

Brackley Fields Care Ltd

Brackley Fields Country House Retirement Home

Inspection report

Halse Road
Brackley
Northamptonshire
NN13 6EA

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21 May 2018

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on the 21 May 2018.

Brackley Fields Country House Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brackley Fields Country House Retirement Home is registered to provide accommodation and support with personal care for up to 35 people in one adapted building. At the time of the inspection there were 27 people living in the home.

There was a registered manager in post at the time of our 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.

At the first unannounced comprehensive inspection on 1 and 2 June 2016, we found the service to be rated 'Requires Improvement'.

Staffing levels were not always sufficient and had not been calculated to meet the dependency levels of people living in the home. Individual care plans and risk assessments were not personalised or accurate and provided conflicting information regarding people's needs. The quality monitoring in place had not highlighted the inconsistencies in individual care plans and risk assessments. Not all staff received regular one to one supervision and staff meetings were not being held on a regular basis.

The provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements in relation to the staffing of the service. The provider submitted an action plan detailing the improvements that they would make to comply with the regulations.

At the second unannounced comprehensive inspection on 15 and 16 December 2016, we found the service continued to be rated 'Requires Improvement'.

Sufficient numbers of staff were not consistently deployed to provide people's care. Following our inspection in June 2016, staffing levels had been increased but the number of staff deployed did not always reflect the number of staff that the provider had determined were necessary. Systems in place to monitor the quality and safety of the service were not sufficient. Planned audits had not always taken place and failed to identify risks associated with inconsistent staffing levels, management of medicines, record keeping and accidents and incidents.

The provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. We asked the provider to take action to make improvements in relation to the staffing and governance of the service. The provider submitted an action plan detailing the improvements that they would make to comply with the regulations.

At the third unannounced comprehensive inspection on 31 July and 1 August 2017, we found that the service continued to be rated 'Requires Improvement'.

Ineffective quality assurance systems were in place to monitor the care and support people received. The improvements that were required to the service had not been identified, and there had been on-going shortfalls as a result. Improvements that were required to fire safety procedures had not been acted upon in a timely manner and environmental audits had not identified on-going deficiencies in fire safety measures. Adequate monitoring of people's falls had not been carried out; insufficient action had been taken to support people who were at high risk of falls. Improvements were required to ensure people received their medicines. People could not be assured that they would receive their prescribed medicines safely. Arrangements in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support were not sufficient. There was a lack of oversight of staff training. Improvements were required to ensure the staff adequately monitored people's nutritional needs. Some people had been identified as being at high risk of malnutrition. Staff did not follow the guidance to access appropriate medical advice.

The provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the provider's registration to drive the improvements needed in relation to falls management, people's nutritional needs, fire safety, medicines, staff training and the governance of the service.

This was the fourth unannounced comprehensive inspection of the service and the service continues to be rated overall 'Requires Improvement'.

Whilst improvements had been made, the provider had not taken sufficient action to meet all the breaches of regulation identified at the previous inspection. People's medicines were administered as prescribed; however, the medicines administration records were not always completed accurately to provide a clear account of the medicines administered to people. Audits of medicines had not identified these omissions.

People's capacity to consent to their care and support was not always assessed. People supported by the service were not able to consent to some aspects of their care. However, written capacity assessments and best interest checklists were not in place. Staff did demonstrate that they understood the principles of the Mental Capacity Act 2005 and gained people's consent when supporting them.

Health and safety checks had not identified risks posed to people by hot water and some areas of the home, which may pose a risk to people's safety, were not secured.

However, we identified that the provider had made the improvements required to meet the previous breaches in regulation in other areas. Appropriate fire safety measures had been implemented, doors were fitted with automatic closers and on-going fire safety checks were in place.

People had adequate falls risk assessments and these had been reviewed as necessary. There was sufficient analysis, oversight and action in relation to people's falls.

People's nutritional and hydration needs had been assessed and appropriate action taken. There was

sufficient oversight, monitoring and action in relation to people's nutritional needs. Healthcare professionals had been involved as necessary.

