

Crown Care II LLP

# St. James 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?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This inspection took place on 06 and 07 October 2014 and was unannounced.

Our last inspection at St James Court took place on 17 and 24 June 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

St James Court is a care home which is registered to provide accommodation and nursing care for up to 58 people, some of whom may be living with dementia. The home is purpose built over two floors. The ground floor comprises of a 20 bed unit providing support to older

people and an eight bed unit providing support to older people living with dementia. The first floor consists of a 30 bed unit providing support to older people who need nursing care. At the time of this inspection 45 people in total were living at St James Court.

The registered manager had not been working for a few weeks prior to this inspection and resigned from her post the day before this inspection took place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the

# Summary of findings

law; as does the provider. We found that arrangements had been made to cover the registered manager's absence. The deputy manager was acting as manager with support from a registered manager from another home within the same company and the regional manager of the home. The regional manager confirmed that arrangements were in place to recruit a new registered manager.

We found that the procedures for the administration of medication were not safe and the requirements for this regulation were not being met. Whilst written procedures were in place for the safe administration of medicines, we saw that these were not always adhered to. Two people had been left with their medicines and staff did not observe administration. This posed a risk to people's health and safety.

Whilst levels of staff, in line with the assessed needs of people, had been maintained, there were differing opinions amongst people as to whether there were enough staff to meet their needs. People living at the home spoken with said that they felt safe. Staff had been provided with training in safeguarding people so that they knew how to identify and report abuse. Risk assessments had been undertaken to identify and minimise risks so that people were protected.

The provider was not meeting the requirements of the regulation to ensure that staff were provided with appraisal and adequate levels of supervision for development and support. This meant their performance was not formally monitored and areas for improvement may not be identified.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

People had access to a range of health care professionals to maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

All of the people spoken with and their relatives said that they were well cared for by staff that knew them well. People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

Whilst a programme of activities was provided, some people told us that trips out of the home did not take place on a regular basis. We feedback to the deputy manager that consideration should be given to providing further trips out of the home for people that would choose this.

The environment for people living with dementia had not been adapted or provided with equipment designed to stimulate and support people. This meant the environment did not fully promote or support people's quality of life. We recommend that consideration should be given to adapting this environment in line with current good practice so that people are supported.

Whilst regular meetings were held for senior staff and management at the home to share information, we found that full staff meetings had not taken place on a regular basis. In addition, we found that regular meetings with people living at the service and/or their relatives or representative had not taken place. Relatives meetings had taken place in January and July 2014. This meant people and/or their relatives or representatives did not have sufficient opportunities to be kept informed about information relevant to them.

The provider had ensured there were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. Whilst people and their relatives had been asked their opinion via surveys, the results of these had not been audited to identify any areas for improvement.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report

# 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?

There were areas of the service that were not safe. Whilst there were procedures in place designed to ensure the safe handling of medications, we saw one occasion where safe procedures were not followed. This posed a risk to people's health and safety.

People living at the home told us they felt safe. Individualised risk assessments were in place for each person who used the service so that potential risks were identified and minimised to promote people's safety.

All staff undertook regular training in safeguarding vulnerable adults. The recruitment procedures in place promoted people's safety. Whilst staff were visible, there were mixed comments from people as to whether their needs were met in a timely manner.

Requires Improvement



### Is the service effective?

There were areas of the service that were not effective. Staff did not receive regular supervisions and appraisals had not taken place for their development and support to ensure that people were supported by suitably skilled staff. We found that the environment on the unit supporting people with dementia was not equipped to stimulate and promote their wellbeing.

Staff were provided with training to enable them to perform their roles and were able to access additional training to improve and develop new skills. Staff had been provided with training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff we spoke with had understanding of this legislation and how this applied to their role.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required. People were provided with a range of food and drink to maintain their health.

Requires Improvement



### Is the service caring?

The service was caring. Staff were kind and caring in their interactions with people, who in turn responded positively to staff. All people and relatives we spoke with were complimentary about the care they or their family member received. They told us the service acted upon their family member's choices and knew them well.

