Trinity Merchants Limited

Kara House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 24 and 25 February 2016 and was unannounced.

Kara House Residential Care Home was last inspected on the 17 April 2014 and was found to be meeting the regulations reviewed.

Kara House Residential Care Home is registered to provide accommodation with personal care for up to 39 older people. Accommodation is provided in 33 single rooms and 3 double rooms over three floors, accessible by a passenger lift. At the time of our inspection there were 35 people living at Kara House, all in single occupancy rooms. The home is a large detached property located on the outskirts of Sale town centre.

There was a registered manager in place at the home. 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.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Although the overall system in place for managing oral medicines was safe, the poor information for the administration of prescribed skin creams and the lack of dates when creams had been opened placed people at risk of harm.

We found systems were not in place to demonstrate all areas of the service were monitored and reviewed. Audits completed by the registered manager had identified issues with staff not recording enough detailed information in the challenging behaviour records and that the prescribing instructions for the application of creams were not recorded on the cream charts. However action had not been taken to improve this and staff told us they were unsure of current best practice for recording written notes. The medication audit had not identified the discrepancy between the number of 'as required' medication held in stock and the number recorded on the monitoring sheet.

We found that nutrition monitoring charts were not accurately completed. We have made a recommendation that the service looks for a best practice solution to ensure that nutrition charts are completed accurately.

We found that the environment of the home was not following best practice for people living with dementia. We have made a recommendation that the service considers current good practice guidance in relation to planning an environment to help to promote the well-being and independence of people living with

dementia.

We found that some activities were arranged with people visiting the home to conduct a chair based exercise class and a singer entertaining people. However we did not observe any activities organised by the staff team at other times of the day. We have made a recommendation that the service considers current good practice guidance and training for the activities officer in relation to the choice of activities offered to help promote the well-being of people with living with dementia, helping to promote their involvement and enable them to retain their independence.

People told us that they felt safe in the service. Staff had received training in safeguarding vulnerable adults and could clearly describe the action they would take if they suspected any abuse had taken place. People told us that the staff were always kind and caring.

The service had a safe system for recruiting suitable staff. However it had not been fully followed for one staff member where two references had not been received as required by the service's own policy and procedure. We found sufficient numbers of staff were provided to meet people's needs.

The home was clean and tidy throughout. Plans were in place in the event of an emergency, such as a utility failure. All equipment was found to be maintained to the manufacturer's instructions.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. These provide legal safeguards for people who may be unable to make their own decisions.

A training programme was in place for staff development. Staff confirmed that they had completed training courses relevant to their role. However not all staff had received training in infection control. Over 80% of staff had achieved a nationally recognised qualification in health and social care.

People's care records contained information about individuals needs and provided guidance to staff as to the care and support people required. Records showed that risks to people's health and wellbeing had been identified and plans put in place to reduce or eliminate the risk. Care records had been regularly reviewed so that they accurately reflected people's needs.

Records showed that people were supported to access health care professionals, such as GP's, district nurses and dieticians.

The registered manager had a system in place for responding to complaints. We were told by visitors and staff that the registered manager was approachable and would listen to their concerns. Any issues raised with the registered manager had been resolved without the need to make a formal complaint.

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.

Oral medication was safely administered. However the poor information for the administration of prescribed skin creams place people at risk of harm.

A system for recruitment of staff was in place. However, of the three files we looked at it had not been fully followed for one member of staff.

Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they witness or suspect abuse.

Care records included information about the risks people may face and guidelines for staff in how to minimise or eliminate the risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems were in place to meet people's health and nutritional needs. However nutrition charts were not always an accurate record of what people had had to eat and drink.

The environment at the home could be improved to help promote the wellbeing of people who are living with dementia.

Staff had received training in the Mental Capacity Act 2005. A robust system was in place to ensure that people's rights were protected when they could not consent to their care and treatment.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us that staff

were kind and caring. We saw positive interactions between people and staff throughout the inspection.

Staff we spoke with showed that they knew the people who used the service well and understood the principles of person centred care.