Appropriate induction and training was in place for staff. All new staff had an appropriate induction. A training plan was in place and training was updated within appropriate timescales.

A system of scheduled audits was in place to monitor all areas of the service. The nominated individual had regular meetings with senior staff to discuss the outcomes of these audits.

Recruitment procedures protected people from receiving unsafe care from care staff that were unsuitable to work at the service. People felt safe in the home and received care and support from staff that understood their responsibility to keep people safe. Staff had appropriate support and received one to one supervisions with their line manager.

People received enough to eat and drink and had a choice of meals and snacks. People were supported by staff to use and access a variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people living in the home.

People were supported to have health appointments when required to make sure they received health care to meet their needs.

Care plans reflected how people's needs were to be met and people had been involved in deciding how their care would be provided. People were supported to take part in activities they enjoyed. Staff were committed to the work they did and had good relationships with the people who lived in the home. People felt relaxed with staff, and were comfortable in their presence.

People were listened to, their views were acknowledged and acted upon. Care and support was provided in the way that people chose and preferred. There was a complaints procedure in place to enable people to raise complaints about the service.

At this inspection, we found the service continued to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Full details regarding the actions we have taken are added to reports after any representations or appeals have been concluded.

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.

Staff did not consistently follow the procedures in place to ensure the safe handling of medicines.

People were not always protected from environmental risks as measures in place to identify and reduce these risks were not always sufficient.

People felt safe and comfortable in the home. Staff to keep people safe.

Risk assessments were in place and were reviewed to enable people to receive safe support.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was formally recorded.

Staff received training to ensure they had the skills and knowledge to support people appropriately.

People's nutritional needs were met.

People were supported to have access to appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

Staff treated people with kindness and compassion. There were positive relationships between people and staff.

Good ●

Staff understood the importance of confidentiality and people's information was stored securely.

Is the service responsive?

The service was responsive.

People were provided with individual support by staff who knew them well.

Appropriate arrangements were in place for managing complaints.

Appropriate support was in place for people at the end of their life.

Good ●

Is the service well-led?

The service was not always well-led.

People were not assured of a good quality service, as there were insufficient systems and processes in place to monitor the quality of people's care.

A registered manager was in post and they were active and visible in the home.

Staff were aware of the vision and values of the service and were committed to working to these.

Requires Improvement ●

Brackley Fields Country House Retirement 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 21 May 2018. The inspection was unannounced and was undertaken by one inspector and an assistant inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority who commission services from the provider and Healthwatch. Healthwatch is an independent consumer champion for people who use health and social care services.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

During this inspection, we visited the home and spoke with eight people who lived there and one community healthcare professional. We also looked at care records relating to four people. We spoke with nine members of staff, including senior care staff, care staff, housekeeping and catering staff, the deputy manager, registered manager and provider. We looked at five records in relation to staff recruitment, as well as records related to staff training and the quality monitoring of the service.

Is the service safe?

Our findings

At the previous inspection in August 2017, we rated 'Safe' as 'Requires Improvement'. At this inspection, 'Safe' continues to be rated 'Requires Improvement'.

During our inspection in August 2017, we found that the provider was in breach of regulation 12: Safe care and treatment of the HSCA 2008 (Regulated Activities) Regulations 2014. This was because insufficient action had been taken to ensure safe handling of medicines, maintain fire safety and manage people's risk of falls. At this inspection we found that the provider had made improvements to meet the breach of regulation but further improvements were still required.

At the previous inspection we identified that one person had been refusing their medicines and had not received their medicines as prescribed for a prolonged period. This had not been discussed with a healthcare professional. At this inspection, we found that people's medicines were being administered as prescribed. People told us that they received their medicines when they should, one person said, "All my creams and medication are given at the right time and when I need them." One person was refusing their medicines and this had been discussed with the person's representative and an appropriate healthcare professional. We observed staff administering people's medicines and saw that safe procedures were followed. However, we viewed medicines administration record sheets (MARS) for several people and found that these were not always completed correctly. There were many gaps on the MARS charts for the preceding two months, as staff had not always signed to indicate they had administered people's medicines. Although regular checks and audits of medicines were carried out, these had not identified that staff were not consistently signing MARS charts. We discussed these concerns with the provider who said that they would increase the checks and audits in place for medicines. These measures need to be sustained and embedded.

