Akari Care Limited

Ashfield Court

Inspection report

Great Lime Road
Newcastle Upon Tyne
Tyne and Wear
NE12 9DH
Tel: 0191 256 6344
Website: www.akaricare.co.uk

Date of inspection visit: 18 and 20 November 2015
Date of publication: 01/02/2016

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

Overall summary

This unannounced inspection took place on 18 and 20 November 2015. We last inspected in September 2014 and found the service was meeting all the regulations that we inspected at that time.

Ashfield Court provides residential care for up to 46 people, some of whom are living with dementia. At the time of our inspection there were 44 people living at the service including one person in hospital.

The service had a registered manager in post. 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 provider did not always have enough staff on duty to meet the needs of people living at the service. People told us that sometimes they felt there was not enough staff and our second day of inspection confirmed this when we found night shift staffing levels lacking. There were safe recruitment procedures in place and staff were checked prior to starting work to ensure they were

Summary of findings

suitable for their role and safe to work with vulnerable people. Staff told us they were well supported and received suitable training to allow them to complete their work safely. They told us they could ask the registered manager if they wanted to go on particular training to enhance their skills and this was arranged.

Accidents were recorded and monitored by the registered manager, although the registered manager was not always aware of the full details of all falls.

Medicines were not always managed safely and we found some shortfalls, including with the information available for 'as required' medicines and medicines risk assessments that were not in place.

Staff were aware of their safeguarding responsibilities and told us they would report anything of concern.

Regular checks were made on the premises and the equipment used within. The registered manager ensured that emergency contingency plans were in place in case of emergencies like flooding or fire.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements.

People told us they enjoyed the food prepared for them. We found people received a range of nutritious meals and refreshments to meet their dietary needs throughout the day. Staff supported people who needed help with eating and drinking appropriately.

Arrangements were made for people to see their GP and other healthcare professionals when they needed to do so. People had been referred for specialist support if that was required, for example, to the speech and language team.

People were respected and treated with dignity, compassion, warmth and kindness. People and their relatives we spoke with highlighted the quality of care provided by staff at the service.

People had their needs assessed and care plans with supportive risk assessments were put in place and reviewed regularly. However, we found that some sections of people's records were not always completed fully and were not always stored securely.

People were involved in a range of stimulating activities inside and outside of the service and chose what they wanted to participate in.

Information on how to make a complaint was available to people at the service and to relatives and visitors alike. Records showed that complaints had been dealt with effectively.

People were encouraged to make their views known and the service supported this by holding meetings for people and their relatives and completing surveys.

Audits and checks were completed by staff, the registered manager and the provider. These covered a range of areas, including, infection control, health and safety and medicines. We found that these checks had not uncovered the shortfalls we had identified during our inspection. Including those related to medicines, records and notifications (which the provider is legally obliged to send us).

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the management of medicines, staffing and good governance. You can see what action we told the provider to take at the back of the full version of this report.

The provider had not submitted statutory notifications as legally required regarding, for example Deprivation of Liberty Safeguards authorisations, incidents where the police had been involved and safeguarding incidents. We are pursuing this matter with the provider and the registered manager and we will report on our action when it is complete.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

We found shortfalls in the management of medicines including, how information about the administration of 'as required' medicines and medicines risk assessments were recorded.

There was not always enough staff to respond to the needs of people and on our early morning visit we found staffing shortages from the previous night shift.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded, and risks which had been identified had been assessed.

Regular checks were completed to ensure that people lived in a safe environment.

Is the service effective?

Good

The service was effective.

Staff were skilled, knowledgeable and were supported by their line manager.

The manager and staff were aware of the Mental Capacity Act 2005 and of the Deprivation of Liberty Safeguards and they worked within legal guidelines.

People were supported to eat a range of different foods, depending on their needs. Where people needed additional support, for example with swallowing, professional help had been sourced.

Is the service caring?

Good

The service was caring.

People and their relatives felt staff were caring. People told us they were treated as individuals with respect and dignity.

People had access to religious services if they wanted to with some people choosing to go out to attend regular church services.

People and their relatives felt involved in the service and had access to items that were important to them.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved regarding people's care needs and people had choice in their day to day lives.

Summary of findings

Various activities were provided that stimulated and were enjoyed by people at the service.

The provider's complaints procedure was displayed around the service and people and their relatives were aware of how to complain if they needed to.