People's likes and dislikes were recorded in their care records and we saw that staff followed people's choices.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. Staff were aware of and understood people's preferences and needs. People and external professionals told us the service was responsive to people's needs.

People's care plans were reviewed and amended in response to changes in their needs. Activities were available for people so they had opportunities for social interaction and stimulation.

People living at the home and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



## Is the service well-led?

The service was not well led. Whilst the provider had made arrangements to cover the manager's absence, there was no registered manager in post. Staff spoken with said that the individuals covering the manager's post were supportive, but morale at the home was sometimes low. Whilst staff meetings took place to share information, these were not held regularly for all staff.

People living at the home and their relatives had been asked their opinion about the home but the results from surveys had not been audited to identify any actions required to improve the home.

Checks and audits were undertaken to make sure relevant and safe procedures were followed.

Requires Improvement



# St. James 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 checked 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 6 and 7 October 2014. On 6 October 2014 the inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of older people and dementia care. On the afternoon of 7 October 2014 two adult social care inspectors returned to the home to complete the inspection.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by staff at the home. We contacted the commissioners of the service and seven external health care professionals that had knowledge of the home to obtain their views. These consisted of community matrons, a chiropodist and GP's. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the

inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the visits we spoke with eighteen people living at the home, individually and in small groups, and thirteen relatives about their experiences of the support provided at St James Court. We spoke with a registered manager from another home in the same company, who was supporting the deputy manager to cover the registered manager's absence. We spoke with the deputy manager, the maintenance person, the administrator, four care staff, a senior care staff, the cook, a kitchen assistant, a qualified nurse and an activities worker about their roles and responsibilities. We also spoke with a healthcare professional who visited the home on the day of our inspection to obtain their views.

We spent time observing daily life in the home including the care and support being delivered and the interactions between people living at the home and staff. We spent time looking at records, which included five people's care records, four people's medication records, three staff records and records relating to the management of the home. We looked around the home and with permission, saw some people's bedrooms, bathrooms, the kitchen and communal areas.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We found occasions when people were not safe with regards to their medicines.

We sat with a group of four people for fifteen minutes during lunch. We saw that medication had been provided to three people in pots. Whilst one person's pot was empty, two people had their tablets in pots on the table during the time we were present. We did not see them take their medication during the time we were present. This posed a risk to people's safety and created the potential for people to take the wrong medicines, or lose their medicine. One person told us "they (staff) stay with some people to make sure they take it (medication), but when they know you are capable they leave it with you." We looked at the company's written medication procedure which stated 'He/she (administrator) or another competent person remains with the resident until medications given orally are swallowed.' The practice observed conflicted with the policy and meant that people's safety was not upheld by the safe administration of medicines. We looked at four people's Medication Administration Record (MAR) and found two gaps where staff had not signed the record to show that people had been safely provided with their medication, or not. This meant it was unclear whether people had taken their medication. This posed a risk to people's safety.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

People spoken with said that staff helped them with their medication. We observed part of the morning medication round to see if safe procedures were followed. We saw that the staff administering medication wore a red tabard informing people of this so that they were not interrupted. We saw that people were provided with their medication and, with the exception of our observation during lunch, staff stayed with them until their medication had been taken. Staff signed the MAR after the person had taken their medication, in line with safe procedures. We saw that medication was stored securely. Details of medication recorded on the four MAR's we checked corresponded with the medications held, which showed that systems were in place to ensure people received the right medication.

We found that a policy on the safe administration of medication was provided to staff so that they had access to appropriate guidance. Records seen showed that staff had

been provided with medication administration training so that they knew how to keep people safe. Staff who administered medication confirmed to us that they had been provided with this training. We found that the manager and deputy manager had undertaken medication audits to make sure safe procedures were followed, including the storage and disposal of meds. We found that systems were in place for the safe storage and administration of controlled drugs.

