

Donisthorpe Hall

Donisthorpe Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Donisthorpe Hall on 20 February 2018. This inspection was done to check that improvements to meet legal requirements after our comprehensive inspection in November 2017 had been made. The team inspected the service against three of the five questions we ask about services: is the service well led, safe and responsive. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At the last inspection in November 2017 we rated the service as requires improvement. At the four previous inspections we rated the service as inadequate or requires improvement. The service had been in special measures since November 2015. At the last inspection we found the provider had made improvements in some areas but they were not meeting legal requirements in three areas which related to management of risk, person centred care and governance. We found they had made improvements and were meeting legal requirements. The well led question's rating improved from inadequate to requires improvement and therefore the service is no longer in special measures.

Donisthorpe Hall is registered to provide residential and nursing care for a maximum of 189 people. Care was provided in five units. The management team told us there were 69 people using the service when we inspected. The home has a longstanding association with the Jewish community in Leeds and also offers care to people of other faiths or beliefs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a registered manager although a manager was in post and had submitted their application to register as the manager of Donisthorpe Hall. 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.

At this inspection we found the provider had improved how they assessed and managed risks to people who

used the service. They managed people who were at risk of falls more effectively. They had introduced a better accident and incident recording and reporting process. We observed good manual handling practice by single staff and paired staff. The local safeguarding authority told us the number of concerns raised by relatives and by hospital staff had decreased. People lived in a safe, clean and pleasant environment.

Medicines were usually managed safely although some issues were found around documentation. We have made a repeated recommendation about the management of some medicines.

The provider had improved how they planned people's care. Guidance was more detailed which helped staff understand how to meet people's needs. The provider was continuing to develop the care planning and documentation process to ensure care delivery was consistent.

People were offered a range of individual and group activities, which included external entertainers. On the day of the inspection people enjoyed the performances of a singer and guitarist. The activity programme was not always followed because the service only had limited activity resources. The manager said they were increasing the number of activity workers to a minimum of three.

People who used the service and relatives told us they were happy at Donisthorpe Hall and said it was well managed. Staff told us they enjoyed working at the service, and had a clearer understanding of their roles and responsibilities. We received positive feedback about the manager and it was evident from the inspection findings they had driven improvement and understood where the service needed to further progress.

Systems and processes for monitoring and managing quality and safety were well coordinated and more effective. These continued to be developed and needed time to embed. Regular meetings were held although records did not always evidence how actions points had been followed up. The provider had developed their systems for learning lessons which helped prevent events from reoccurring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider had improved how risks to people were identified, assessed and managed.

People lived in a safe, clean, pleasant and well maintained environment.

Medicines were managed more safely; we have repeated a recommendation that the service reviews protocols for 'when required' medicines' and recommended the service reviews guidance around topical medicine.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

The provider had improved how they planned and delivered care. They continued to develop the care planning and recording processes.

People enjoyed activities within the service and the community although a reduction in activity workers had impacted on the level of activity provided.

Compliments and concerns were recorded. Formal complaints were investigated and responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider had improved their quality management systems which enabled them to assess the safety and quality of their service. These continued to be developed and needed time to embed.

Regular meetings were held which ensured everyone had opportunity to share ideas and feedback.

Requires Improvement ●

We received positive feedback about the manager who had been pivotal to driving improvements.

Donisthorpe Hall

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.

Before the inspection we reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in March 2017. 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. Because the form was completed prior to the last inspection we have not considered the information as part of this inspection.

This inspection took place on 20 February 2018 and was unannounced. Four adult social care inspectors, two specialist advisors in governance and nursing and two experts-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we looked around the service, spent time in each unit and observed how people were being cared for. We spoke with 12 people who used the service, 15 visitors including a visiting GP, 16 members of staff, the manager and the chief executive officer who is also the nominated individual. We spent time looking at documents and records that related to people's care and the management of the home. We looked at eight people's care records and eight people's medication records.

Our findings

At the last inspection we found the provider was not always assessing and managing risk well, which meant care was not safe. At this inspection we found improvements had been made around risk management. At the last inspection we reported that falls were not well managed. The provider was using a falls assessment tool which was not effective. At this inspection we saw the falls risk assessment tool had improved. At the last inspection we reported that accidents and incidents were not always responded to appropriately. At this inspection we saw the systems for dealing with accidents and incidents had improved; new report forms had been introduced and the management team had a better system for ensuring action was taken to prevent similar events from reoccurring.

