Bupa Care Homes (GL) Limited

The Borrins Care Home

Inspection report

Station Road
Baildon
Shipley
West Yorkshire
BD17 6NW

Date of inspection visit:
10 August 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 10 August 2016 and was unannounced.

The Borrins Care Home has a total of 25 beds and is part of BUPA Care Homes (GL) Limited, it provides accommodation and personal care services for older people. The home is located in a residential area of Baildon close to the shops and other amenities.

The home had a registered manager in post at the time of the inspection. 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 home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and what might constitute abuse.

We found the service was meeting the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).This legislation is used to protect people who might not be able to make informed decisions on their own.

We saw staff were kind and caring toward the people they supported and people were able to participate in a range of social and leisure activities both within the home and the wider community.

We found staff received appropriate levels of training and supervision to carry out their roles effectively and in people's best interest.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

We found that although medication policies and procedures were in place and staff received appropriate training medicines were not always administered safely or as prescribed.

We found people's needs were assessed and care plans had been put in place to meet their assessed needs although they did not always reflect the care and treatment people actually received.

We saw there was a complaints procedure available which enabled people to raise any concerns or complaints about the care, support or treatment they received.

We found although there was a quality assurance monitoring system in place it had not identified the

shortfalls in the service highlighted above and in the body of this report.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The people we spoke with told us they felt safe living at the home and staff knew how to recognise and respond to allegation of possible abuse correctly.

We found that although medication policies and procedures were in place medicines were not always administered as prescribed.

Assessments were undertaken in relation to potential risks to people who used the service and staff and risk assessments were in place to manage these risks.

There was a staff recruitment and selection procedure in place and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

Is the service effective?

Good

The service was effective.

The service was working in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to make sure people's rights were protected.

People were supported to have an adequate dietary intake and their preferences were catered for.

We saw people had access to the full range of NHS services and staff worked closely with community based healthcare professionals in specific areas of people's care.

Staff received the training and support they required to fulfil their roles and meet people's needs.

Is the service caring?

Good

The service was caring.

Care and support was provided in a caring and respectful way.

People's right to privacy, dignity and independence was respected and valued.

Wherever possible people were involved in reviewing their care needs and were able to express their views about they wanted their care and support to be delivered.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were in place outlining the care and support people required. However, they did not always provide staff with up to date and accurate information.

Staff were knowledgeable about people's needs, interests and preferences and people were able to participate a range of meaningful social and leisure activities.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

There was a quality assurance monitoring system in place designed to continually monitor and identify shortfalls in the service and any areas of non-compliance with current regulations.

However, we found some of the shortfalls highlighted in the body of the report had not been identified through the quality assurance process.

Feedback about the registered manager was positive. They were open and transparent and demonstrated a commitment to improving the quality of services provided.

The Borrins Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 August 2016 and the inspection was unannounced. The inspection was carried out by two inspectors 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. In this case their area of experience was services for older people and people living with dementia.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at five people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with ten people who were living at the home and four relatives. We also spoke with the registered manager, six care staff, the chef, the activities co-ordinator and the maintenance person.

Following the inspection we spoke with the Local Authority Commissioning team and Safeguarding Unit.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Requires Improvement

Is the service safe?

Our findings

Although people told us they received their medicines when they needed them, we found systems and processes in place to manage medicines were not safe or effective.

We looked at the medicines with a senior care staff member. We saw the provider's medicine policies provided detailed guidance and were available and accessible to staff. However, we found this guidance was not always being followed in practice. For example, we saw the senior care staff member administering medicines in the morning. We saw the staff member was patient and kind with each person giving them support where needed. However, we saw one person was prescribed a medicine to be given 30 to 60 minutes before food. The Medication Administration Record (MAR) showed this medicine was usually administered by the night staff. However, on the morning of the inspection the night staff had recorded the medicine was not given as the person was sleeping. We saw this medicine had been left in a pot with a slip of paper with the person's name on in the medicine trolley. We saw the senior care staff member then administered this medicine to the person. This was unsafe practice as the staff member could not be certain that the medicine in the pot was the correct one as it had been removed from the original packaging.

We observed the senior care staff member take morning medicines to a person in their room. We did not witness these medicines being given as the person was still in bed and made it clear they did not want us to stay in their room. However, we saw the senior care staff member when they came out of the room and they signed the MAR to show the medicines had been taken. Later in the morning we saw this person in their room and found one tablet was on the floor under the bed and another was floating in a glass of water.

