staff were employed and suitable routines were in place to ensure cleaning and infection control standards were maintained to a high standard.
- We were told staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures. For example, where necessary, wearing aprons and washing hands.
- We raised a concern about a stool with a torn cover which may present an infection control risk. The registered manager said she would make arrangements to replace the item.
- The registered manager said she had recently improved infection control procedures.

Learning lessons when things go wrong

- The registered manager said following the last inspection improvements had been made to ensure appropriate checks were made when staff were recruited.
- The registered manager also said improvements had been made to ensure all staff received first aid and more comprehensive manual handling training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was effective at meeting people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were detailed and expected outcomes were identified.
- The registered manager said they always went to meet the person to complete an assessment before the person agreed to move to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The registered manager said the person and their representatives had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. For example, the person's relatives could visit the service, have a look around and ask any questions about how the service operated.

Staff support: induction, training, skills and experience

- Staff records demonstrated new staff had received an appropriate induction. All induction records inspected were completed appropriately. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.) We were told staff were completing this and records were available to verify progress. Staff we spoke with said the induction process was thorough. Staff told us when they commenced employment they had shadowed an experienced member of staff and had felt supported.
- Records demonstrated staff had received training required according to legal and industry standards. Records inspected had suitable evidence of appropriate training. Staff were positive about the training they had received. For example we were told, "We receive loads of training. It is very useful," and " We always have refresher courses."
- There was documentary evidence staff received one to one supervision, where they had sat down with a supervisor to discuss their work, and any training and development needs. The staff we spoke with said they felt supported by colleagues and the registered manager.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager said the service had good links with the GP surgery, district nurse team, local authority and other professionals. The registered manager was aware of the process to refer people to other services such as the speech and language therapy service and dietician.
- Records showed that people had received health care support from professionals such as GP's, district nurses, chiropodists, opticians and dentists. People told us staff called their doctor if they felt unwell.
- We spoke to one external professional who said, " This is one of the better, more switched on homes. We do not have any concerns. If we give them any guidance they follow it. They call us the minute anything is worrying them. I would be happy for any of my family to live here."

- The registered manager said all staff were due to complete a correspondence course in oral health.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary, arrangements could be made to change the texture of foods to reduce the risk of choking.
- People and their relatives said food was to a good standard and enjoyable. We were told, "The food is lovely." People were provided with a choice of meal. For example, the cook went around each morning to let people know what was for the main meal and offer an alternative if people wanted something different.
- Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration.
- Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to one support with eating. People who needed special diets for example food pureed or softened or if they were diabetic were all catered for appropriately.
- During the inspection we observed people had their meals in the dining room or in their rooms. Support which was provided was appropriate and the meal was not rushed.
- The registered manager said all staff were due to complete a correspondence course in food and nutrition.

Adapting service, design, decoration to meet people's needs

- The building was suitably adapted to meet people's needs. For example, there was a bath hoist and a walk in shower.
- The care home was situated on two floors connected by a staircase with a stair lift.
- The building was decorated to a good standard. Carpets and furnishings were all of good quality and were clean.
- People said they liked the accommodation and thought it was suitable for their needs.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets. Food was home cooked.
- People could either contact health professionals independently or received suitable support to do so.
- An exercise session occurred regularly at the service. People also were able to walk around the large grounds if they wished.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of the requirements of the Act and the service's responsibilities under it. The registered manager said they had applied for DoLS on behalf of one person. A record was kept of applications but no authorisations had occurred as yet. However, there was limited information on the

person's file about their needs in this area. For example, why a DoLS application had been submitted, what the person's needs were, and how these needs should be met until the DoLS application had been approved.

We recommend the provider improve record keeping in respect to DoLS applications, within care plans, to inform staff what needs people have, and how these needs should be met, if they lack or have limited mental capacity and a DoLS application is required.