We reviewed people's care records and saw they had a range of risk assessments which included areas such as falls, use of bedrails and mobility. These clearly identified potential risks associated with people's care and support, and contained guidance for staff to show how risks should be minimised. For example, one person's mobility had deteriorated and this was recorded in their care plan along with updated information for staff to follow including the change from one staff to two during all transfers. We saw people's assessments were reviewed regularly to ensure they remained responsive to any changes in people's care and support needs.

During the inspection we observed good manual handling practice by single staff and paired staff. They spoke respectfully to people and handled them easily and in accordance with good practice guidelines. We observed some people had equipment to help keep them safe. For example, pendant alarms and door alerts. A relative said, "[Name of person] has an alarm mat as she stays in bed a lot. Staff come and see her regularly. Staff keeps her safe as she was falling at home". Another relative said, "[Name of person] uses a wheel chair which keeps her safe from falling. At the old place she fell and went to hospital. She is safe here."

When we asked people if they felt safe living at Donisthorpe Hall they told us they did. Comments included, "I am very safe here", "Couldn't be safer or better looked after in Buckingham Palace", and "I am safe and well looked after." A relative told us, "I looked after her at home for ten years I can't do it anymore. She is safe here; there are people to look after her 24hours a day and I am more relaxed when I see her."

Staff told us people were safe. One staff member said, "They are safe, we have enough staff." Staff we spoke with had a good understanding of safeguarding and whistleblowing. They knew reporting procedures and were confident the management team would deal with concerns promptly and appropriately. They said they would have no hesitation in informing external agencies if they felt matters were not being dealt with

properly. One staff member said, "I would report any concerns I had to my manager." Another staff member said, "I know if I reported something this would be looked into."

The local safeguarding authority told us, "The presence 'on the floor' of unit managers and deputies better identified any issues with care practice and enabled them to respond accordingly. The manager has an open and honest approach, and determination and ability to make improvements. The number of concerns raised by relatives has decreased, as too has the number of concerns raised by hospital, which used to be fairly frequent. The management team has been working with us to ensure safeguarding cases are responded to appropriately. In a recent case they really listened and took on board what we were saying."

We looked around the service and saw people lived in a pleasant and clean environment which was well maintained. Certificates and records confirmed checks had been carried out to make sure the premises and equipment were safe. Throughout the service we saw personal protective equipment such as gloves and aprons, alcohol hand gel, liquid soap and paper towels was available, and staff were observed using it appropriately.

At the last inspection the provider was developing systems for emergency evacuations which included introducing Personal Emergency Evacuation Plans (PEEP). We saw the system they used was not effective. At this inspection we saw they had improved their emergency evacuation system but this was still not robust. We saw an up to date fire register was maintained and kept at the main fire assembly point. Staff we spoke with were mainly aware of this although two members of staff were unsure where it was located. A member of staff from each unit was allocated fire lead at the beginning of each shift. However, one member of staff we spoke with did not know they had been allocated this role. People had on their room doors a red, amber or green colour code, which indicated the level of support they required in the event of emergency evacuation. They also had personal emergency evacuation plans (PEEP), which were kept in their care file. We saw these identified the support they required. We noted one person's PEEP had not been updated since their return from hospital and the level of support had changed. We spoke with the manager who amended this on the day of inspection.

People told us there was enough staff to look after them properly and they did not generally have to wait if they required assistance. Comments included, "The nurses are very keen if you ask them; they see to you straight away", "The longest wait might be ten minutes. They come as soon as they can", "There is always someone around if I need anyone. I can always ask for staff" and "There is enough staff. They are trained to look after me". A relative told us, "There is enough staff and they are great with her. I can't grumble, everything is first class." Another relative said, "From time to time, I think she does have to wait."

We observed people did not have to wait when they requested support from staff. For example, one person stood up and looked uncomfortable. Their relative who was sat with them called staff over and explained the person needed assistance. Staff responded straightaway. We saw people received appropriate support at meal times.

Staff we spoke with told us staffing levels were safe. One member of staff said, "We have better stability with staffing. There is enough staff. We are flexible and help across units. Another member of staff said, "Staffing can sometimes be a bit tight but it's generally ok." One member of staff said they did not feel there was enough staff to support people well, and staff did not spend quality time with people. Two members of staff said the long standing issues at Donisthorpe Hall, poor CQC rating and uncertainty around the future of the service had resulted in some staff leaving, which had resulted in more agency workers. A relative stated, "There is still a lot of agency staff; they don't know people as well as the usual staff. Though sometimes there is regular agency staff".

