

# Ramos Healthcare Limited

# Arden Court

## 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?

Good



## Overall summary

This unannounced inspection took place on 24 November 2015.

Arden Court is located in the Eccles area of Salford, Greater Manchester and is owned by Ramos Healthcare Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 47 people. The home provides care to those with both residential and nursing care needs. We last visited the home on 10 February 2015 where the home was given the rating of 'Requires Improvement' overall and specifically in the 'Safe' and 'Effective' key questions. This inspection looked at any improvements made since then.

During this inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

Prior to our inspection we had received information of concern in relation to PEG (Percutaneous Endoscopic Gastrostomy) feeding practices within the home. These concerns had been raised by a coroner with regards to a person who previously lived at the home who had sadly passed away. We looked at this area in detail during the inspection and found that overall, practices in this area were safe.

# Summary of findings

People and their relatives told us they felt safe living at the home.

We found that medication was generally handled safely; however we saw one person was not observed by the administering nurse to take their medication before they signed the medication administration record (MAR) to indicate that it had been taken. We raised our concerns and observed another member of care staff offer the person a glass of water to ensure they consumed their medication safely.

We found that improvements were required to certain aspects of the environment to ensure it was safe for people living at the home. This was because we found that sluice room doors, which contained various cleaning products, were left unlocked by staff. We also found a tub of the supplement 'Thick and Easy' was left on a window sill in the main lounge area which could have been consumed by someone in an unsafe manner.

The staff spoke with displayed a good understanding of how they would report safeguarding concerns and told us they had undertaken training in this area.

We looked at staff personnel files to ensure that staff had been recruited safely. Each file we looked at contained application forms, CRB/DBS checks and evidence that at least two references had been sought from previous employers before people commenced in employment. Nurses employed at the home were registered with the nursing midwifery council (NMC), with the manager undertaking regular checks to ensure they were renewed in a timely manner.

The home used a matrix to monitor the training requirements of staff. We saw that staff were trained in core subjects such as safeguarding, moving and handling, infection control and health and safety. Each member of staff we spoke with told us they were happy with the training and support available to them.

We observed the lunch time meal at the home. We saw that people were supported to eat their meals by staff both in the dining room and in bed, if this was where they spent their day. Staff also had a system to ask people about their preferred choice of food in advance of the meal being served. We looked at records of people's food and fluid intake and found they were not always maintained accurately by staff. We saw they were not completed as people ate their meal and felt that staff

could not be sure what people had eaten if records were completed retrospectively. One person's record suggested they had only consumed as little as 300 millilitres of fluid a day, and on one occasion as little as 20 millilitres. The manager told us 1.2 litres was the intake that people should be aiming to achieve, however records did not support this.

At the last inspection we identified concerns with the frequency of staff supervision. We found that improvements had now been made in this area, with staff confirming they took place on a more consistent basis.

Overall people we spoke with were complimentary about the care provided by the home, as were their relatives. Additionally, people were treated with dignity, respect and were encouraged to retain their independence where able.

Each person who lived at the home had their own care file. We found that the files were large and at times it was difficult to find certain information in them. We found that care plan reviews and evaluations had not been completed in October. There were also inconsistencies in capturing people's life histories. Care plans contained a section to record discussions with relatives but, most of these remained blank.

We found that complaints were responded to appropriately, with a policy and procedure in place for people to follow when they needed it. Additionally, we saw that a response had been provided to the complainant, letting them know of any action that had been taken.

The staff we spoke with were positive about the leadership of the home. Staff told us they found the home manager to be approachable and that things were addressed quickly, as needed.

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

There were effective systems in place to monitor the quality of service provided to people living at the home.

# Summary of findings

These included regular audits, medication competency checks of staff, close monitoring of accidents incidents and seeking feedback from people through the use of things such as surveys and questionnaires.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe. This was because staff didn't always observe people take their medication to ensure they consumed them safely.

We identified environmental risks such as sluice room doors being left unlocked and the supplement 'Thick and Easy' left accessible in the lounge area.