We found people were not always receiving their medicines as prescribed. We saw one person was prescribed a medicine to relieve agitation and the MAR showed two tablets were to be given at night 'as required.' There was no information with the MAR or in the person's care records to show what symptoms would indicate this medicine should be given. The MAR showed this medicine had been administered regularly at breakfast time and in the evening over the previous ten days. It was not clear how many tablets had been administered each time. The senior care staff member told us staff split the dose and gave one tablet in the morning and the other in the evening. The registered manager told us the person's relative had advised this was how the person took this medicine when they were at home and said staff had checked this with the person's GP. However, there was no written evidence to confirm these discussions had taken place. The person's records showed they had been seen by the GP on 2 August 2016 due to being 'constantly sleepy' and the GP had arranged for blood tests to be taken.

The MAR showed the person had not been given the sedative medicine on the evening of 6 and 7 August 2016 because the person was 'sleeping and unable to wake'. On 8 August 2016 the MAR showed an additional dose of the medicine had been given at 12 midnight, yet it was not clear if one or two tablets had been administered and there was no reason recorded to show why the medicine had been given. We were concerned this medicine was not being administered as prescribed and discussed our concerns with the registered manager who agreed to contact the GP straightaway.

Another person's MAR showed they were prescribed two medicines, both of which were to treat urinary conditions. The MAR showed one of these medicines had been refused on four days and one dose of the other medicine had been refused over six days. The provider's medicine policy stated if a person refused their medicines over two days the GP should be advised. There was nothing in the person's care records to show the GP had been informed, although the registered manager told us they were arranging for the GP to visit.

We saw another person was prescribed a laxative medicine to be taken three times a day. The MAR showed all three doses of this medicine were administered at the same time. When we asked the senior staff member about this they said the person had chosen to take the medicine in this way and this was confirmed in the person's care records. However, staff had not checked with the GP to make sure it was safe for the person to take this medicine in this way. We saw this person was prescribed a medicine to treat haemorrhoids which was to be administered rectally daily 'as directed'. The MAR showed this medicine had not been administered and when we asked the senior care staff member what this medicine was for, when it was to be given and by whom, they said they did not know.

We found arrangements in place for the administration of topical medicines such as creams and ointments were not always clear and the application of creams was not always recorded. For example, one person's MAR showed they were prescribed nine different creams, yet only three were shown as being administered. The registered manager told us they had raised this with the pharmacist and requested the creams no longer being used were removed from the MAR. The three creams that were being administered (an anti-fungal, an anti-inflammatory and an emollient) had not been signed on the MAR as given as prescribed.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely, however safe systems were not always being followed. We saw one person was prescribed a medicine to relieve agitation to be given four times daily 'as required'. There was no information with the MAR or in the person's care records to show what symptoms would indicate this medicine should be given. This medicine had not been administered and when we checked the stock balance against the CD register it was correct. However, the medicine had been issued in November 2015 and the expiry date was August 2016. This had not been identified by staff until we brought it to their attention. The provider's medicine policy stated controlled medicines were checked on a weekly basis, yet the CD register showed this medicine had last been checked on 30 June 2016.

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

The senior care staff member told us no one received their medicines covertly, which meant the medicines were hidden or disguised in food or drink. We saw one person was prescribed an anti-coagulant medicine and the dose varied according to blood test results. We saw this information was well recorded and kept with the MAR and the medicine had been administered correctly.

We asked people who used the service if they felt safe living at The Borrrins and if the staff were kind and caring. One person said, "I can honestly say nothing had ever happened that made me feel unhappy, I don't ever feel I want to get away from here." Another person said, "I feel safe, it's fair enough, if there was anything to complain about there is plenty of people I could talk to." A third person said, "Oh yes I feel safe, nothing untoward has ever happened."

We saw the service had policies and procedures in place to safeguard vulnerable adults. The staff we spoke

with had a good understanding of how to identify and act on allegations of abuse and told us they were confident that any concerns reported to the registered manager would be dealt with promptly to help keep people safe. They also told us they knew how to contact the local authority safeguarding unit and the Care Quality Commission (CQC) if they had any concerns.

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The registered manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service. We looked at four employment files and found in one file the application form was missing although all the appropriate checks had been made prior to the person being employed. This was discussed with the registered manager who confirmed this matter had been identified through the audit systems in place and was being addressed.

The registered manager told us sufficient staff were employed for operational purposes and staffing levels were based on people's needs. The staff we spoke with had differing views about staffing levels and while some staff felt there was always sufficient staff on duty others felt they were under pressure at peak periods of the day including early morning and mealtimes. This was discussed with the registered manager who confirmed that staffing levels were kept under constant review and would be increased if required.