Staffing arrangements ensured people who were funded for one to one staffing received appropriate support. We saw the arrangements were formally recorded and ensured staffing was allocated at each shift. One member of staff told us staffing for one person had recently been reviewed and rather than the same member of staff cover a 12 hour period, staff were allocated two hour slots. They said this worked 'much better'.

The number of people using the service has gradually declined over a prolonged period. The provider had continued to amend staffing arrangements accordingly, which included a reduction in nurses. One nurse was covering two of the units instead of a nurse in each unit. This had been flagged as a concern because the workload for the nurse was too much. The provider had responded to the concerns and was reviewing the role and responsibilities of the senior care workers in those specific units. They were looking at senior care workers getting more involved in monitoring and checking care documentation, evaluating care plans, medicine administration and contacting other professionals.

Recruitment and selection processes were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history and interview notes were stored in staff files. Two references were obtained and a criminal record check was completed. This meant recruitment procedures were established and operated effectively to ensure that persons employed by the service were of good character and had the skills and competencies required to carry out their role.

Medicines were usually managed safely although some issues were found around documentation. At the last inspection we made a recommendation around fridge temperatures and 'when required' or 'PRN' protocols because these were not available for everyone. At this inspection we found fridge storage temperatures were appropriate so medicines were stored under conditions which ensured their quality was maintained and temperature checks were recorded daily. Most people had person centred PRN protocols although these were not available for all PRN medicines. For example, one person did not have a protocol for a medicine which was prescribed for breathlessness and could be given up to four times a day. Another person did not have a protocol for a medicine that was prescribed for constipation and one or two tablets could be taken at night as required. We concluded the recommendation was not fully met. After the inspection the provider sent us an action plan that identified how they were going to ensure protocols were in place for all PRN medicines.

Staff responsible for administering medicines had completed medicines training and their competency had been assessed to ensure they practiced safely. A designated person had responsibility for managing medicines during each shift. We observed administration of medicines and saw people received support where needed to ensure they had taken their medicines. Staff were patient and kind although not always discreet. We heard on two occasions they discussed people's personal matters in front of others.

Medicines were stored securely and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored appropriately, a register was maintained and administration was supported by the signature of two staff. We carried out balance checks of controlled drugs and found these were correct.

The service had medicine policies and procedures, and patient information leaflets which were accessible to staff. Medication administration records (MARs) were usually pre-printed. Where handwritten MARs were in place they were checked and countersigned. MARs were well completed and codes were used when medicines were not given.

Body maps and topical medication administration records (TMARs) were in use; these were kept in people's rooms and usually detailed where creams should be applied although this was not always the case. For example, one person was prescribed a cream for the treatment of dry skin conditions. The TMAR stated apply twice daily when required but there was no information about when it would be required, and the associated body map did not indicate where it should be applied. Another person did not have a TMAR or body map for one cream; we observed a member of staff completing this retrospectively. We raised this as a concern with the manager who agreed to follow this up. After the inspection the provider sent us an action plan that identified how they were going to ensure all TMAR guidance and body maps were specific.

Creams and eye drops were individually labelled and the date of opening was recorded. One person's eye drops had been opened for 37 days but should have been discarded after 28 days. This was raised as a concern on the day of the inspection. After the inspection the person overseeing management of medicines confirmed the eye drops had been destroyed and the person had not suffered any infection which was a potential risk.

We noted one person had not received their medicine for treating Parkinson's disease as prescribed. This was because they had either refused or were asleep. We saw from the person's records staff had discussed concerns around refusing medicines with the person's GP in January 2018 who had made a referral to a specialist nurse. The provider agreed to chase up the referral. The person was prescribed a patch which was applied to their skin. We saw the person had sometimes allowed staff to apply the patch but the site on the body where it was applied was not rotated which is important to avoid skin irritation. This was raised as a concern with staff on the day who confirmed the person had not suffered skin irritation. They agreed to ensure the site was rotated in future.