Is the service well-led?

Requires improvement

The service was not always well led.

The registered manager had not submitted statutory notifications to the Care Quality Commission in line with legal requirements, or shared all safeguarding concerns with the local authority.

The provider had a quality assurance programme in place but this needed to be further developed to ensure that all areas were robustly monitored, for example, medicines and notifications.

Record keeping needed to be improved and confidential records needed to be securely stored.

Everyone we spoke with was positive about the registered manager and the staff team that currently worked at the service.

Meetings and/or surveys were held for people, visitors and staff to feed into the running of the service.

Ashfield Court

Detailed findings

Background to this inspection

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 18 and 20 November 2015 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the first day of the inspection there was also a member of the Care Quality Commission (CQC) planning and performance team who shadowed the inspector to observe how the inspection was planned and carried out.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including checking any statutory notifications we had received from the provider about deaths, safeguarding concerns or serious injuries. We also contacted the local authority commissioners for the service and their safeguarding team, the local Healthwatch team and the infection control lead for the area. We used their comments to support our planning of the inspection.

During this inspection we carried out observations using 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 spoke with 14 people who used the service and 10 family members/visitors. We also spoke with the registered manager, the deputy manager, three senior care staff and six care staff. We spoke with the activities coordinator and one member of kitchen staff. We observed how staff interacted with people and looked at a range of records which included the care records for seven people and medicines records for 20 people. We looked at seven staff personnel files, health and safety information and other documents related to the management of the home.

Requires improvement

Is the service safe?

Our findings

We asked people about staffing levels and whether they thought there was enough staff to meet their needs. Some people told us they thought there was enough staff, but others told us they felt the staff were always very busy and sometimes it took a while for them to respond to call bells. We looked at staff rotas and checked dependency tools, which helped the registered manager to calculate how many staff should be in place to adequately support people's needs. Rotas' showed understaffing when staff had phoned in sick for example. We were concerned that there were not enough staff on duty, particularly overnight and on a weekend.

On the second day of inspection we arrived early to observe morning handover procedures and to check on the number of staff on duty from the night before. We found one member of care staff on the ground floor managing 22 people and one senior member of care staff and another member of care staff on the upper floor managing 21 people, some of whom were living with dementia. Staff told us they shared the work between the three of them and if an issue occurred on the lower floor, then a member of staff would come down and help. This would have meant that one member of staff was left alone on the upper floor supporting people who were mostly living with dementia. We felt that this was not safe and brought it to the attention of the registered manager when he arrived at the service. The registered manager explained that one staff member had called in sick and they could not find a replacement. We noted that records showed that this was not the first time a shortage had occurred. On 20 November 2015, the regional manager sent an email to the registered manager informing him that he was to increase the staffing levels.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we found shortfalls in the safe management of medicines. The medicine trolleys held within the two locked medicines rooms were not secured to the wall as per the provider's policy and good practice guidance. We were told by senior care staff, that one of the padlocks had gone missing. Administration of 'as required' medicines were not always fully recorded on the Medicine Administration Record (MAR) and guidance for staff to follow was not consistently available. 'As required' medicines are medicines used by people when the need arises, for example, tablets for pain relief. It is important that staff record these medicines correctly to avoid under dose or overdose.

We found that medicine risk assessments had not always been completed for people. This is particularly important for people taking medicines that had an additional risk factor. For example, Alendronic Acid, where there is a higher risk of harm if it is not administered in a particular way. Disposed medicines were kept in a box in the medicines room. However, the arrangements for disposed medicines did not meet NICE guidance, which states the medicines disposal box should be tamper proof and held within a locked cabinet. The National Institute for Health and Care Excellence (NICE) is an organisation which provides national best practice guidance and advice to improve health and social care.

We saw a number of hand written MARs and noted that two staff members had not signed their entries. NICE states 'The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.'

One of the medicine rooms contained an out of date British National Formulary (BNF) book, which was used by staff to give information on what different drugs were used for. This meant they may not have had up to date information to support them.

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

The provider had followed safe recruitment practices which included checking to ensure staff were safe to work with vulnerable people. The registered manager was currently in the process of advertising and interviewing for bank staff to cover future staff sickness and holidays. The registered manager told us that they intended to ask people living at the service if they wanted to help in the selection of new staff during the interview process, something they said they had done in the past.