We asked people if staff responded promptly when they pressed the call alarm and no one complained about having to wait an unacceptable amount of time. One person told us they had fallen out of bed once and called for help and staff had responded, "very quickly." They said, "If I press the button they come, I've no grumbles or complaints." Another person said, "When it's activated they come straight away, no messing." A third person said, "Well staff come quickly if I press my call bell."

We saw risk assessments were in place for each person which covered areas such as infection control, bed rails, nutrition, falls and skin integrity. We saw evidence that suitable equipment was in place to minimise the risk to people's health and safety and staff received appropriate training on risk management.

We looked round the home and inspected some people's bedrooms with their permission. We found the home was well maintained and the registered manager told us there was a comprehensive refurbishment plan being implemented to upgrade the facilities. Overall the home was clean and there were no odours, apart from one area in the main entrance to the home, which the registered manager was aware of and was dealing with.

We also reviewed fire safety records and maintenance certificates for the premises and found that the equipment in use had been maintained and serviced in line with the manufacturer's guidelines.

Good

Is the service effective?

Our findings

The people we spoke with told us they got plenty to eat and drink throughout the day and we noted that snacks, fruit and drinks were available on a table in the lounge. One person said, "I normally have a cooked breakfast, can't complain the food is good." Another person said, "Food edible, I've no complaints if I had I would be the first to tell you." A third person said, "I'm very fussy, they give me options, make me omelettes and pasta which I like."

We observed the meal service at breakfast and lunch and saw people were offered choices. For example, at breakfast we saw one person having a full cooked breakfast while other people had a continental breakfast with a choice of cereals and hot drinks. The atmosphere was relaxed and tables were set with clean linen including napkins as well as cutlery, crockery and condiments. We saw there was a comments book on one of the tables where people could give feedback on what they thought about the meals.

We spoke with the chef manager about the food on offer and people's nutrition requirements. We found they were very knowledgeable about people's individual needs and attended the "residents meetings" to obtain people's feedback about their mealtime experience. The chef manager told us they followed standard menus set by the provider which ensured a known nutritional input was provided to people to aid in the monitoring of a healthy and balanced diet. They also told us together with the care staff they monitored people's weight and anyone who experienced an unplanned weight loss of over 2Kg was put on a high fat diet unless there was a medical reason why this should not happen. It was apparent when speaking with the chef manager they took a great deal of pride in the ensuring people dietary needs were met and ensuring the meals served were appetising and well presented.

Where people were at risk of malnutrition, these risks were assessed and appropriate plans of care put in place. This included monitoring food and fluid input, increased weight monitoring and seeking the advice of external health professionals such as doctors and dieticians where appropriate.

Care records demonstrated that the service liaised closely with external health professionals such as district nurses, doctors and dieticians. We saw details of their visits were logged and care plans were updated to reflect the changes in people care, treatment and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

The registered manager told us they had made six applications for DoLS but none had been approved yet.

We saw one person had an urgent DoLS in place and a standard authorisation had also been applied for. Documentation relating to this was included in the person's care file. The registered manager had a good understanding of the legislation. They told us staff had received recent training in MCA and DoLS and showed us laminated cards staff had been given about the legislation. Staff we spoke with knew who had the urgent DoLS and confirmed they had received the training.

We saw staff explained to people what they were proposing to do and ensured they had their consent before proceeding. We saw where people lacked capacity to make a decision best interest meetings had been held. For example, one person records showed discussions held with a person's relative, who had Lasting Power of Attorney for health and welfare, about how to keep the person safe.

We found some people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place. These had been completed by relevant clinicians. There was a list in the office so staff could access this information quickly if needed. We saw one person's DNACPR had been completed in 2014 and stated the person had capacity and did not agree with the decision. There was no other evidence completed to show why this decision had been made. The person's care records showed they had been diagnosed with dementia in January 2016. We discussed this with the registered manager who said they would contact the person's GP so the DNACPR form could be reviewed and updated.

The registered manager told us that all new staff completed a five day induction training programme on employment including one day working in the home with a more experienced staff member. They also told us staff who had not previously worked in the caring profession completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager also told us new staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

The registered manager confirmed that following induction training all staff completed a programme of mandatory training which covered topics such as moving and handling, infection control, food hygiene, health and safety and safeguarding. We saw training was provided in a number of different ways including distance learning, E-learning and staff attending external training courses. We saw there were systems in place to make sure staff updated their training within the correct timescales.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings and their annual appraisal. Staff spoke positively about the training provided by the organisation and confirmed they received regular updates in a range of mandatory topics.