All of the people living at the home spoken with said that they felt safe. Their comments included, "I feel much safer here, safer than in my own home," "I do feel safe here. It's just like being with your own family" and "I've never not felt safe here. If I have the slightest worry I would talk to the staff, they are all kind." People told us that if they did have a worry about safety, or any other concern, they would tell any member of the care team and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said that they had no worries or concerns about their loved ones safety. Their comments included, "I know [my relative] is safe here. It was a hard decision to make, I wanted them at home but here really is the second best option" and "they [the persons relative] are safe and well loved."

All of the staff spoken with said that they would be happy for a loved one to live at the home and felt they would be safe. One staff told us "several care staff have had relatives live here. That wouldn't happen if there was the slightest doubt. People are safe and well looked after here."

Staff confirmed that they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff were aware of whistle blowing procedures, could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding people and a copy of the South Yorkshire joint agency safeguarding procedures were available so that staff had access to important

## Is the service safe?

information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew that these policies were available to them.

We looked at three staff files. Each contained an application form detailing employment history, interview notes, two or three references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. This showed that recruitment procedures in the home helped to keep people safe.

We looked at five people's care plans and saw that each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. We found that risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual.

We spoke with people living at the home, relatives, staff and health professionals who had contact with the home about staff numbers. They had conflicting views about whether there were sufficient numbers of staff available.

Comments included, "sometimes there's only two care staff on (duty) and if I need the toilet, that takes two people, so what happens if someone else needs help?" "there's always staff around," "you never have to wait long, they are here to help" and "there are always staff available if you need to have a word (about your relative). I've never not seen staff around."

Whilst we saw that staff were available in each area of the home, we witnessed a period of five minutes where no staff were present on the unit that supports people living with dementia, which posed a risk to people's safety. We also found at busy times the call buzzers would ring for a few minutes whilst staff had the opportunity to respond.

We spoke with the deputy manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the two weeks prior to this visit which showed that these identified numbers were maintained in order to provide appropriate staffing levels so that people's needs could be met. The deputy manager gave assurances that they would look at staffing levels for busy times to make sure enough staff were available to people, and remind staff to call on other available staff when busy.

# Is the service effective?

## Our findings

Staff we spoke with said that they received some supervisions, but could not remember when they last took place. They said that they had never been provided with an appraisal for their development and support. We looked at three staff files. None contained evidence of an annual appraisal. One staff had been working at the home since July 2013 and had been provided with three supervisions, two of these were in 2014. Two staff had been working at the home since November 2013 and March 2014 respectively and had not received any supervisions. This meant that staff performance was not formally monitored and areas for improvement may not have been identified.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

People spoken with said that the staff were “good” and they were provided with the help they needed. Comments included, “they (staff) are very good, they know what I need” “and “they know what they are doing. I haven’t any worries.

Staff told us that they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene and dementia awareness. We saw that the deputy manager had developed a training matrix so that training updates could be delivered to maintain staff skills. We saw training in behaviour that challenges was identified on the training matrix. However, this showed only five staff had been provided with this training. The deputy manager confirmed that this training would be provided to all staff so that they had relevant skills to support people.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The deputy manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS.

Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

We looked at five people’s care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. We saw care plans contained consent forms showing that people had been asked if they agreed to the support being provided.

The care plans showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. All of the people living at the home said their health was looked after. Comments included, “you only have to tell them [staff] and they will fetch the doctor. It’s very good,” “I’m a lot better now I’m here. I see the doctor when I want” and “we are well looked after, they (staff) see to that.” One relative told us, “they [family member] see the GP when needed and staff always let me know.” This showed that people were provided with support to maintain their health.

People told us they enjoyed the food provided. Comments included, “there’s always plenty (of food), you get a good choice,” “they (staff) know what I like to eat. I like the cooked breakfast. We get one every morning. We’ve nothing to grumble about” and “the food is lovely, there’s always home made things, like cakes.” Two people told us they didn’t like the food and didn’t have much choice.

We spoke with the cook who was aware of people’s food preferences and special diets so that these could be respected. They showed us how blended diets were presented so that food remained separate and appeared more appetising for people. We saw that tea time sandwiches were well presented. We saw that plentiful food stocks were available to the cook so that they could prepare nutritious meals. We looked at the menu and this showed that a varied diet was provided and choices were available at all mealtimes. One person living at the home told us that if they wanted different to the menu this was “never any bother.”