We saw that confidential records were stored securely.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found that challenging behaviour records were not always completed with sufficient detail by staff.

We found people were offered occasional activities. Routines could be enhanced so that more meaningful opportunities are provided helping to promote people's health and mental wellbeing.

Care records contained enough information to guide staff on the care and support people required.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems in place to monitor, review and improve the quality of the service were not robust so that people were protected from the risks of unsafe care and support.

People who used the service, relatives and staff told us that the registered manager was approachable and would act on any concerns that they raised. Staff said that they enjoyed working in the service.

The registered manager had notified the CQC, as required by legislation of any accidents or incidents which occurred in the service.

Kara House Residential 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 the 24 and 25 February 2016 and was unannounced.

The inspection team consisted of one adult social care inspector and a specialist adviser in dementia and nursing care on the first day and one adult care inspector on the second day.

Before the inspection we reviewed the information we held about the service, including notifications the provider had sent us. We contacted the Local Authority commissioning and safeguarding teams to obtain their views about the provider. They did not raise any concerns about Kara House.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) during the lunch period in the lounge areas of the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who use the service, two visiting relatives, four members of staff, three senior care workers, the chef, two domestic / laundry assistants, the maintenance handyman, two visiting healthcare professionals, the registered manager and two directors of the provider company.

We looked at the care records for three people who used the service and the medication records for five people. We also looked at a range of records relating to how the service was managed, including three staff personnel files, staff training records, policies and procedures and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe living at Kara House. One person told us, "I have bed rails at night – it makes me feel safe." One relative said, "[person who used the service] is very safe here, definitely."

We looked at the way that medicines were managed in the service. We saw that an up to date medicines policy was in place. The senior care staff and the night care staff had been trained in the administration of medicines. We saw evidence that the registered manager completed observations of the senior staff members administrating medicines every six months. This meant that they were provided with the skills and knowledge to administer medicines safely.

We looked at the Medicine Administration Record (MAR) sheets for five people who used the service. We found that they had all been signed to confirm that people had received their medicines as prescribed. All the people we spoke with said they received their medicines when they should do. We saw evidence that medication errors were reported, investigated and action taken to reduce the chance of re-occurrence.

We noted that two senior care staff had signed the MAR sheet to show they had checked and received the medicines when they had been delivered to the service. However we saw that a handwritten note had been added to one medicine that had been discontinued by the GP. This entry had only been signed by one senior carer rather than two.

We found that there was clear guidance for staff where 'as required' medication had been prescribed, such as pain relief. This provided details of when a person may need the 'as required' medication and how they would inform staff, either through verbal or non-verbal communication.

A separate record sheet was kept to monitor the quantity of 'as required' medicines being held by the service. When we reviewed the stock of 'as required' medication held we found discrepancies between the total stated on the record sheet and the actual stock held on all three of the items checked. We looked at the corresponding MAR sheets and found that this was due to staff not recording that tablets had been administered on the record sheet.

We looked at the charts used to record the application of creams. We saw that a 'body map' was in place for each person detailing the areas where the cream had to be applied. However the directions for staff as to how often a cream had to be applied were not always clear. We saw two cream charts where it did not state the frequency of application. We saw that on some days it had been applied once and some days twice. We saw that the registered manager had written on the charts asking if they were to be applied once or twice but the charts had not been updated with this information. As there were no clear directions for staff to follow this placed the health and welfare of people at risk of harm.

We saw that the date of opening of creams and liquids that had been opened by the senior care staff had been written on each item. However we saw creams that had been opened by care staff did not have a date of opening written on them. This could mean creams are applied that have been open longer than the

manufacturer specifies.

We found this was a breach of Regulation 12 (2) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Medicines that were controlled drugs were stored and recorded correctly, and a daily stock check was carried out. This minimised the risk of errors or misuse.

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the registered manager and were confident that appropriate action would be taken. We saw that a whistle blowing policy was in place to advise staff what action to take if they witnessed poor practice. We saw records which showed that safeguarding and whistle blowing was discussed during staff supervisions. This should help ensure that the people who used the service were protected from abuse.