At the previous inspection, we found that improvements were required to fire safety measures. At this inspection, we found that the required improvements had been made. However, other improvements were required to maintain environmental safety. Regular checks of water temperatures were carried out, however these demonstrated that the hot water in some bathrooms exceeded safe temperatures and posed a risk to people's safety. Staff were not aware of the correct maximum safe temperature and had not acted to mitigate this risk. These concerns were discussed with the provider who had misunderstood the safe temperature threshold for care homes and immediately arranged for this to be rectified. The laundry and boiler room were not locked and the provider believed that they should not be locked, as they were areas that needed to be accessible due to fire risks. However, these areas contained equipment that may pose a risk to people living in the home. This was discussed with the fire authority who confirmed that these areas could be locked; the provider arranged for these areas to be secured.

At the previous inspection, we found that improvements were required to the management of people's falls risks. At this inspection, we found that sufficient action had been taken to mitigate the risk of falls to people. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's care plans and risk assessments provided clear instructions to staff on how to mitigate risks

associated with people's risk of falls. The provider monitored people's falls and senior staff regularly reviewed people's falls and moving and handling care plans. The provider described how they analysed the circumstances of each fall and looked for patterns such as the time of day or area of the home where the fall had occurred. Actions could then be implemented to minimise the risk of people experiencing further falls.

People told us that they felt safe. One person said, "I feel very safe." Another person said, "It's lovely, I feel quite happy here." A third person told us, "This is one of the nicest places you could go to." We observed that people in the home were happy and comfortable with the staff supporting them and that people were comfortable with staff.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at Brackley Fields Country House Retirement Home.

There were enough staff to keep people safe and enable people to take part in activities and staff had a good knowledge of the needs of the people they were supporting. People told us that they felt there was a sufficient number of staff. One person who was in their bedroom said, "There are plenty of staff, I don't really need to use my call bell as they are always about." The staff we spoke to said they felt there were enough staff to meet the support needs of the people living in the home. Staffing levels were increased at busy times in the day, for example first thing in the morning when people needed assistance more staff were on duty to ensure no one was kept waiting for support. At the time of the inspection, there were sufficient numbers of staff to meet people's needs in a safe and timely way.

People were able to call staff to assist them by using the call bell system in the home, with bells in each room. One person said "Every morning I ring and let them [staff] know I'm up, they come more or less straight away." We observed that staff responded promptly to call bells and had ensured that when people stayed in their own room they could use their call bell.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice. One member of staff said, "I would report to a senior, if there was still an issue go to the manager and if they didn't deal with it then the safeguarding team."

Improvements were made when incidents had occurred or things had gone wrong. We saw that through regular team meetings and staff supervision, issues were discussed and actions implemented to learn from mistakes and improve practice.

The home was clean and fresh throughout. People told us that staff worked in a hygienic way. One person told us how staff supported them with their personal care and said, "The staff always wear gloves." We saw that staff had attended training in infection control, washed their hands regularly and wore personal protective clothing when required. A cleaning schedule was in place and the provider had systems in place to monitor infection control.

Is the service effective?

Our findings

At the previous inspection in August 2017, we rated 'Effective' as 'Requires Improvement'. At this inspection, 'Effective' continues to be rated 'Requires Improvement'.

During our inspection in August 2017, we found that the provider was in breach of regulation 12: Safe care and treatment of the HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had made improvements to meet the breach of regulation but further improvements were still required.