- Where people had limited capacity to make decisions, we observed them being appropriately supported to have maximum choice and control of their lives. For example staff supported them in the least restrictive way possible, and the service's policies and systems supported this practice.
- Staff records assessed had evidence staff members had received training in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and they were positive about staff attitudes. We observed staff spending time sitting with people and talking with them. Staff worked with people in a sensitive manner and with patience. People told us, "We are looked after wonderfully. I could not express it better. I am happy to spend my last days here," and, "It is lovely here. I am well looked after. All is good." Relatives told us: "We are very happy," "My (relative) is looked after well" "The staff are amazing, nothing is too much trouble." Staff told us, "All the residents are happy." None of the relatives expressed any concerns or complaints.
- We observed positive interactions between staff and people who used the service. Staff, when they assisted people, always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner. One person told us, "The staff are lovely."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine. People told us they could get up and go to bed when they wished. This was evident from our observations. For example, people came to have their breakfast at different times, and there was no rush for people to finish or be in a certain place at a particular time.
- Some people and /or their representatives said they had been involved in care planning and decisions about their future.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Staff were knowledgeable about people and their needs. The staff we spoke with appeared committed and caring.
- Each person had a care plan. Care plans generally provided good information to enable staff to provide a holistic picture of people's needs, and what assistance the person required. However, as outlined in the previous section of the report, where people had limited mental capacity, we have provided a recommendation to improve care planning and record keeping in this area.
- Care plans inspected were fully completed, regularly reviewed, and accessible to staff. The registered manager said staff spent time with people to go through their care plans, and explain any changes.
- Daily records were well maintained and outlined what support people had received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people were cognitively impaired due to dementia. Some people had sensory impairments such as sight or hearing loss. We were told staff would read out, or verbally inform people, of relevant information if necessary (for example personal correspondence, menus, service information).
- If people had sight loss the manager said, if people wished, audio books could be offered to people.
- People received appropriate help to receive specialist support through referrals to audiology, speech and language therapy, and other relevant professional services.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The registered manager said the service provided a range of activities. The monthly activities plan was provided to individuals and also displayed in communal areas. On the day of the inspection there was an exercise group with an external organiser. Other planned activities included quizzes, reminiscence sessions, and visits from musicians and entertainers.
- Birthdays and seasonal festivals were celebrated. For example, the registered manager said a pantomime was being arranged.
- People were involved in some fundraising through fetes and raffles. The service had a small shop where people could purchase snacks, cards and toiletries.
- People could receive or go out with visitors at any time, and visitors said they always felt welcome.

- A hairdresser regularly visited the service.
- The registered manager said some people had a Christian faith (in either the Church of England, or Methodist traditions). However visits to /from churches and chapels had proven difficult to arrange as ministers did not have the capacity to assist the service. One person currently went to church. At the time of the inspection people were not interested in observing other religious traditions although the registered manager said people would be assisted to practice whatever faith they wished.

Improving care quality in response to complaints or concerns

- The registered manager said since the last inspection there had not been any complaints made to the service. The service had a complaints procedure, and we were told if complaints were received these would be investigated and a record kept. Since the last inspection CQC had not received any concerns or complaints about the service.
- People who we spoke, and relatives with said they felt confident that if they did make a complaint it would be dealt with quickly.

End of life care and support

- None of the people who lived at the service currently required end of life care. The registered manager said people regarded the service as their home and if any person had a terminal illness, where possible, they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives. Any known preferences were recorded in care files.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. At this inspection this key question was rated as Requires Improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance procedures were not always satisfactory. For example systems in place were not always effective in identifying concerns with the quality and safety of care. For example, we identified concerns about the operation of the medicines system. Systems in place had failed to identify and take suitable action to address these issues.

The failure to establish satisfactory governance arrangements is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager who had been in post for several years.
- Staff, people and their representatives were positive about the registered manager. People we spoke with said the registered manager was "As good as gold." Staff said they were able to raise any concerns to the registered manager. Staff told us, "(The manager) is amazing, and very supportive," and, "She is lovely, very understanding. If there are any problems she will sort them out."
- The registered manager was aware of what matters were required to report to the commission and had a satisfactory working knowledge of regulatory requirements. The previous inspection report, displaying the rating, was on the notice board.
- Staff had handovers between shifts. Good handovers helped ensure good communication between the team and consistency of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said their office door was "always open." The registered manager said her ethos was to ensure she regularly spoke with people who used the service, listened to their views and helped to get them involved in the day to day decision making and running of the service. Records showed there had been four residents' meetings so far in 2019.
- Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "I love working here. It is like a little family. I get on well with all the staff. There is a great atmosphere," and "All the staff are happy. We have a good team."
- Staff told us there were staff meetings, and records showed there had been four staff meetings so far in 2019.

- Relatives said they always felt welcome when they visited, and staff were helpful when updating them about people's needs. All the relatives we spoke with were positive about the service, and the care that people had received. For example we were told, "(The home) is always clean and (has) plenty of staff about...I chat to (the staff and the manager) and they are all lovely."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong .

- The registered manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong. The registered manager said they felt it was important to be, "open and transparent." The registered manager said an example of the duty of candour policy being used was when there had been a medicines' error and the service had issued an apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- The registered manager said the team regularly consulted with people and relatives on an informal basis. The registered manager said surveys were completed on an annual basis. The most recent survey results were very positive.

Continuous learning and improving care

- The registered manager informed us that some audits were in place, for example in respect of care planning, staff training, medicines and infection control. We have expressed concerns about the effectiveness of the medicines audit system as outlined above.
- The registered manager said she was open to feedback and felt this was important so the service could develop and improve. People, their relatives, professionals and staff who we spoke with were all positive about their experiences of the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had positive links with statutory bodies such as health service teams.
- People had opportunities to maintain positive links with their community, families and friends. People's relatives said they always felt welcome to visit and were able to visit or telephone at any time.

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 The medication system was not managed effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems were not satisfactory. For example we found that medicines' audits had failed to pick up concerns we found about the medicines' system being managed safely.