Care plans contained risk assessments for a range of circumstances including moving and handling and the likelihood of falls. Where a risk had been identified there was guidance for staff on how to support people appropriately. Accidents and incidents were monitored by the registered manager, although we found one accident which the registered manager was not fully aware of and

Requires improvement

Is the service safe?

had not reported to us. Body maps were completed where incidents or accidents had occurred and staff were able to explain their use. We checked and found no evidence that shortages in staffing levels had impacted on the numbers of accidents occurring.

The members of staff that we spoke with had undergone safeguarding training, were aware of the providers whistleblowing policy and told us that they knew how to report an issue if they felt that someone was at risk. A copy of the local authority safeguarding policy was in the service and available for staff to access. One staff member said, "I know exactly what I would do if I saw anything, I would not hesitate."

When we observed the lunch time meal, we noticed that the food trolley on the unit for people living with dementia was left unattended while staff provided support to people. The trolley was very hot and posed a burns risk to people who may have touched it. We stayed with the trolley until the registered manager was available and discussed this with him. He agreed that it was hot and said he would look to build a cupboard to house and cover the trolley and ensure that in the interim, it was not left unattended.

People told us they liked living at the service and they enjoyed the feeling of safety and security that the premises and the staff gave them. One person told us, "I never really felt safe at home during the last days, I was always worried I would fall or something happen to me." A visiting healthcare professional told us they had no concerns and said, "Since I have been coming here any advice we give they [staff] take on board."

Emergency procedures were in place, which included people's personal evacuation plans and contingency plans should the service suffer from a flood, fire or lack of power and what staff should do. People and staff members confirmed that they had been asked if they wanted to receive a flu jab. This meant the provider had looked ahead to winter time and put procedures in place to protect both the staff and the people living at the service.

The service had recently undergone an extensive refurbishment, which made the building look bright, fresh and homely. We saw that equipment such as fire equipment, hoists and slings had been checked regularly and appropriate maintenance and checks had taken place for services such as gas, water and lighting.

During the inspection we walked around the building to observe the safety and cleanliness of the premises. Both the internal and external environments appeared safe and people who used the service moved around freely. We looked at all communal areas and found them to be clean. We saw hand cleanser/sanitizer, paper towels and foot operated bins were provided and hand washing instructions were displayed on walls. The service had introduced a steam clean system, which included items such as cuddly toys. These actions contributed towards maintaining hygiene and preventing the spread of infections.

Good

Is the service effective?

Our findings

People thought that the service was effective. One relative told us, "They have done a great job with [person's name]." One person said, "The staff seem to know what they are doing, they get me what I need. That's what matters." Another person said, "I had a sore foot once, they helped me get it better."

Staff we spoke with said they were happy with the consistent training which was carried out and one staff member said, "We are always on training. The manager encourages us to ask for particular training if we think we might need it." Staff confirmed that their career development had been discussed with them. We checked staff files and found up to date training certificates held within them. However, when we scrutinised the provider's most recent training matrix we noted, for example, that safeguarding and infection control training was not all up to date. The registered manager explained that some of the staff included in the list were new and they had planned to have the training completed within the next couple of months. Another staff member told us, "I have done more training in the last year than I have ever done; they [registered manager] are on the ball with that."

New staff received an induction programme, which included shadowing long standing members of the care staff team. The registered manager explained that they were incorporating the new care certificate into their induction programmes for new staff in the future. Staff received regular support and supervision. One senior staff member told us, "I can do things now that I was never shown how to do before." Another staff member told us, "It's much better now than it used to be, we have one to one's [supervision] with the manager now." Staff had received annual appraisals but we found they were limited in their content. Most were made up of one page. The registered manager explained that it had been the first appraisal he had completed with staff and that the next one would be more robust.

The registered manager and staff were aware of their responsibilities and followed correct procedures regarding the Mental Capacity Act 2005 (MCA). The 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. We noted that one person received their medicine covertly. That meant they did not know they were receiving it. Appropriate records were in place, including confirmation from the person's GP that they should receive their medicines in that way and it had been done in the person's best interests.

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 is called Deprivation of Liberty Safeguards (DoLS). We confirmed the service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met.

People's records included information on their food type likes and dislikes and kitchen staff confirmed that they had this information available to them. For example, a staff member told us, "[Person's name], does not like red meat." We observed lunch being served on both the ground and upper floor. One person said, "The meals are great. They are good cooks." Another person said, "The food is lovely." A third person said, "I am picky but the food is well cooked."