## Is the service effective?

We saw that drinks were available to people and jugs of juice and tumblers were provided in the residential unit lounge. However, we noted that some people, with limited mobility, could not access the drinks themselves. One relative told us that the morning drinks trolley was sometimes very late and had been missed on two occasions when they were visiting. Another relative shared concerns that their loved one was not receiving enough to drink. We discussed this with the deputy manager who gave assurances that action would be taken to make sure people were always provided with drinks that they could access. Following this, during our second visit to the home, we observed people were drinking cups of hot drinks and juice which was within their reach. We spoke with the person whose relative was concerned and saw they had water, juice and tea on their bedside table, some of which had been drunk. They told us they were well looked after and always had enough to drink. We also saw jugs of water or juice in people's bedrooms so that they had access to drinks.

A professional visitor informed us that they had visited the care home to conduct an infection prevention and control

audit along with the Infection Control Team. They said that there were very minor points to address and they had been provided with an action plan within a week of their visit. This showed that effective infection control systems were in place to protect people.

We spent time in the unit which supported people living with dementia. We saw that staff took time to talk with people and were attentive to their needs. People were content and smiling. However, we saw that the environment was not provided with equipment or designed to stimulate and support people with dementia. There was no signage on doors, no clock or information about dates and no equipment to provide activity for people. We spoke with the deputy manager about this. They explained their plans to provide a more supportive environment so that people had a good quality of life.

**We recommend that the service explores the relevant guidance and best practice on how to make environments used by people with dementia more 'dementia friendly'.**

# Is the service caring?

## Our findings

All of the people we spoke with said that they were well cared for. Their comments included, “the staff are smashing, nothing is too much trouble,” “I couldn’t ask for more, they treat me like I was one of their own [a family member],” “I get all the help I need. I really can’t fault the staff” and “we can have a laugh with them. They are very caring. We are well looked after.” We saw people were able to choose where they spent time and walked around the home where they were able to.

Relatives spoken with said the staff were caring. Their comments included, “I can sleep at night knowing [my family member] is here, knowing he is loved and well cared for” and “they [staff] know [my family member] really well, their likes and dislikes, they are well looked after.”

Two health professionals that visited the home specifically commented that staff were caring towards people living in the home.

Staff spoken with said that they would be happy for a loved one of theirs to live at the home, and this had been the case for some staff.

We saw that staff had good communication with people living at the home and interacted with them in a caring, kind and patient manner. Staff spoken with knew people living at the home very well and could describe their needs, likes and dislikes.

Throughout the day the home was busy with relatives visiting. Shared conversation and laughter was heard and it was clear that staff knew the visitors well.

We saw that people’s privacy and dignity was promoted so that people felt respected. Staff were seen to knock on doors and wait for a response before entering. All personal care took place in private. We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect.

Staff told us that the issue of privacy, dignity and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

We looked at five people’s care plans. These contained information about the person's preferred name and identified how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included food choices and preferred routines. The plans showed that people and their relatives had been involved in developing their care plans so that their wishes and opinions could be respected. However, the care plans seen held limited information about people’s life histories so that a full picture of the person supported was available to staff. We discussed this with the deputy manager who gave assurances that this would be developed in people’s plans.

One staff member described how one person was being supported with end of life care. We checked their care records and found a specific plan in place to support the person. This showed that important information was recorded in people’s plans so that staff were aware and could act on this.

People living at the home said they knew they had a care plan and staff talked to them about this. However, people spoken with also told us that they were not interested in their plan because they got the care they needed. One person said “I’m not bothered about my care plan. I get the help I need; the staff are lovely so it obviously works.”

We saw and heard staff asking people their choices and preferences throughout the day so that these could be respected. Staff were heard asking people where they would like to sit, what they would like to watch on television and if they wanted to join in an activity that was taking place.