Good

Is the service caring?

Our findings

People who lived at the home and their relatives told us staff were kind and caring and always provided care and support in line with their agreed care plan. One person said, "On the whole they treat me very well; will get me anything I ask for. Everybody's kind, no one's unkind here. I'm happy with the treatment, I know I'm spoilt." Another person said, "To be honest they are lovely, they spoil me, I would recommend it to anyone, no complaints here." A third person said, "I'm happy and content here." They then introduced us to one of the care staff, held their hand and said, "She's very nice, looks after me."

One relative we spoke with said, "The staff are fantastic and approachable which is good, I like that. I'm satisfied with the care and think (name of service user) is too." Another person whose relatives had only lived at the home for a short period of time told us they were delighted with their care. They said, "The staff are excellent and very kind, to me as well as (name of service user) it's very hard at first to leave someone in a home." They told us they had had a meeting with the registered manager to discuss their relative's care needs and now felt reassured and less worried.

We found the care records contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs, their likes and dislikes, their lifestyle and the social and leisure activities they enjoyed participating in. This showed that people who used the service and/or their relatives were able to express their views and were involved in making decisions about their care and treatment.

We saw people looked clean, well dressed and well groomed. Staff knew people well and engaged with them at every opportunity. Staff were caring and considerate and listened to what people had to say. There was a warm and happy atmosphere and people looked relaxed and comfortable with staff. We saw a variety of communal areas meant people could choose where to spend their time. We saw some people preferred to stay in their rooms and staff respected this.

The staff and people we spoke with told us that the home encouraged visitors at any reasonable hour and we observed that a number of relatives were greeted by staff in a friendly way. One relative told us that the staff always offered them refreshment and involved them in discussions about their relative's care when this was appropriate. They told us that the registered manager and staff all demonstrated care and understanding of people's needs.

Staff understood the importance of respecting people's privacy and dignity. People were approached discreetly with regard to their personal care needs. They were encouraged and reassured in situations where they may be unsure, such as when being assisted to transfer from a wheelchair to a comfortable chair or being asked to walk using a zimmer frame or similar aid.

We saw the service had a policy and procedure on respecting equality and diversity and during the course of the inspection we observed staff treated people as though every individual was valued and that they mattered.

The registered manager confirmed that contact details were available about advocacy services that people could request to use if they so wished. An advocate would support a person who needed help in making decisions about important aspects of their life and make sure their individual rights were being upheld.

Requires Improvement

Is the service responsive?

Our findings

The registered manager informed us that people who used the service and/or their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The registered manager confirmed they would not admit anyone to the home unless they were confident the staff team had the skills, experience and training to meet their needs. The people we spoke with told us the initial assessment was thorough and provided them with information about the care and facilities they could expected if they decided to move into the home.

The care records we looked at were generally well completed and contained detailed information about people's needs and the support they required from staff. We saw care plans had been regularly reviewed and updated.

However, we found the care records for one person who had been in the home for a month required reviewing and updating. There was a short stay care plan completed when the person had been admitted to the home. However, the daily records showed this person's care needs had changed during their stay. For example, they had had four falls and it was noted that their pressure areas were 'sore'. Yet there were no risk assessments completed and the short stay care plan had not been reviewed or updated since admission.

The daily records and handover notes for another person showed their mobility had deteriorated in the previous six days and described how staff were struggling to move the person safely as there was not enough room in the bedroom to manoeuvre them in the hoist. The records showed this had resulted in three staff being needed to transfer the person to bed and on three occasions the person had slept in their chair overnight. We were concerned about the safety of the person and staff during transfers as we were not assured the correct equipment or moving and handling techniques were being used. We discussed this with the registered manager who said they would review this matter.

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

We observed the handover between the morning and night staff. The handover was thorough and provided staff with up to date information on people's health and welfare and any changes in their needs. This helped staff to provide responsive and appropriate care.

Throughout the day of inspection we observed staff supporting and responding to people's needs appropriately. The people we spoke with indicated that they were happy living at the home and with the staff that supported them. We observed positive interactions between people and staff and saw staff spent time with people, engaged them in conversations and ensured they were comfortable. The relatives we spoke with were complimentary about how the staff responded to people's changing needs and provided care and support.

We saw posters displayed in the home which showed activities for the week as well as extra events which

were taking place throughout the month. We saw there was a wide range of events including arts and crafts, sing-a-longs, floor games and movie afternoons. A Mexican night was planned for 24 August 2016 and every Friday there was an outing.