The provider had completed detailed medicine audits. These identified issues and were followed up with an action plan to help prevent repeat events. We saw the provider had completed an audit and developed an action plan in January 2018. They had identified an action relating to PRN protocols and stated staff had to 'check residents have a variable dose and PRN Form. Please check all are still valid and where identified review i.e. within three months. Must be personalised including variable dosage administration'. They had also identified that TMARs were not being completed consistently. Although the provider had identified through their audits they needed to take action in relation to PRN protocols and demonstrated their willingness to improve their performance, we concluded they had not met the recommendation from the last inspection. We have therefore repeated the recommendation.

We recommend that the service reviews 'PRN' protocols and guidance around topical medicines for each person.

At the last inspection we reported the provider's systems for learning lessons and improving processes when things go wrong were varied. At this inspection we found the provider had developed their systems and processes and included lessons learned in the service action plan. We saw they had identified they would incorporate lessons learned into their governance and meeting structure and we saw confirmation they had done this. For example, the manager carried out a monthly audit of accidents and incidents. This was then shared with the staff team and the board members to ensure any 'lessons learned' were identified. We saw they had identified further training in how to use equipment and using review meetings with relatives and other professionals regarding people's changing needs.

The provider had introduced a medication newsletter in January 2018 which focused on "what we have learnt". They had evaluated learning from medicine incidents during 2017. In the newsletter they stated they wanted to 'enhance communication, create more awareness and improve resident safety'. They said there

had been a reduction in the overall number of medication errors.

Our findings

At the last inspection we found the care and treatment of people who used the service was not always assessed and planned in a way that ensured their needs were met. At this inspection we found the care planning process had improved. The provider had better systems for checking care plans were accurate and updated when people's needs changed. We found some examples of care recording which did not meet the required standard and the manager agreed to ensure these were addressed promptly.

Some people who used the service and their relatives told us they had been involved in developing their care plan; others were unsure. One person said, "I am alright, I don't know about that. They are kind people; I am well looked after." A relative said, "I have read it. If I discuss anything with them they are very caring. He has been having a problem with his hearing and that's been sorted." Another relative said, "Yes I do read it. They discussed about [name of person] wearing pads at night time as he has a small problem. I agreed with this." Another relative said, "I know about her care plan. I am not aware if anything has changed. They know what she likes and dislikes. She is given a choice of what to wear and where she likes to sit."

During our visit we observed people received person centred support. For example, staff supported one person to eat lunch in their room. Staff spent time repositioning the person in their bed so they could eat comfortably. After the first spoonful they asked the person if they liked it and waited for a sign to confirm they did. The person nodded and took another mouthful. We observed encouragement and patience from the member of staff. Staff supported another person to move from the dining table to a lounge chair. They used a walking frame. Staff supervised them until they sat down, and throughout explained what they needed to do to stay safe. They enabled the person be as independent as they wanted to be.

Staff told us people received person centred care. One staff member told us about a person whose first language was not English. They said the service had recruited two volunteers to support the person and engage in conversation, and was looking at accessing talking books. Staff told us people's care records provided them with important information about preferences, history, likes and dislikes. Staff demonstrated during the inspection they knew the people they were supporting well.

Staff we spoke with said care planning and supporting documentation such as the food and fluid charts had improved. One member of staff said, "The care plans are much easier to follow and we know what we have to record now." Another member of staff told us, "We write everything down. If we have cause for concern we record what people have eaten and drunk." Another member of staff said, "We discuss end of life when we look at care plans if this is applicable to the person. We are all involved in this."

Care assessments and plans were appropriate to the needs of people who used the service. They showed the provider ensured they could meet people's care and support needs before they began using the service. An assessment was completed and used to write a series of care plans that detailed how people's care and support needs should be met; these were then updated accordingly. Care plans covered a range of needs, for example, eating and drinking, socialisation, skin integrity and mobility. We saw a good level of detail, for example, one person's eating and drinking care plan explained how they liked their eggs poached, and that sandwiches needed to have both brown and white bread. It was recorded that any variation would result in food being returned to the kitchen. Another person had a skin integrity plan and detailed they were cared for on an air mattress. We checked the mattress and found it was set up appropriately for their weight. There was a clear recording the person was being turned in bed and had hourly checks. Another person had their 'end of life' wishes clearly documented and these were signed to confirm agreement. We looked at daily records. These contained information about people's daily routines, for example, if they had eaten or slept well.