We looked at the minutes of the most recent ‘residents and relatives meeting’. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices, changes to the environment and general housekeeping. This showed some systems were in place to seek people’s views and include them in the day to day running of the home.

# Is the service responsive?

## Our findings

People said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, “they [staff] know what I like and see that I get that. I can talk of any of them and they would see to anything” and “[name of nurse] is really good and she would sort out any problems we had.”

Relatives said that they could speak with staff and found them approachable and friendly. Comments included, “we get on well with them [staff]. We can talk to them and they listen” and “you can go to any staff and they would sort any worries.”

One professional visitor spoken with commented, “staff are responsive to people’s needs.”

Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained some information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw one care worker interact patiently and kindly with a person who needed reassurance. We looked in this person's care plan and found clear details of the actions required of staff to support this person's behaviour. One staff described how one person was being supported with end of life care. We checked their care records and found a specific plan in place to support the person. One person told us about their special diet and preferences they had. We checked their care plan and found details of this were recorded. This showed that important information was

recorded in people's plans so that staff were aware and could act on this. The care plans seen had been reviewed on a regular basis to make sure they contained up to date information.

We found that two activities workers were employed for a total of 37 hours each week. We saw that an activities calendar was on display which showed a variety of activities took place inside the home, such as quizzes and games. People said they enjoyed the activities provided and could choose whether to join in or not. One person living at St James Court and one relative said that they would like more trips out of the home. We spoke with an activity worker who explained that they took people out on an individual basis but no group trips had been undertaken. Three relatives spoken with thought that further activities should be provided. We later fed back to the manager these comments for them to consider reviewing any further work they could do around activities.

We looked at the minutes of the most recent ‘residents and relatives meeting’. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices, changes to the environment and general housekeeping. This showed some systems were in place to seek people's views and include them in the day to day running of the home.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and a suggestions box on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the service user guide provided to them when they moved into St James. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

One relative spoken with felt that a recent complaint had not been fully responded to. With their permission we passed this to the deputy manager who gave assurances that this would be followed up.

# Is the service well-led?

## Our findings

The registered manager for the service was no longer in post and not managing the regulated activities at this location at the time of the inspection.

The regional manager notified us that plans were in place to recruit to a permanent registered manager's post.

Staff spoken with said that morale had been affected by the changes in management but they could approach the deputy manager and speak with them about any concerns. Whilst relatives told us that staff were approachable, two commented that they were unsure what the management arrangements were or who the manager was.

We found that a quality assurance policy was in place and saw that some audits were undertaken as part of the quality assurance process. We saw that the regional manager undertook regular visits to check procedures within the home.

We saw that some checks and audits had been made by the deputy manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw that records of accidents and incidents were maintained and these were analysed to identify any on going risks or patterns.

We saw that surveys had been sent to people living at the home and their relatives to formally obtain their views. We saw that the returned surveys were not dated and the deputy manager was not sure when these had been sent out, or if surveys had been sent to relevant professionals to also obtain their views.

The returned surveys had not been audited to identify and act on any issues. A report and action plan from the survey had not been undertaken so that people were kept informed and updated about the findings. The deputy manager was aware that the returned surveys required auditing and gave assurances that this would be undertaken.

Staff spoken with said staff meetings took place so that important information could be shared. Staff told us they were always updated about any changes and new information they needed to know. Records seen showed that weekly heads of department meetings took place attended by the deputy manager, residential unit manager, activities worker, domestic manager, maintenance cook and administrator. Monthly nutrition meetings took place attended by the deputy manager, cook and senior staff. However, we found that full staff meetings had only taken place in January and August 2014 and Nurse meetings in January and June 2014. We found that residents and relatives meetings had taken place in September 2013 and July 2014. This showed that some meetings did not take place on a regular basis to provide further opportunities to share information and obtain people's views.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines

**How the regulation was not being met:**

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations  
2010 Supporting staff

**How the regulation was not being met:** Arrangements were not in place to ensure staff received supervision and appraisal in order that people's care and treatment was delivered safely and to an appropriate standard.