On the ground floor staff attended to the needs of the people within the dining room and to those who had chosen to have their meals elsewhere, for example, in the foyer. Staff encouraged people to eat and we noted that some people had their food cut to help them manage it better. There was a menu plan for the service and each week a different menu was available. We asked people how they chose which meal they were having. One person told us, "Staff come around the day before with a choice of things and ask you what you would like. If you don't like something, they will always give you something else." We asked staff how the people who lived with dementia chose their meals. Staff told us they chose their meals like everyone else, the day before. We pointed out to the staff and the registered manager that people living with dementia may not remember what they have asked for the day before. They said they would look into a better way of gaining people's choices; including asking people on the day or at the meal time what they would like to eat. People were supported with any special dietary requirements they

Good

Is the service effective?

might have had, including one person who was a diabetic. Kitchen staff told us they also held separate records with information about people's food preferences and any allergies.

People had access to health care professionals if they needed them. One person had been referred to the speech and language team (SALT) to support them with swallowing difficulties they were experiencing. We noticed that their records had been updated and showed additional support that had been given to them. One staff member said, "We work with all of the GP's and nurses that come in here and make sure people get the help they need when they need it." We noticed people had been referred to GP's, occupational therapists, dentists and opticians as the need had arose. One person had recently lost weight, they had been referred to the GP and their weight was being closely monitored weekly.

The registered manager showed us around the service and pointed out some of the changes introduced since he had started to work there, including adaptions and updates to the decoration. We noted that some areas had been updated to provide people living with dementia with a more stimulating environment, for example, pictures of old times and places, some signage and brighter colour schemes. Staff told us that the service was a 100% better than it used to be and that the registered manager was always trying new ideas.

Good

Is the service caring?

Our findings

Comments from people included, “I am perfectly satisfied with the staff here. It could not be better”; “The staff are very kind and very helpful”; “It is as nice here as being at home”; “I am pleased with the way things are here”; “The staff are very likeable” and “The staff are great. I am well looked after.” A relative said, “I am pleased I chose this place for my mother. The staff are so smiley. I have no complaints.” Another relative said, “This place is wonderful. The care is wonderful for my husband.”

From observations carried out, staff were smiling, friendly, warm and comforting to people they cared for as they went about their work. The atmosphere was welcoming and people seemed appreciative of the caring approach offered to them from the staff team. Staff told us they enjoyed the satisfaction they received from seeing the ‘residents’ being content and happy.

We observed care staff being very patient with people who were forgetful and we also observed them distracting people who were trying to engage with others using the service who wanted some quiet time. This showed that staff knew people well, and how to deal with them as individuals and how each person liked to be treated. One person who had behaviour which may be perceived as challenging was supported by staff who knew when they were distressed and what caused them to become distressed. Plans had been drawn up to support this person with their behavioural issues. Staff explained to us how they helped the person and their family to lead as normal a life as possible, which still included participating fully in all activities and going out on visits with family members. A member of staff said, “For [person’s name] it is very important that they feel included and not shut out. They have been such a valuable member of the community.”

People had access to religious services if they wanted to. The activity coordinator explained that if people wanted to access a priest, for example, this would be arranged for them. They told us that some people choose to go out to visit their church and attend its service. The activity coordinator told us they were arranging different events which involved church groups.

Staff had access to records which recorded the names by which people liked to be addressed, what their preferences for bedtime were and what they liked and disliked. For example, one person told us they preferred two pillows and we saw that their care records referenced this and that they had access to two pillows. Staff told us, “It’s important to treat people how they prefer, that shows you care about them.”

People and their relatives were provided with information to help them understand the care that was available and provided to them. One relative said, “I have a copy of my mother’s care plan and am kept informed of any changes.” Another relative told us, “My Dad’s care plan is reviewed with me every six months.” We noted that any communication with relatives was recorded in a relative’s communication section within the care records. One relative told us they had discussions organised by the staff with a specialist nurse to help them better understand their relative. They said, “The staff have been very good.” The reception area had lots of documents and leaflets for people and their relatives to read, which explained how to access other services or seek help for particular issues, including for example, advocacy services. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People and their relatives had access to keys for their bedroom doors if they wanted them. We were told that staff always knocked on bedroom doors and made sure the doors were closed when carrying out personal care. We observed this in practice. A relative said, “They cover her with a blanket when they hoist her.” This meant that parts of the person’s body were not exposed and their dignity was preserved. One person was sat in a communal area and was asked if they needed cream putting on a particular part of their body. When they answered ‘yes’, the staff member took the person into their bedroom to administer the cream which showed respect for the person`s dignity and privacy.