We looked at three staff personnel files. The files we looked at included an application form with a full employment history. Two files contained two references, including one from the most recent employer. However one file contained only one reference. We saw evidence that the second reference had been requested on two occasions. The staff member had already commenced work. We made the provider aware of this and a director of the provider assured us that they would request an additional referee for the staff member if the reference was not returned promptly. A criminal records check from the Disclosure and Barring Service (DBS) had been obtained. The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. This meant that the service had a system in place for recruiting staff who were suitable to work with vulnerable people, however the procedure had not been fully followed for one staff member that we looked at.

The staff we spoke with told us they felt that there were enough staff on duty at Kara House. They told us they had time to sit and talk with people during their shift. Our observations during our inspection confirmed this. Records we saw showed there were six care staff on duty throughout the day; at least one of these was a senior carer. There were three care staff on duty at night after 9pm. We noted that one agency staff member was regularly needed for the night shift. We saw that one agency was used. The agency had provided the service with a profile of the staff member who had been commissioned to work at Kara House. We saw that regular agency staff members were used who were familiar with the service. This meant that people who used the service were supported by staff who knew them well.

The registered manager told us that the staffing levels are determined by speaking with the staff team. If any of the people who used the service were unwell and required more support the service would rota more staff on duty. We observed throughout our inspection that staff had time during the day to talk with people and that the call bells were answered promptly.

We looked at three people's care records. We found that these identified risks to people's health and wellbeing including falls, manual handling, poor nutrition and the risk of developing pressure ulcers. Guidance was provided for staff to follow to help reduce the identified risks. The risk assessments had been reviewed and updated where necessary to reflect any changes in people's needs.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. Staff washed their hands after completing

personal care tasks and we saw staff use personal hand hygiene gel dispensers after supporting people with general tasks. We saw that the all areas of the home were clean throughout and free from malodours. We found that training in infection control had not been completed by half the staff team. However the staff we spoke with had a good understanding of infection control techniques, using PPE and a personal hand gel dispenser appropriately.

We saw that the local authority had completed an infection control audit in October 2015 and the service had been rated as 'green' (high compliance) overall.

We checked the systems that were in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept by the main door to be accessible to staff. A fire risk assessment by an external company had been completed in October 2015. Actions identified had been completed or were underway. Fire doors were checked at the afternoon and evening handovers to make sure that they were clear of any obstructions and were closed.

Weekly fire alarm checks were carried out. In the last check it had been noted that there was 'no sound in the kitchen'. This information had not been passed on to the registered manager to action. The registered manager spoke with the handyman about this during our inspection.

Records we reviewed showed that the equipment within the home were serviced and maintained in accordance with the manufacturers' instructions. This included the lift, fire alarm, call bell and emergency lighting systems. Records we looked at showed that regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

We saw that a business continuity plan was in place for dealing with any emergencies that could arise. This informed the registered manager and staff what to do if there was an incident or emergency that could disrupt the service.

Requires Improvement

Is the service effective?

Our findings

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

The registered manager and all the staff we spoke with had a clear understanding of the MCA and the service was working within the principles of the MCA. One staff told us, "We give options and support people to make choices by showing them items or offering various options. If they can't make a decision then we have to ensure their best interests are met." The registered manager had a clear system for assessing people's mental capacity, making and renewing DoLS applications.

During the inspection we observed staff offering choices to people who used the service and staff sought people's consent when supporting them.

The registered manager was unaware that when DoLS applications had been approved by the local authority that a notification needed to be made to CQC. They assured us that this would be completed for all authorised DoLS applications.

During the inspection we looked at whether the staff received the training they needed in order to carry out their roles. A director of the provider showed us the training matrix used to record all training completed by staff. We found that staff had received mandatory training, which included, MCA, safeguarding vulnerable adults, first aid and manual handling. A director of the service provider told us that they had recently changed training provider and were now using a local College. They were also starting to use e-learning courses through the College. The specifications for these courses included questions and activities to check that people had understood the training they had completed.