People told us they felt safe, as did their relatives.

The home had safe recruitment procedures in place, with appropriate checks undertaken before staff started work.

**Requires improvement**



### Is the service effective?

Not all aspects of the service were effective. This was because according to records maintained by the home, sufficient fluid intake was not always offered to people living at the home.

We found there were limited adaptations around the building to make the home more 'Dementia friendly'.

Staff told us they had enough training available to them and received supervision at regular intervals.

**Requires improvement**



### Is the service caring?

The service was caring. The people we spoke with and their relatives told us they were happy with the care provided by staff at the home.

We saw people were treated with dignity and respect and were allowed privacy at the times they needed it.

People were offered choice by staff and we saw they were able to choose how and where they spent their day.

**Good**



### Is the service responsive?

Not all aspects of the service were responsive. Care plan reviews had not been conducted in October, life histories were not consistently recorded and relative involvement was not documented.

We found that complaints were handled and responded to appropriately.

The service employed an activities co-ordinator who we saw engaging with people meaningfully throughout the day.

**Requires improvement**



### Is the service well-led?

The service was well-led. There was a manager in post who was registered with the Care Quality Commission.

**Good**



# Summary of findings

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

# Arden Court

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on 24 November 2015. The inspection team consisted of two adult social care inspectors, a nursing care specialist advisor, who specialised in nutrition and PEG (Percutaneous Endoscopic Gastrostomy). We also used an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the inspection there were 35 people living at the home. During the day we spoke with the registered

manager, nine care staff, six relatives, six people who lived at the home and two visiting professionals. We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included care plans, staff personnel files and policies and procedures.

We spoke with people in communal areas and their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in the dining room of the home.

Before the inspection we liaised with external providers including the safeguarding, funded nursing care and infection control teams at Salford local authority. We also looked at notifications sent by the provider as well as any relevant safeguarding/whistleblowing incidents which had occurred.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the home, as did their relatives. One person said to us; "I like it here, I feel safe". Another person told us; "I'm happy here. Yes. I feel safe here". A visiting relative told us; "She is safe here, although she did fall out of bed. They've put mats on the floor so that staff are aware when she tries to walk". Another relatives told us; "They look after her well. I consider her to be very safe here."

We found some practices in the home were not safe. Sluice room doors, which contained various cleaning products, were left unlocked and unattended by staff. We also found that a tub of the supplement 'Thick and Easy' was left on a window sill in the main lounge area and could potentially have been consumed by someone in an unsafe manner. We saw one person was not observed by the administering nurse to take taking their medication before they signed the medication administration record (MAR) to indicate that it had been taken. We raised our concerns and observed another member of care staff offer the person a glass of water to ensure they consumed their medication safely. These issues meant that people could be exposed to potential risks and we raised these concerns with the home manager.

During our inspection, we checked to see how the service protected vulnerable people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. During our inspection, safeguarding training was being conducted by the local authority. We found that staff who were not present at the training on the day of the inspection, had attended previous safeguard training which we verified by looking at the training matrix. We spoke with staff and asked them about their understanding of safeguarding. One member of staff said; "If I came across anything I would report it so that it could be investigated. Some of the signs and symptoms depend on the type of abuse. For example dragging, pushing or hitting somebody would be physical abuse". Another member of staff said; "We would report safeguarding concerns straight to the manager. Bruises and changes in behaviour are obvious ones to look for".

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began

work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, interview notes, two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. Nurses employed at the home had registration with the nursing midwifery council (NMC) which was up to date. We saw that the manager had effective systems in place to monitor these to ensure registrations did not lapse.

We checked to see that there sufficient staff available to meet the needs of the people who lived at the home. Our observations were that there were sufficient staff working at the home on the day of the inspection. In addition to the registered manager, there were nine members of staff working at the home on the day of our inspection. These included two nurses and seven members of care staff. This was to provide care to 35 people who lived at the home. We spoke with staff and asked them for their views about the current staffing levels at the home. One member of staff said; "It is very demanding but I would say there are enough of us to meet people's needs". Another member of staff said; "I think the staffing levels are good. Sickness can sometimes be a problem. Everybody works hard and we just get on with it". A third member of staff said; "They (the staffing levels) are ok at the minute because occupancy is down. If it changed then they may need to be looked at".