People were promoted to remain as independent as possible. Staff told us that one person enjoyed tidying their own room and said, “It’s important for them to keep active and not lose their independence.”

Staff had supported one person by providing them with a white board to write items down to help them remember and because they were hard of hearing.

Good

Is the service responsive?

Our findings

We spoke with people using the service and asked if staff responded to their needs. One person told us, "I get to talk to the carers most days. They are kept busy but when they get a chance they will sit down and have a chat." Another person said, "They are pretty good. If I press the bell in my room they usually come fairly quickly."

Care records included an assessment of people's needs before they moved into the service. Once people had moved in, a more detailed needs assessment was completed with supporting care plans and risk assessments put in place which were regularly reviewed. There were care plans detailing how staff should support people with conditions such as epilepsy and those at risk of malnutrition. We found that care plans for people living with dementia were not always in place, although people's dementia was covered in other care plans. We spoke with the registered manager about this and he said they should have been in place and he would rectify this.

People had one page profiles in their bedrooms and information which indicated whether they had a DNACPR (do not attempt cardiopulmonary resuscitation) in place. This information was centred around the individual and gave staff a snapshot of that person which helped them to support them in a person centred way. One staff member said, "Those sheets are to help us remember about people, they are really good for new staff too."

Leisure assessments were completed with people living at the service. One relative said, "My mother likes it here and enjoys the various activities. I am pleased with this home." We observed the bingo session during our inspection was well attended by people and a number of relatives with the atmosphere being happy and people/relatives/staff talking to each other. There was a range of stimulating activities for people to participate in, both inside the service and external to it. We observed drawing and colouring taking place, which was being coordinated by an external organisation which were often used by the service to support the activity coordinator in their work. One of the staff from the organisation told us about activities they had completed with people within the garden area utilising the chickens that lived there. The registered manager told us, "The garden outside with five hens is a source of enjoyment for some of the residents in good weather." The activity coordinator told us, "People enjoy feeding the chickens; they take turns when they want to." We noted from pictures of people at the service that various animals had been brought in to allow people to stroke or pet them, including some unusual ones, like snakes and spiders. The pictures showed people enjoyed having them at the service.

A list of activities was available and we saw previous activities, which included afternoon tea at a local church, aromatherapy, and a weekly newspaper review. The service had been involved in a 'memory walk' in September and supported the local community to raise funds. The activity coordinator told us they had organised a 'pen pal' from abroad for some people at the service and they were thinking of using other Akari services to promote this locally. Staff told us they manicured people's nails for them and had chats.

People had a choice. One person said, "I like a lie-in and they [staff] understand my needs." Bedrooms were tailored to individual taste. One person told us they had decided to bring with them some pieces of furniture and ornaments. They said, "It's as close to home as I can make it." Bedrooms were all different and everyone had a say in how they liked it to look, with some people having televisions and family pictures adorning the walls while others had more close family pictures on dressing tables near their bed.

People and relatives told us they knew how to complain if they needed to. We looked at the complaints record and found five complaints had been made within the last year and all of them had been dealt with effectively, within agreed timescales, with apologies made where relevant. Complaints procedures were displayed throughout the service for people to look at, should they need to.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place who had worked for the provider for over 18 months. He had worked for other health and social care providers for the previous four and a half years and prior to that had a background in the armed forces. The registered manager was available during the inspection and supported us throughout. We had spoken with him prior to the inspection about unrelated matters and he had been helpful and passionate about the people and staff at the service.

One person had fallen recently, after they had gained entry into a private area of the service by means of the lift. The registered manager was not aware that the fall had resulted in a fracture and had not reported the matter to either the Commission or the local authority safeguarding team. During the inspection, we contacted the safeguarding team to alert them. We discussed this issue with the registered manager and they told us they had mistakenly not reported the matter as a safeguarding concern and were going to look into why they had not realised someone had suffered a fracture. They showed us evidence that a lock for the lift had been requested and was due to be fitted within the next few days.