We spoke with the activity co-ordinator who worked 20 hours a week. They spoke enthusiastically about their role and told us of the activities they had organised. They told us some of the places people had visited on the Friday outings which included Shipley market, Salts Mill, Broadway shopping centre and a local garden centre. A canal trip was also planned for 2 September 2016.

The activity co-ordinator told us they split their time between group and individual activities which ensured everyone had some input. They told us about one person who enjoyed swimming and said they went with them to the local pool. They said they also had help from a volunteer who visited the home regularly.

During the morning of our inspection the volunteer arrived with their dog and both were greeted warmly by people. We saw people enjoyed patting the dog and chatting with the volunteer. The activity co-ordinator was giving people manicures and there was a happy atmosphere as people enjoyed this one to one time. In the afternoon a church service was held in one of the lounges which several people attended and we saw them singing along to the hymns.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complaint would be dealt with. The registered manager told us they were pro-active in managing complaints and encouraged people to air their views of the care and facilities provided.

People we spoke with told us that should the need arise they would have no problem in raising matters with the staff or the manager. One person told us although they had not had any need to complain they were not the sort of person to hold back if there was anything wrong. The relative of another person said they found the staff "Open, honest and approachable."

Requires Improvement

Is the service well-led?

Our findings

People who lived at the home and their relatives told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support people received. One person said; "I see [Name of manager] most days, they always seem to be here, they always stop and have a chat which is nice." Another person said, "I think the home is well managed and the staff are lovely. I am very happy living at The Borrins and glad I chose to do so."

Throughout our inspection we observed the manager interacted with staff, relatives and people who lived at the home in a professional manner and had a visible presence around the home. We saw the registered manager met with senior staff and the head of each department every morning and shared information about all aspects of the service. For example; what activities were planned, the day's menu, planned maintenance, hospital appointments and updates on the health and well-being of the people who lived at the home.

We reviewed the systems to assess and monitor the quality of the service. Regular audits in areas such as nutrition and catering, clinical risk and care plans were undertaken by the registered manager. We looked at these and saw they were effective in identifying issues and making sure action had been taken to rectify any problems. In addition, the manager was required to submit information on key performance indicators such as weight loss, pressure ulcers, infections, safeguarding and serious incidents to senior management on a monthly basis.

We saw the area manager employed by the organisation also visited the home on a monthly basis to review and audit the quality of care and facilities people received. This included checking the audits completed by the registered manager, looking at the environment and talking with people who used the service, their relatives and other healthcare professionals to seek their views of the service. We saw the last review carried out on the 20 July 2016 had identified some areas of concern which required action to be taken. The registered manager confirmed an action plan was formulated following the visit of the area manager to address any shortfalls in the service.

We saw there were a range of medicine audits in place which included a daily ten point MAR check, weekly peer review check and weekly and monthly medicine audits. All these checks had been completed and were up-to-date. However, we found only minor issues had been noted such as topical medicines not being recorded on the MAR. We concluded the audit process in respect of medicines was not sufficiently robust or effective as the issues we found at our inspection had not been identified or resolved by the provider. In addition, the quality audits had failed to identify some documentation relating to peoples's care and treatment had not been updated in line with their changing needs.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The day after the inspection we received confirmation from the registered manager to show they had taken

immediate action to address the concerns regarding the safe administration of medicines and other shortfalls in service delivery highlighted in the body of this report. This showed us the registered manager had been pro-active in dealing with the breaches in regulation identified and was committed to ensuring people who lived at the home received appropriate care, treatment and support. .

Our examination of care records indicated the registered manager submitted timely notifications to the Care Quality Commission (CQC) indicating they understood their legal responsibility for submitting statutory notifications. We saw people's care records and staff personal records were stored securely which meant people could be assured their personal information remained confidential.

We saw a report of an unannounced night visit carried out by the registered manager as they had identified a number of falls were occurring at night. The report showed their findings and actions they had taken to resolve issues.

We saw that staff meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service. We reviewed the minutes from the last staff meeting held in July 2016 and saw the registered manager had clearly identified where improvements were needed and their expectations of staff.

The registered manager told us as part of the quality assurance monitoring process they held quarterly meetings with people who lived at the home and their relatives and sent out annual survey questionnaires. The noticeboard in the reception area provided feedback on action the service had taken to suggestions made by people. For example, people had asked for a DVD player so they could have film afternoons and this had been provided.

We were told an annual staff survey was also carried out to seek their views and opinions of the service and to establish the level of engagement they had with the organisation. Information in the Provider information Return (PIR) showed the registered manager encouraged staff to complete the survey questionnaire and air their views of the service as this was an important part of the quality assurance process.