At the previous inspection we found that a number of staff deployed to provide people's care had not received manual handling or first aid training. At this inspection, we found that all staff had received the training they required to fulfil their job role safely and competently. Staff were provided with an induction into their job role, which was overseen by a senior member of staff with lead responsibility for staff learning and development. One member of staff said, "I sat down with [training lead] and spent time shadowing other staff, they showed me the ropes and went through everything I needed to know."

Staff had a good knowledge and understanding of the needs of the people they were supporting. The provider had recently taken part in the "Trauma Box Initiative" to enable staff who had received suitable training to provide the initial treatment for superficial wounds. Staff told us that they were comfortable with the level of training provided. One member of staff said, "I've just finished NVQ level 2 and I'm up to date with all my mandatory training." Records showed that staff received the induction and training they required, to enable them to provide appropriate care and support to people living in the home.

During our inspection in August 2017, we found that improvements were required to ensure that people's nutritional needs were adequately supported. People's nutritional risks had been assessed; however, action had not been taken to gain medical advice or support where people were at high risk of malnutrition. At this inspection, we found that people were appropriately supported to meet their nutritional needs. Staff referred people to their GP and dietitian when they had been assessed as being at risk of malnutrition. Catering staff had a good knowledge of people's dietary needs. They were able to describe how they met different people's dietary requirements; for example where people were allergic to certain food.

People were supported to maintain a healthy balanced diet and told us that they enjoyed the food that was provided. One person said, "The food is really good." Another person said, "I had a lovely lunch, sausage and mash. They're very good, they give me a small portion as I can't cope with a large amount, it puts me off."

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 who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The 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. Staff had received training in the MCA and they were able to demonstrate an understanding of the key principles of the act and described how these informed their practice. However, systems were not implemented to ensure that people's capacity to consent to their care and support was sought. We found that some people supported by the service were not able to consent to all aspects of their care. However, there was no record of mental capacity assessments being undertaken or best interest decisions being made on behalf of people. People living in the home were not free to leave the home independently because the front door was secured with a key pad and people living in the home had not been provided with the code. Staff said that they would not release the door to allow people to leave the home on their own should they request this, as they would be concerned for their safety. People's capacity to consent to the door being secured had not been considered. This was discussed with the provider during the inspection and they recognised the need to have a written record of these assessments and decisions. Where people had been provided with bed rails to maintain their safety whilst in bed and were unable to consent to this, the provider had recognised the need to make applications under the Deprivation of Liberty Safeguards and was currently waiting for the outcome of these applications.

People received care from staff that were effectively supervised and supported. The provider was involved in the day-to-day management of the home and was available to provide regular support and supervision to staff on an informal basis. Staff told us that they felt very well supported. One member of staff said, "I can talk to [provider], I can talk to [deputy manager], someone is always available." Staff received regular supervision and appraisal, this provided staff with the opportunity to discuss their performance and personal development. One member of staff said, "It [supervision] is helpful, it's good to get feedback about where I'm doing well and where I need to improve, we also talk about training, any problems that have occurred and any safeguarding issues."

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment included the person's health and medical background as well as their emotional and social support needs. The information gathered was used to produce a plan of care that was reviewed and updated once the person moved into the home.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health services and mental health support. We saw information recorded in people's care plans regarding advice that had been provided by other professionals. This ensured people were receiving support in the best way to meet their needs.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "Staff will contact the GP as needed and there's also routine regular visits." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's needs were met by the adaptation, design and decoration of premises. One person said, "I like the garden." During the inspection, we saw a group of people enjoying sitting out together in the garden, enjoying the good weather. There was a range of communal areas available for people to spend time in and we saw that people were supported to move freely around the home. People's rooms were comfortable and personalised and any equipment they required to meet their needs was readily available, for example

equipment to support them to move.

Is the service caring?

Our findings

At the previous inspection in August 2017, 'Caring' was rated as 'Good'. At this inspection 'Caring' remains 'Good'.