We checked to see that people received their medication safely and looked at a sample of 10 medication administration records (MAR). These included a photograph, detailed if a person had any allergies and recorded when and by whom medicines were administered. We found that the provider had safe arrangements in place for managing people's medication. We checked the medication administration records for each floor. Medication administration records (MAR) had been completed correctly and there were no omissions of the staff signatures.

Where medication was "prescribed when needed" or only required in specific circumstances, individual protocols were seen. A 'homely remedies' policy was seen for over the counter remedies and provided clear guidance for staff, which included the need for GP authorisation and use only for minor problems and for a short period of time. The protocols gave administration guidance to inform staff when the medication should and should not be given. This

## Is the service safe?

ensured people were given their medications when they needed them and in a way that was responsive, safe and consistent. Two people living at the home also required their medicines to be administered through their PEG site. We saw the medicines were prescribed in a liquid form, with water flushes given between each individual medicine. They were checked against the prescription and that it was the correct person before being administered. We also observed that appropriate gloves were worn and hands washed pre and post contact with the peg site.

We saw that medication was administered by a Nurse via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it. If a person continued to refuse their medicines, we saw evidence that their GP had been contacted so the person's health could be assessed and monitored.

Medication no longer required had been returned to the pharmacy for safe disposal. A selection of medicines from a cabinet was checked and all were within date and had the date they were opened recorded. We saw that monitoring of the fridge and room temperatures was occurring daily. Regular checks were also carried out to ensure that an audit trail of all medication received into the home, with medication audit conducted to ensure medication was being administered appropriately. The controlled drugs book was in good order and medication was clearly recorded and accounted for.

We found that people's care plans contained risk assessments in order to help keep people safe. These covered areas such as mobility, nutrition and falls. Where risks were identified, there were appropriate control measures for staff to follow in order to mitigate any risks.



# Is the service effective?

## Our findings

Prior to our inspection we had received information of concern in relation to PEG (Percutaneous Endoscopic Gastrostomy) feeding practices within the home. These concerns had been raised by a coroner with regards to a person who previously lived at the home who had sadly passed away. We looked at this area in detail during the inspection and found that overall; practices in this area were safe. At the time of the inspection, there were two people living at the home who were currently PEG fed. We saw that specific care plans were in place. The Care plan provided specific details such as that the PEG feed needed to be run overnight from 9pm – 7am, whilst always maintaining a 45 degree angle. The care plans also stated that if moisture came from the PEG site, what actions should be taken. We also saw evidence that the home had sought advice from Tissue Viability Nurse for skin around PEG which showed a good use of MDT (Multi-disciplinary team) working. There were also appropriate oral care assessments & care plans in place as each person was nil by mouth. In one person's bedroom, there was an enteral feeding pump which had an asset check date, with enteral feeding syringes in use. A fluid balance confirmed the feed was turned off at 7am that morning as per dietician's instruction. We saw that the position charts for this person had been changed overnight, but kept at a 45 degree angle, as advised.

During the inspection we observed the lunch time meal. There were 12 people eating in the dining room, whilst the remainder of people ate in their bedroom. We saw that food was served by three members of staff in the dining room, and six people required one to one support from staff. We saw that during the lunch time period, interactions between staff and people who lived at the home were warm and friendly, with plenty of good communication. There was a choice of fish pie or steak and kidney pudding. These were accompanied by cauliflower, carrots and mashed potato. A dessert of rice pudding was also offered to people. One person living at the home said; "The food is excellent. It's definitely better than in hospital". A visiting relative also told us; "The food seems to be alright. She eats very well most days". We also spent time in the kitchen area of the home. The kitchen had supplies

of fresh fruit and vegetables, with evidence of home baked cakes for people who lived at the home. We also saw there was fresh double cream, full fat milk, butter and cheese available for fortifying diets where required.