We saw that 80% of staff had achieved a nationally recognised qualification in social care. We were told that new staff were enrolled on to the Care Certificate induction. The Care Certificate is a nationally recognised set of induction standards for staff working in care.

Staff told us that when they started their employment at Kara House they shadowed experienced staff and were supernumerary to the rota for the first one or two weeks of working. This meant they could get to know the people who used the service, their needs and complete the mandatory training. One staff member said, "I had a tour of the building and completed an induction check list with [registered manager] before starting

to do shadow shifts for two weeks."

Staff told us that they received regular supervisions with the registered manager. Records we saw showed that supervisions took place every three to six months. We noted that supervision meetings included discussions about safeguarding, dignity, dementia care and training. Staff feedback was requested and recorded.

This meant that staff were provided with the skills, knowledge and support to help deliver safe and effective care.

Staff told us that handover meetings were held at every shift change. We saw from the rota that time was allocated for this meeting to take place. The meetings were used to inform staff about people's wellbeing and any changes that had been observed. The senior care staff had a communication file. This detailed any tasks to be completed on a shift, a bathing log and daily report for each person.

We looked at the systems in place to ensure people's nutritional needs were met. The care records we looked at all contained a risk assessment regarding people's nutritional intake. We saw that people were weighed regularly. Food and fluid charts were used for people assessed as being at risk of not eating or drinking enough. However we found that the charts were not accurately completed on the day of our inspection. During lunch we observed one person spill their drink and put most of their food on the floor. Staff recorded that they had eaten half of their meal and drunk a glass of water. There was no named staff member to observe and record food and fluid intake for specific people who used the service. This meant that information about what people have had to eat and drink may not be accurate.

We recommend that the service looks for a best practice solution to ensure that nutrition charts are completed accurately.

We observed the lunchtime experience in the dining area and also with those people who chose to eat in one of the lounges. We saw that there was a calm atmosphere in the dining room and staff assisted people with eating when appropriate. We observed staff explaining to the person they were assisting about the food and gently encouraged them to eat. People were offered choices, with one person asking for porridge instead of the prepared meal.

On the first day of our inspection we saw that there was only one staff member supporting 12 people who were having their lunch in the three lounge areas. This meant that people did not receive the support and encouragement they needed to eat their meals. We were told that there were usually two staff supporting people to eat in these areas. On the second day of the inspection there were two staff members in the lounge areas over lunchtime and people received the support and encouragement they needed.

We spoke to the chef at the service, who also worked some shifts as a senior care worker. They were aware of individual preferences, with people's likes and dislikes being part of the initial assessment completed by the registered manager. Information about people who needed a special diet such as diabetic, pureed or soft food was kept in the kitchen. Information from the speech and language team (SALT) about soft foods was also available in the kitchen. Advice received from dieticians was also provided to the kitchen staff so they were aware of people's food needs. Menus were planned in advance and rotated on a four week basis. People were offered a choice and could ask for alternatives if they preferred.

One person we spoke with said, "The food is alright; we have a choice and can get something different if we want." Another person said, "There's a good variety and plenty of food."

We saw that a recent environmental health visit had rated the kitchen at level 3 (generally satisfactory). An action plan had been agreed and the identified actions had been completed. Daily and weekly kitchen checklists and cleaning schedules were in place. We were told that the work hours for the kitchen staff had been increased so that they had more time to complete all the cleaning tasks identified in the audit.

Each person was registered with a local GP. Regular planned visits to the service were made by GP's from the local practice. One GP we spoke with confirmed that the service contacted them promptly if people who used the service were not well and staff followed the advice they were given. One relative said, "Staff will call the GP right away when needed."

We saw that referrals had been made to dieticians, the SALT team, district nurses and the dementia crisis team when required. We saw that people at risk of developing pressure sores had the appropriate pressure relief mattresses in place and records were kept of when people were supported to re-position.