Providers and registered managers are required by law to submit statutory notifications to the Commission as part of their registration. Notifications can include details of safeguarding concerns, incidents were the police have been involved or confirmation that a Deprivation of Liberty Safeguard (DoLS) application has been granted. We had not received any notifications regarding DoLS and we noticed that one safeguarding incident and one police incident had not been reported to us. We brought this to the attention of the registered manager, who apologised and said this was an oversight on their part. The local authority confirmed they had records of 14 DoLS applications having been received from the service, with seven being authorised and a further six awaiting letters to confirm authorisation and one application was yet to be assessed. The registered manager confirmed they had applied for a further two authorisations which meant 16 had been applied for all together. They agreed that they would submit these outstanding notifications retrospectively.

This was a breach of regulations 18 of the Care Quality Commission (Registration) Regulations 2009.

Record keeping needed to be improved. Information within daily handover notes, which were discussed at the end of staff changeovers, did not always correspond with the daily progress notes that staff completed for each person. For example, one entry in the handover notes stated that a person had been kicking and punching doors and walls, but there was no record in the person's daily progress notes.

The registered manager received a 'manager's report' at the beginning of the day which related to the previous day. This report detailed any issues that had arisen and what had been done to rectify any concerns. Because of the mismatch of information we had seen, it was not clear that the registered manager received accurate and up to date information.

Care records for people who used the service were kept in a 'training room' which was open to staff on training days and also to people when they participated in activities. The two cupboards where care records were kept were left unlocked throughout our inspection. The registered manager explained that they intended to have a signing out process for any files that were taken out of the room and that the cabinets that held the records would remain locked.

A range of audits and checks were completed within the service by the staff, the registered manager and the provider. Care plan audits were undertaken to check if people's records were up to date and complete, with checks to ensure breathing or personal hygiene assessments were completed for example. There were effective infection control, catering and health and safety audits completed. The health and safety audit showed that were issues had been identified, for example, that the treatment room needed to be decorated or the external lighting needed to be updated, these had been completed within the agreed timescales. The provider carried out quality monitoring visits which included checks on audits, records, finances and talking to people and staff. Observations of care were also noted and how staff had responded well with distraction techniques had been recorded.

Falls logs were maintained and we noted that these had been discussed at provider visits and where an increased

Requires improvement

Is the service well-led?

number of falls for a particular person had been noted, discussion over what actions had been taken was seen. We noticed, however, that the medicines audit showed 100% compliance with checks that had been carried out between July and October 2015, but these had not uncovered the issues that we had found with people's medicines. Although audits and checks took place, they had not highlighted that statutory notifications had not been sent to us.

These were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the registered manager walked around the service every day. One person said, "Oh, he's lovely." Another person said, "You see him all the time, he always checks I am ok." A third person said, "He checks on us and he is good for a laugh." A relative told us, "The manager is very approachable and communications with him are good." Another relative told us that the registered manager was, "Very hands on." One member of care staff said, "He has done a lot since he has worked here."

The registered manager produced a newsletter for people, relatives and visitors to the service. The newsletter was aimed at ensuring that everyone who either lived or had an interest in the service knew what was happening. Information included, people who had celebrated a birthday, items or changes within the service, events that had taken place and also who the employee of the month was.

Surveys with people, relatives, staff and visitors had been completed every six months and these were analysed by the provider to help identify any areas for improvement and acted upon.

Meetings were held for people living at the service and their relatives. The registered manager told us, "I have tried to have meetings with relatives but no one will attend. They all say they communicate at every visit." He confirmed that relatives were able to come along to meetings arranged for people who used the service, should they want to.

Staff meetings had been held on average every three months. We spoke with the registered manager about this and they told us that they intended to increase the number of meetings they held with the staff teams in the future. Staff told us they felt supported by the registered manager and the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected because the provider did not always operate safe and proper procedures in the management of medicines. 12 (1) (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that there were sufficient numbers of suitable qualified, competent, skilled and experienced staff employed at all times to meet the needs of people at the service. 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records were not always accurate or stored in a secure environment. Audits were not effective at identifying shortfalls in practice. 17 (1) (2) (c)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person had not notified other incidents without delay as detailed in the regulation, including safeguarding incidents, incidents where police had been involved and Deprivation of Liberty Safeguard authorisations.

The enforcement action we took:
This is being followed up and we will report on our action when it is complete.