People who had risks associated with poor food and fluid intake had 'food and fluid' charts completed to monitor their daily intake. We found that these records did not accurately support what people at risk, had consumed. During the afternoon we looked at the food and fluid records and we saw that they were kept in people's bedrooms and were not always up to date. Where we saw fluid intake was recorded, we noticed that three people had a low fluid intake recorded for the past three days. We asked to see the month's records to consider whether this was a consistent analysis of these three people. We were unable to look at all the fluid charts requested during the inspection. The fluid charts were stored in a filing cabinet, but were not filed in a chronological order. This meant we were unable to view all the charts requested.

For one person who lived at the home, we looked at 19 of their fluid charts and four of the charts were not dated. The person was documented to have consumed less than 800mls of fluid on all of the 19 fluid charts. We saw that the person was recorded to have consumed only 20mls of fluid on one day and on nine of the 19 days had consumed less than 300mls of fluids. We asked the registered manager how much fluid this person would be encouraged to consume, to which we were told 1200 millilitres was the intake that people should be aiming to achieve. The manager told us this person would only accept fluids from a couple of staff which made supporting them consistently difficult. There was no information recorded in this person's care plan about this, or any referral to their GP and there was no clear indication about what was being done to protect this person's health, other than the record stating this person was on a fluid chart.

Due to accurate records not being maintained, this meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

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

## Is the service effective?

decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that the manager had submitted standard authorisations to the local authority where necessary and that staff had received recent training in this area. We also found staff had received relevant training in this area.

During the inspection we saw that people were asked for their consent before receiving care or support from staff. This included being asked before taking their medication or being asked if they would like to go through to dining room for lunch. Staff were also able to describe how they sought consent when delivering care. One member of staff said; “We ask people before doing anything. Like for example, asking people if they would like to get up in the morning rather than deciding for them”. Another member of staff said; “If people are unable to communicate then we would use body language as an indicator. We get used to people’s habits and know what they want or don’t want to do”.

There was a staff induction programme in place, which staff were expected to complete when they first began working at the home. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; “I have worked here about 8 months and did an induction when I first started. It covered fire, health and safety and I was able to shadow other members of staff. This was because I hadn’t yet done my manual handling training which was good”. Another member of staff said; “I was happy with the induction and training is updated regularly”.

The staff we spoke with told us they were happy with the support and training they had available to them. We looked at the training matrix, which showed staff had undertaken a variety of courses which included dementia awareness, diet/nutrition, equality and diversity, safeguarding, medication, mental capacity act/ deprivation of liberty safeguards and moving and handling. One member of staff said; “Training is very good. Somebody from the council is coming today to do safeguarding training. We get supported and the manager is easy to approach”. Another member of staff said; “There is a lot of training available and I feel up to date with everything at the minute”.

At our previous inspection we identified concerns with the regularity of staff supervision. At this inspection we saw improvement in this area. We looked at a sample of staff supervision records which demonstrated they were undertaken regularly. This provided the manager with the opportunity to evaluate the performance of staff, discuss any training requirements and offer any suggestions for areas of improvement. One member of staff told us; “Supervisions do take place. The manager will also talk to us if there is an issue”. Another member of staff said; “I receive supervision every few months at the minute”.

The home was in need of upgrading and decorating and was an area for improvement we had raised during the last inspection. We were told the new provider, who had recently purchased the home, had a re-development plan in place to update certain areas of the building. We were told that 18 people living at the home had a diagnosis of dementia. We found the home did not have adequate signage features that would help to orientate people living with this condition. We saw limited evidence of dementia friendly resources or adaptations in any of the communal lounges, dining room or bedrooms. This resulted in lost opportunities to stimulate people as well as aiding individuals to orientate themselves within the building.

**We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.**

We saw that appropriate referrals had been made to health professionals and people were having input from a variety of health professionals. For example, a GP and podiatrist visited the home on the day of our inspection. We also saw referrals and input from dieticians, SALT and occupational therapists were documented.