Although we noted the care planning process had improved people did not have care plans for some specific conditions such as diabetes or Parkinson's. The manager told us these were being developed. We saw some care monitoring charts were not always completed correctly. For example, two people had records of fluid intake but these had not been totalled so the provider could not be sure they had received enough fluid each day. One person's repositioning charts had not been completed six out of the last 16 days. We saw new documentation was being implemented at the beginning of April 2018. One person's care plan had been updated even though they were in hospital. This meant staff could not assess effectively the person's needs or plan their care. The manager agreed to make sure the care plan was reviewed and said they would liaise with staff about ensuring people were present when reviews were completed.

People enjoyed activities within the service and the community although a reduction in activity workers continued to impact on the level of activity provided. At the last inspection we reported that only one activity worker was coordinating activities across the service; another activity worker was on long term absence and two activity workers had been made redundant. The service had an activity programme although this was not always followed. This situation had not changed. The manager told us they were monitoring activities and were looking at 'employing additional activity workers with a minimum of three'.

We received a mixed response when we spoke to people about activities. Some people told us they were satisfied with the level and quality of activities which included one to one sessions and group activities. Others said they would like more to do. One person said, "I like to draw. I have enjoyed certain things but there is not enough to do. I can't remember when I last went out." Another person said, "There is something going on all the time." A relative said, "The activities are very good. They have concerts, singing and reminiscing. They are stimulating." Another relative told us they didn't think their relative, who spent time in their room, got 'one to one' time very often.

During the inspection we saw people enjoyed activities which were facilitated by an activity worker. Some people enjoyed having a manicure and their nails polished. The service had a hairdressing room and some people had their hair done. We also observed care workers sitting and chatting to people on an individual basis. People enjoyed a singer and guitarist during the afternoon. In one lounge music was playing, and one person was singing and tapping to it. Although we saw some people engaging in activity we also saw some people sat for long periods with little stimulation.

The activity programme stated there should be a bingo session. The activity worker said they could only offer a limited programme because of the shortage of activity workers, and explained that people had wanted their nails done so after consultation they had changed the session. The activity worker was

confident the issues around activity workers would be addressed, and said, "[Name of manager] is brilliant and really interested in what I'm doing. She is 100% positive for Donisthorpe Hall. She even joined us on a trip, and knows people's names and personal things about them."

People told us if they had a problem they would be listened to and would feel comfortable sharing any concerns. Most knew who to speak with if they wanted to make a complaint. One person said, "I would speak to whoever was in charge" Another person said, "I haven't complained. I have requested things and there has been a very prompt response." A relative said, "I would go to the manager of the unit then higher up if needed." Another relative told us they had made a complaint and were happy with the outcome. They said, "[Name of person] was sleeping too long. I spoke to staff about it. We discussed it and agreed the outcome. It was dealt with very well. She doesn't sleep too long now."

We looked at records of complaints received by the service. Between 1 January and 20 February 2018 six complaints were recorded on the complaints' register. Three were verbal and three had been received via e-mail. The nature of the complaints related to care delivery, communication laundry, record keeping and the behaviour of one person who used the service. We saw all complaints had been responded to. Four had been closed; the date and method of closure had been noted. Two remained open because an investigation was on-going.

We looked at records of compliments. Between 1 January and 20 February 2018 ten compliments had been received. Comments included, '[Name of person] is settling in well and we can't thank staff enough for the warmth and care given', 'Thank you for a wonderful event held; the food and presentation was wonderful', 'The bolognese served at lunch time was absolutely superb' and 'fantastic care given'. A care worker sent a thank you e-mail for the support given during their employment.

Our findings

At the last five inspections we have rated the well led key question as inadequate. At each of the inspections we have identified the provider was in breach of multiple regulations which included the regulation that relates to good governance. At each inspection we reported that quality management systems were not effective. At the inspection in April and November 2017 we reported they had made some improvements but were still in breach of multiple regulations. At this inspection we found the provider had further improved their governance arrangements and were no longer in breach of the associated regulation.

The service did not have a registered manager. A manager was in post and had applied to be the registered manager of the service; the application was being processed at the time of the inspection. The same manager had been in post at the last inspection and we reported they had a positive impact on the service. Their positive influence was also evident at this inspection.