Staff treated people with kindness, respect and compassion. People told us that they had positive relationships with staff. One person said, "They [staff] have always got a smile, they're a happy crowd." Another person said, "The staff are brilliant." A community professional who was visiting the home during the inspection said, "They [staff] are fantastic, you couldn't find a more caring bunch." People said that they enjoyed the time that staff spent with them. One person said, "They [staff] talk to me all the time, they sit on the bed and have a chat." A member of staff told us, "The residents are respected and looked after well here." We observed staff engaging in a warm and caring manner with people, people were relaxed in the company of staff and clearly gained great comfort and enjoyment from this.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person said, "I can go to the garden if I want to, but I prefer to stay in my room." Another person told us, "They [staff] don't rush me." A third person told us that they were able to choose whether to have a bath or a shower depending on how they were feeling at the time. We observed staff supporting people and saw people were given the time they needed to express themselves and guide staff in supporting them.

People and their relatives as appropriate were involved in planning how their care would be provided. People told us that they had been involved in discussions regarding their care and were happy with how staff supported them. One person told us that they were happy that their family member had been involved in their care plan when they moved into the home.

People were supported to be as independent as they were able to be; staff encouraged people to do as much as they could by themselves. We observed staff taking time to support people in a way that maximised their independence; including supporting one person to walk a certain distance with their walking frame before providing a wheelchair for the rest of the journey.

The privacy and dignity of each person was respected by all staff. Staff were mindful and considerate of people's wishes when asking if they could enter their rooms. We observed staff knocked on people's bedroom doors and waited to be invited in. Care plans outlined how people should receive care in a dignified manner. Staff we spoke with understood the importance of confidentiality and people's confidential information was stored securely.

The provider supported people to speak up for themselves and was aware that if people did not feel able to or had no family to support them that they would support them to find an advocate. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). At the time of the inspection, no one needed this type of support.

Is the service responsive?

Our findings

At the previous inspection in August 2017, 'Responsive' was rated as 'Good'. At this inspection 'Responsive' remains 'Good'.

People had individualised care plans, which detailed the care and support they required; this ensured that staff had the information they needed to provide consistent support for people. One member of staff said, "I know about people's care needs from the care plans and [portable electronic device containing individual care prompts], I feel confident because the information is up to date." Records we saw, demonstrated that people's care plans were regularly reviewed to ensure that the care and support provided by staff was appropriate. We saw that any changes to people's care needs were recorded in their care plans and updated information provided to staff.

Throughout our inspection, people told us and we observed that staff supported people in accordance with their care plans. One person who required cream to be regularly applied for a skin condition told us, "The staff are very nice, even in the middle of the night they come in and put cream on my back." Another person told us that staff had provided them with a falls prevention mat when they were unwell. They felt reassured that the call bell would ring if they got out of bed and staff would provide them with prompt assistance. Staff were able to describe in detail the care and support they provided for people. We observed that people consistently received the care and support they needed in accordance with their care plan; for example when communicating with people, when supporting them to move, or helping them with eating and drinking.

Staff used good communication systems to ensure the effective sharing of information and handover of information between staff. This system ensured that staff were updated promptly regarding any changes to people's care needs and responded appropriately.

Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation. People told us that they enjoyed taking part in the activities provided and we saw that staff understood the need to meet people's social and cultural diversities, values and beliefs. The emphasis on activities was about providing people with social stimulation they enjoyed. An activity co-ordinator was in post and they were responsible for overseeing a programme of activities. Planned activities were displayed in communal areas and a copy was provided for people who chose to spend time in their room. During the inspection, we saw people enjoying musical entertainment; other planned activities included lunch at a local pub, communal games and religious services.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. For example, the service had produced pictorial menus to support people to choose their meals. Care plans contained detailed information regarding people's communication needs;

staff knew people well and were knowledgeable regarding the best way to support them with access to information.

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon as required. The service had received no complaints since the last inspection and people told us they had no complaints. One person said, "It's lovely, I'm quite happy here, any worries I can talk to the manager." We saw that there was a clear complaints policy and procedure in place.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. No one at Brackley Fields Country House Retirement Home was currently receiving end of life care. However, the deputy manager and staff were committed to providing good end of life care to people. They sensitively supported people to have conversations about their wishes for the end of their life. When people reached the end of their life, their care plan would be updated to reflect this, as well as the action that needed to be taken by staff to ensure they were kept as comfortable as possible.