We spoke with a visiting GP who told us they had no complaints or concerns about the way the home managed people’s health needs. They said there was a good rapport between the GP services and the home and explained that issues could be raised with the registered manager at any time, who they were confident would act upon them. The GP told us the registered manager had a good understanding of people’s health needs and raised prompt alerts when they were concerned about a person’s health.

# Is the service caring?

## Our findings

The people who lived at the home told us they were happy with the care provided as were relatives we spoke with. One person told us; "The staff are nice guys and girls. They're very good". Another person said to us; "The staff look after me well here". A visiting relative also said to us; "You couldn't have nicer people working here. I'm happy with him here". Another relative told us; "All in all you couldn't have nicer staff". A third relative also added; "They are very attentive looking after him. They always tell you how he's been". When we asked a fourth relative about the care provided at the home, we were told; "My dad's eyes light up when he sees one of the staff who works here". We also spoke with a visiting professional who told us; "The staff go above and beyond. They have a very good bond with the residents. They give 100%. The residents are like their gran or grandad and they treat them well".

During the inspection we saw that people were treated with dignity and respect by staff. The staff we spoke with were clear about how to treat people with dignity and respect when providing care. One member of staff said; "I always cover people up whilst assisting people with toileting or with aspects of their personal care. I will wait outside and ask people to let me know when they are ready. Some people also don't like male staff to assist them and we need to respect that". Another member of staff told us; "I knock on doors and close curtains when washing and dressing people. Explaining processes to people is important as well". A visiting relative also said to us; "The staff are very good. They treat her well and are very caring".

Whilst speaking with staff we found they were able to describe how they offered people choice and allowed them to retain as much independence as possible. One member of staff told us; "I try to encourage people to do as much for themselves, as much as possible. Some people will only eat if they are prompted. I will often cut food up for people but encourage them to eat it themselves". Another member of staff said; "I think it's important to constantly remind people that they can do things for themselves. I always offer people choice as well, like about the clothes they might like to wear".

During the inspection we spent time observing how people spent their day and looked at the types of support people received from staff. We saw people being supported to manoeuvre around the building, assisted to the toilet when required, given their medication and assisted both to and from their chair. Staff spoke to people with respect and it was clear that good, caring relationships had been developed between staff and people who lived at the home. At one point during the inspection we observed a member of staff chatting about one person's plans for the day whilst at the same time asking what jewellery they wanted to choose and which perfume they wanted to wear. On the day of the inspection, certain staff from the home attended the funeral of a previous resident. This was a regular occurrence and demonstrated the closeness of the relationships that had developed between staff and people who lived at the home.

The home was also accredited with the 'Six Steps', end of life pathway. This enabled staff to develop the skills and knowledge to care for people appropriately as they approached the end of their life.

# Is the service responsive?

## Our findings

During the inspection we saw several examples of where the home had been responsive to people's needs. For instance, where people had been identified as losing weight, they had their food intake recorded, were weighed weekly and were referred to other professionals for advice such as the GP, or dietician. Where people required repositioning to manage their pressure care, we saw that this was maintained at the required intervals. This helped to reduce the risk of pressure sores developing. Other people, who struggled with mobility, were supported with transfers by staff, or assisted to manoeuvre around the building.

Each person who lived at the home had their own care plan and we saw evidence that initial assessments were undertaken when people first started living at the home. This allowed staff to establish how the home could best meet people's needs. We saw that people had care plans in place which covered areas such as their mobility, nutrition and pressure sores/waterlow. Where people required care or support, there was guidance for staff to follow about how this needed to be done. We found that care plans were generally reviewed monthly, however the care plans we looked at had not been evaluated in October. We raised this with the manager, who said he would investigate this with staff about why this had not been done.