Kara House supports people who are living with dementia. However the décor of the home was not 'dementia friendly.' Bathroom doors were clearly painted yellow but bathroom items were not of contrasting colours to aid people. Some people had their pictures on their bedroom doors, others did not. Handrails were painted in similar pastel colours as the walls. Pictures were limited in the lounge areas where people spent most of their time. Reminiscence items and books were not seen to be available. The chairs in the three lounge areas were arranged around the edges of the rooms, which meant that people could not easily engage in social interactions with each other. Tables in the dining room were bare and did not have any condiments on them; people had to ask for them. Crockery and cutlery used in the dining area did not have lips or contrasting colour schemes to aid independent eating. We saw that one notice board with various reminiscence items was being put together; however this was not currently available for the people using the service.

We recommend that the service considers current good practice guidance in relation to planning an environment to help to promote the well-being and independence of people living with dementia.

Good

Is the service caring?

Our findings

All the people who used the service we spoke with said that the staff were kind and caring. One said, "The staff are very nice; they're very kind" and another said, "Oh yes the staff do help you." A relative told us, "They are lovely staff; they're all very kind and they care" and another said, "The staff are amazing; I'm very pleased with the home."

Throughout our inspection we observed warm and friendly interactions between staff members and the people who used the service. We saw staff clearly explaining to people about the care they were going to provide. Staff would crouch down so they were at the same level as the person they were speaking with.

Staff knew the needs of the people they were supporting and understood the meaning of person centred care. One said, "It's treating people individually; allow them to be themselves and meeting their needs." Staff also described how they maintained people's privacy and dignity when providing personal care. One staff told us, "I talk things through with people as if it's the first time I have done the task."

One relative told us that the staff had asked them to provide a sketch pad for their relative as they used to be an artist. Staff also told us that they encouraged people to complete tasks for themselves wherever possible.

A visiting health professional told us that staff would always support the person they had come to see so that they had someone they knew with them during the appointment. Another visiting health professional told us that they worked with the home around people's end of life support and care. This included whether people could be supported at the end of their life at the service.

We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

We were told that the service has an open door policy and visitors are welcomed. During our inspection we saw a number of visitors coming and going. People we spoke with said they could visit whenever they wanted.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we saw that an activity was arranged in the afternoon. A chair exercise class was led by an external instructor on one day and a singer entertained people on the second day. One person who used the service said, "I enjoy joining in the exercise classes" and another said, "We have exercises twice a week." We saw evidence that some trips were organised during the summer, including going to a tea dance. We also saw that Christmas meals were arranged with local churches and other organisations.

We saw staff talking and interacting with people throughout the inspection, however we did not observe any activities organised by staff members. We were told that a member of staff was changing their role to become an activities organiser for 20 hours per week. We spoke with the new activities organiser who was uncertain of the activities that they would organise to meet the needs of people living with different types of dementia.

We therefore recommend the service considers current good practice guidance and training for the activities officer in relation to the choice of activities offered to help promote the well-being of people with living with dementia, helping to promote their involvement and enable them to retain their independence.

We asked the registered manager how they ensured people's individual needs were met. We were told that before admission the registered manager would visit the person moving to the service and complete an assessment of their needs with them and their family if appropriate. The assessment and care plans were agreed on admission, including details of people's likes, dislikes, allergies and personal details. The registered manager contacted the local GP to ensure that the person was registered with them.

We looked at three care plans in detail and found them to contain comprehensive information about people's needs and how people were to be supported by staff. We saw that the care plans were reviewed each month. We were told that each senior care worker would review nominated files with the registered manager and a director of the provider. The care plans would then be updated.

We noted that the care plans were stored in the registered manager's office which was located in the basement of the building. Therefore the care staff had limited access to the care plans in order to read them. We were told by the staff members we spoke with that they received information about new people joining the service and changes in people's support needs verbally from the registered manager and senior carers, rather than by reading the care plans. Staff told us that they felt that they received enough information to support people safely and effectively. Staff said that if they had been off work for a few days a senior care worker would provide a more detailed handover when they returned to work.