Is the service well-led?

Our findings

At the previous inspection in August 2017, we rated 'Well-led' as 'Requires Improvement'. At this inspection, 'Well-led' continues to be rated 'Requires Improvement'.

During our inspection in August 2017, we found that the provider was in breach of regulation 17: Good governance of the HSCA 2008 (Regulated Activities) Regulations 2014. This was because insufficient action had been taken to ensure safe handling of medicines, maintain fire safety, manage people's risk of falls, respond to people's nutritional risks and provide appropriate staff training. At this inspection we found that although some improvements had been made, the provider remained in breach of regulation 17; Good Governance.

During this inspection, we found that the provider had improved the procedures in place to review the quality of the service in the majority of areas previously identified. However, improvements were still required to the systems in place to audit medicines and ensure that MARS charts provided a clear account of the medicines administered to people.

During our inspection in December 2016, we found that medicines audits had not been effective at ensuring the accurate recording of medicines at the home. During the inspection in August 2017, we found that monthly medicines audits had been carried out. However, these had not identified that some people had not received their medicines as prescribed or inconsistencies on people's medicine administration (MAR) charts. People were at risk of not receiving their prescribed medicines, as staff did not always follow the procedures designed to keep people safe. This is the third inspection at which we have identified concerns relating to the systems in place to monitor medicines administration.

The provider carried out audits to monitor safety of the environment; however, these were not effective in identifying shortfalls and driving improvements. Audits had not identified that the parameters on which the water temperature checks were based did not comply with current guidance. Some areas of the home which may pose a risk to people's safety were not secured.

Although staff demonstrated their understanding of MCA and the need to ensure that people's care and support was provided in the least restrictive way, there was a lack of recorded MCA assessments and best interest decisions in place for people. The provider had not identified that the principles of the MCA had not been implemented appropriately within the home; there was a risk that care would be provided to people that was not in their best interest. These concerns were discussed with provider and they undertook to complete mental capacity assessments for people where required.

This is a continued breach of regulation 17(1): Good governance of the HSCA 2008 (Regulated Activities) Regulations 2014.

Other arrangements in place to monitor the quality of the service that people received were effective, as regular audits had been carried out by the management team. For example, audits of care plans, people's

falls, nutritional risks, staff training and infection control. These audits had resulted in improvements to the quality and safety of the service.

People and staff said the management team were supportive and available to them. One person said, "[Provider] is very nice, approachable." Another person said, "It's quite good, you can have a joke with [member of management team]." A member of staff said, "I can't fault the management, they're always open to talk and always have a smile on their face no matter what."

The provider had a process in place to gather feedback from people, their relatives and staff through surveys and meetings. We saw minutes of previous residents meetings where discussions had taken place about plans for the environment of the home, activities and menu choices. Where people had made specific requests, the provider had recorded the action they had taken. For example, adjustments to the heating in one area of the home and changes to the food served at mealtimes. The records of meetings showed that there was no set pattern for when they occurred. The minutes demonstrated that people contributed to the meetings and used them to contribute to the running of the service and make their views known. We recommend that people living in the home would benefit from more regular residents meetings.

During staff meetings, staff had the opportunity to contribute to the running of the service. We saw meeting minutes, which recorded discussions about planned organisational improvements, environmental improvements, care provision and staff training.

We spoke with staff that were able to demonstrate a good understanding of policies such as safeguarding and whistleblowing. The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. Staff had recently worked with the community health team to improve the response to minor injuries that people experienced.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required in the home and prominently on their web site. The provider was also aware of the responsibility to submit notifications and other required information to CQC and had provided the appropriate information when required.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home. Medicines records did not provide an accurate account of the medicines administered to people. 17(1)

The enforcement action we took:

Positive condition on provider's registration.