Each care file contained a section where information about people's life history could be recorded. This provided information about what people liked to be called, where they were from, where they previously worked, details about their family and any preferences and hobbies they had. In the care files we looked at, we found there were inconsistencies with the documents being completed. The care files also had a designated section where comments from family members could be captured; however these had not been consistently completed. This meant that staff would not have access to information of importance about people, in order to deliver person centred care. We raised this concern with the manager who said they would speak with staff.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We looked at the complaints file during the inspections and found that any complaints had been properly responded to, with a response given to the complainant. People told us that if they needed to complain they would speak to their key worker or with the home manager.

The home employed an activities co-ordinator, who we spoke with during the inspection. There was a specific schedule in place which included film afternoons, pampering, entertainers visiting the home, play your cards right and various social afternoons. The activity co-ordinator also did various one to one activities with people, who spent the majority of their time in bed. This included chatting about the weather, listening to the radio and reading different articles from the newspaper. We were told that trips out weren't as regular as they used to be, due to not having access to a mini bus, although the activities co-ordinator said that if people were able to, they went to the shops in Eccles.

We looked at the minutes of the most recent residents and relatives meetings which had taken place in October 2015. This provided an opportunity for people to discuss any concerns or suggest potential areas for improvement. We saw that some of the topics for discussion included an introduction to the new provider, Ramos Healthcare, use of agency staff, staffing levels, activities, health and safety and problems with the front door not being answered in a timely manner.

We saw that surveys were sent to people who lived at the home and their relatives asking them for their views of the service provided. This asked people for their views about the care at the home, dignity, activities and food/meals. We saw that an overall analysis had been provided in response to feedback from people and how aspects of the service were to be improved as a result.

# Is the service well-led?

## Our findings

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

The staff we spoke with felt that the home was well run and managed. They also told us they enjoyed their work and felt they were progressing well in their roles. One member of staff said to us; "The manager is approachable and helpful. He is always willing to help". Another member of staff said; "The manager is really good. He always talks with the staff and keeps us in the loop about what is going on". A third member of staff added; "The manager is good, he knows his stuff. The manager knows a lot about the residents. He knows a lot about their families as well. He has a good rapport with people. He actions things". When we asked a fourth member of staff about leadership within the service we were told; "Very good management".

We found that accident and incidents were monitored closely by the home manager and included any triggers identified and all actions taken following the incident. We saw that the registered manager monitored and analysed all accidents and incidents. We saw action plans had been developed following incidents. This would ensure any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again. For example; the registered manager had acted promptly when it was noticed that a person had fallen on subsequent occasions and had made a referral for a falls assessment; risk assessments had been updated and they had implemented measures to respond to the risk. We saw that the registered manager informed the person's GP and placed the person on observations to mitigate the risks of the person mobilising without staff support. The registered manager also placed a pressure mat transmitter next to people's beds which would raise an alarm when the person got out of bed so that staff could respond and support the person when mobilising. If the person was at risk of falling out of bed, we saw that risk assessments had been

conducted regarding the use of bed rails and in instances where they were deemed to increase the risks, bed side safety mats were used to mitigate the risk of the person incurring an injury.

We found there were other systems in place to monitor the quality of service and ensure good governance. These included regular audits of areas such as care plans, food and drink, medication, falls/accidents, infection control, pressure sores, bed rails and complaints. We saw that where any shortfalls were identified, appropriate action was taken. Additionally, the manager carried out competency checks of staff administering medication to ensure this was done safely.

We looked at the meeting minutes from recent team meeting which had taken place in October 2015. This provided an opportunity for staff to raise concerns and talk about areas for improvement. Some of the topics for discussion included recruitment, sickness absence, health and safety, use of mobile phones and allocation of staff. There were also regular meeting between nurses where communication, medication, accidents reporting, handovers and completion of documentation were all discussed.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, complaints, whistleblowing, and medication. This meant that staff had access to relevant guidance if they needed to seek advice or clarity about a particular area.

We saw that a handover took place upon change of shifts. This meant that staff had the opportunity to communicate any problems which had occurred during the shift and provide an update and overview of people's needs to the oncoming shift.. The staff we spoke about told us that handover took place daily and that is was an 'Important aspect' of the day.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Appropriate systems were not in place to maintain accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.