We saw that as people's needs changed or they displayed behaviour that challenged the service referrals were made to the local dementia crisis team. Care plans to guide staff on how to support people who displayed behaviour that challenged were agreed. A separate file was used to record daily notes and incidents of challenging behaviour. This file was kept on the floor of the building where the person lived so that it was available to the staff team. However we found that the records for one person whose behaviour

challenged the service were not always fully completed by staff. This meant that it was not possible to fully review the care plans and staff guidance as not all relevant information had been recorded.

We asked the registered manager how they supported people if they needed to move on from Kara House. The service does not provide nursing care, therefore if people's needs change they may require to move to a service with nursing care. The manager told us that they discuss any concerns they have about meeting people's needs with the person, if possible, and their family. They contact other health professionals, including the GP and district nurses. This was confirmed by a visiting health professional we spoke with. A referral was made for a nursing care assessment to be completed by the local authority. If a person was moving to another service Kara House would provide access to their care plans and risk assessments. Staff members from Kara House would support the person to move to their new home and spend some time with them to help them settle in. This should help people to transition to a new service.

We looked at the systems in place for managing complaints to the service. We saw that an up to date policy was in place. Both relatives we spoke with said that they knew how to raise a concern or complaint with the service, but had not needed to. One told us, "I would speak to the manager or ask one of the staff as they are in and out all the time." One person who used the service said that they would talk to the senior carer if they needed to.

We looked at the complaints file and saw that one formal complaint had been received from a neighbour in the last year. This had been logged and action taken. We were told, and given examples, that most issues of concern were resolved informally without the need for people or their relatives to make a formal complaint.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by two directors of the provider who also worked in the offices at Kara House.

All the staff we spoke with said that the registered manager was approachable. They felt that the registered manager would listen to any concerns that they had and would take appropriate action. One said, "I feel very supported by management." A relative said that the registered manager had been very approachable when they had required a meeting about the needs of their relative.

We looked at the quality assurance systems in place to monitor the service. We saw that the registered manager completed daily 'walk rounds' of the home and was visible within the service. We saw evidence of audits relating to medication, health and safety, care plans and records. These audits had identified issues with staff not recording enough detailed information in the challenging behaviour records and that the prescribing instructions for the application of creams were not recorded on the cream charts. However action had not been taken to improve this and staff told us they were unsure of current best practice for recording written notes. The medication audit had not identified the discrepancy between the number of 'as required' medication held in stock and the number recorded on the monitoring sheet.

This meant there was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 because complete records were not kept and the service did not ensure the health, safety and wellbeing of all the people who used the service was protected.

We were told by the registered manager and the senior staff members that all accident and incident forms were reviewed each month when the care plans and risk assessments were reviewed with the senior care staff. We saw records of an audit completed every two weeks that included reviewing any accident and incident forms.

We saw that the two directors of the provider had completed a comprehensive audit of the service in October 2015. This contained an action plan with the date of completion noted. Some actions remained outstanding or ongoing. The audits were planned to take place every six months. This should help the service to continually improve.

We asked the registered manager what they considered to be their key achievement since becoming the manager of the service. They told us that there had been an improvement in infection control at the service. This was confirmed by our observations and the audit completed by the local authority which had previously been 'red' (low compliance – urgent action required) and was now 'green' (high compliance).

We saw evidence that weekly meetings were held with senior care staff. The meetings included discussions about people who used the service's needs and any concerns staff had. Actions agreed were noted with the staff member named to complete the task. This was signed when the task had been completed. Staff told us that staff meetings were held with the registered manager. They said staff were able to raise any issues they had and felt that they would be listened to by the registered manager.

The service had detailed policies and procedures in place to guide staff. These were updated externally to meet any changes in guidance or legislation.

We saw that a survey had been sent to all relatives of people who used the service. Only three had been returned, all of which were positive. A staff survey had also been carried out with only two forms returned, both of which were positive. The registered manager told us that they felt that because they regularly see relatives and staff they did not complete the survey forms.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. The registered manager had been unaware of the need to notify the CQC of approved DoLS applications. They assured us that this would be completed. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.

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 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 Clear instructions for the application of creams were not available for staff to follow. Creams were not dated on opening This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Monitoring systems in place were not robust which meant people's health and wellbeing may be put at risk. This was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014