We spoke with three long standing members of the management team. They spoke positively about the service and said the manager had driven the improvement. One said, "[Name of manager]'s experience, knowledge and background has brought consistency. It's better today than it has been for a long time. We are more focused on outcomes, analysis and learning." Another member of the management team said, "[Name of manager] has made a big difference. We are supported. There is an open policy now. Things are straight forward and we are getting consistency. She knows what she is talking about and is leading everything." Care staff and senior care workers also spoke positively about the manager. One member of staff said, "It's definitely better. Management are more approachable. [Name of manager] and [Name of nominated individual] are very good. The last six months I've seen it improving." A visiting GP told us they had seen changes and significant improvement in recent months.

The manager and nominated individual told us they were confident that the quality management systems and processes were effective and enabled them to assess the safety and quality of their service. They both acknowledged the service still needed time for everything to be applied consistently and embed.

There was an open and positive ethos within the service. Staff had access to minutes of all meetings that took place in the service. This included senior management and heads of department meetings. The manager spoke of the importance of encouraging this culture within the service to ensure staff felt informed, engaged and valued.

People who used the service and relatives told us they were happy at Donisthorpe Hall and said it was well

managed. Everybody found it easy to tell us something positive about their experience. Comments included, "There have been a lot of changes [management], they are now doing nicely", "I think this is a wonderful place", "The care is the best thing. The carers are marvellous, willing and friendly", "The manager comes around and checks things are alright, she's nice, on the ball" and "The team running it now have got it right".

Procedures and systems had been further developed and enabled quality and safety of the service to be monitored and assessed. We saw the provider monitored key areas which included areas such as safeguarding, Deprivation of Liberty Safeguards, care plan audits, staffing dependency and key performance indicators (KPI).

At previous inspections we have reported that systems for reporting and preventing reoccurrence of accidents and incidents were not effective. At this inspection we found a more robust system had been introduced and enabled the provider to identify potential themes and take action to minimise them from reoccurring. We saw new reporting forms had been introduced. Staff had received training and discussions around recording and reporting had been discussed at team meetings. Staff we spoke with told us they were more confident that action was taken to prevent repeat events. One member of staff said, "We used to fill in an accident form and nothing came back. Now it's completely different. We are learning and get feedback." The nominated individual told us they continued to monitor the quality of accident and incident reporting.

The provider's KPI reporting system provided an overview and covered areas such as agency usage, incidents and accidents, infections and safeguarding. The manager completed analysis narratives to explain and support the data findings. For example, an analysis of accidents and incidents from 11 December 2017 to 7 January 2018 stated there had been a 48% reduction across the service. The decrease was explained by changing the process, which enabled 'staff to document, managers to investigate and managers to put appropriate safety measures in place, together with passing the learnings to staff'. We reviewed a senior management report which showed progress had been made and identified areas of improvement. This covered areas such as staff training and supervision, fire safety, risk management and person centred care.

We saw care plan audits were effective. The manager told us care plans were reviewed each month. Any actions for improvement were collated and monitored by the manager; records we reviewed confirmed this. Actions were shared with staff to ensure on-going improvement of care records.

The provider maintained an action plan that evidenced improvement and work in progress. This focused on the issues that were identified at the inspection in November 2017. It was evident from the inspection findings the provider took action to address the breaches of regulation. However, they had not fully met the recommendation we made at the last inspection around 'as required' or PRN medicine protocols.

We saw flow charts for quality assurance checks and lessons learned had been developed. Guides for supporting staff to complete tasks such as monthly care plan audits and accidents forms had also been developed. Senior managers praised the project manager who had overseen the introduction of the quality management system. The nominated individual said, "We've introduced a pathway as to how things work with the focus on what we're aiming to achieve. [Name of project manager] has worked really hard and done a sterling job."

At the last inspection we saw regular meetings were held and important issues were discussed. However, there was a lack of evidence these were effective in driving improvement. At this inspection we saw actions were clearly identified at some meetings but it was not always clear from other meeting minutes what action had been taken in response to the feedback. We discussed this with the manager who acknowledged they

needed to further improve the records of some meetings and the actions taken.

Meetings with people who used the service, relatives, staff, senior managers and board members had been held since the last inspection. A care management team meeting in January 2018 covered risk management and auditing. They used a RAG (red, amber, green) rating to prioritise actions. A governance review meeting was held in February 2018, and an action log included the person responsible, timeline and date to complete. Staff meeting minutes evidenced important issues that affected the service were communicated to staff and included feedback on complaints, incidents and safeguarding matters.

The provider displayed the CQC rating of the service in the reception area. However, we noted the report was from April 2017 and not the most recent report which was published in January 2018. This was updated on the day of the inspection.