

Ablecare Homes Limited

# Belvedere Lodge

## Inspection report

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Date of inspection visit:  
18 December 2018

Date of publication:  
01 February 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 18 December 2018 and was unannounced. Belvedere Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate up to 20 people and at the time of the inspection there were 15 people residing in the home. The home is a converted Victorian property with facilities over four floors. There is a stair lift in situ which means there is access to all bedrooms apart from the two bedrooms in the basement. A number of bedrooms had en-suite facilities.

When we inspected the service in November 2016 there were no breaches of legal requirements and we gave the service a quality rating of Good.

There was a registered manager in post (registered in July 2018). There had been a change in registered manager since the last 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.

Improvements were required with the management of medicines to ensure people were completely safe. There had been a significant number of medicine errors (no harm to people), where the care staff were either not signing to say they had administered medicines, were not checking records correctly or were administering medicines at the wrong time of day. Regular audits were taking place and staff were being spoken with but this was not improving practice.

Improvements were also required with the care records for each person. Each person had a care plan but this was not person centred. The information contained in the care plans was computer generated and not always relevant to the person's specific care and support needs. The recordings in people's daily notes was of a poor quality and did not reflect the care and support they received.

Staff received safeguarding vulnerable adult training as part of the provider's mandatory training plan. Staff would report any concerns about a person's welfare to the registered manager, the deputy, 'head office' or the Care Quality Commission. Safe recruitment procedures were in place to ensure only suitable staff were employed. The appropriate steps were in place to protect people from being harmed.

Any risks to people's health and welfare were assessed and people's care plans detailed how these risks were managed to reduce or eliminate the risk. The premises were well maintained with regular maintenance checks being completed. Checks were also made of the fire safety systems, the hot and cold-water temperatures and any equipment to make sure it was safe for staff and people to use.

The number of staff on duty for each shift was based on the number of people in residence at any given time. Consideration was also given to the dependency level of each person and any social activities that were taking place in, or outside of the home. Staffing levels were adjusted as and when necessary. Staffing levels were appropriate at the time of the inspection.

People received an effective service. The staff team received training to ensure they had the necessary skills. New staff had an induction training programme to complete. Staff were well supported by the registered manager and the deputy although improvements were necessary to ensure improvements were made in work performance.

People's capacity to make decisions was part of the care planning process. People were always asked to consent before receiving care. They were encouraged to make their own choices about aspects of their daily life. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. They were asked what they liked to eat and any specific dietary needs were catered for. The staff monitored those people where there was a risk of weight loss. Arrangements were made for people to see their GP and other healthcare professionals when they needed to.

On the whole people were provided with a caring service but the approach of some staff members required improvement. Some of the staff did not interact with people with respect. People were given the opportunity to take part in a range of different meaningful social activities. There were group activities and external entertainers visited the service on a regular basis.

The service was responsive to people's individual needs. People received the care and support they needed however their care plans were computer generated and not person centred. People and relatives were asked to provide feedback about the service they received, were listened to, and actions taken where appropriate.

The service had a good leadership and management structure in place however, at the time of the inspection the staff team were working against the registered manager and deputy who were trying to change the culture of the staff. The registered manager was experienced and had worked for many years in various care services. At the start of shifts, care staff received a handover report and were informed of any changes or happenings and staff meetings were held regularly.

The registered provider had a regular programme of audits in place which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis. Although persistent shortfalls were identified during these checks, the whole staff team were not working together to make the required improvements.

## 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 required improvement to be fully safe.

People's medicines were not managed safely because the staff were not following safe work practices.

Staff received training in safeguarding issues and were aware of what to do if concerns were raised. Recruitment procedures were robust and ensured only suitable staff were employed.

Any risks to people's health and welfare were well managed and the premises were well maintained and safe.

There were sufficient staff on duty at all times to ensure people's needs were met and they were safe.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service was on the whole caring but the approach of some staff required improvement.

People were not always treated in a kind, loving and dignified manner.

**Requires Improvement** ●

### Is the service responsive?

The service requires improvement to ensure it remains responsive to people's care and support needs.

People's care records did not accurately reflect their care and support needs. The risk of staff not responding appropriately was increased.

There was a meaningful programme of activity arranged for people.

People would be listened to if they had any complaints. The service would aim to continue to look after people when they

**Requires Improvement** ●

needed palliative or end of life care.

### **Is the service well-led?**

The service requires improvement to be well led.

There was a good leadership and management in place however the implementation of a change in culture within the staff team was work in progress. The service needed to establish a staff team that works together for the benefit of people.

The programme of quality checks and audits were identifying where improvements were required but need to be extended to ensure any breaches in regulations are identified.

**Requires Improvement** ●

# Belvedere Lodge

## 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 December 2018 and was unannounced and undertaken by one adult social care inspector 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.

Prior to the inspection we looked at the information we had received about the service in the last year and notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with three people who lived at Belvedere Lodge and three visitors. We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We spoke with the registered manager, the deputy and three members of care staff.

We looked at four people's care files and other records relating to their care. We looked at three staff employment records, their supervision and training records. We also looked at key policies and procedures, checks and audits that had been completed to assess the quality and safety of the service and minutes of staff meetings.

During the inspection we spoke with two healthcare professional who were visiting the service. We also received feedback from social care professionals who had recently been involved with the service prior to this inspection. All their comments have been included in the main body of the report.

## Is the service safe?

### Our findings

In November 2016 we found that people received a safe service. However, at this inspection we have found that improvements were required in some aspects of the management of medicines. There had been a number of safeguarding concerns reported by the service, involving poor medicine management. The registered manager and the deputy were completing regular audits of the medicine administration records (MARs) and were finding that some staff were using bad practice and making minor mistakes. Each time an error was identified the registered manager or deputy were addressing this with the relevant member of staff. The provider was also taking disciplinary action against some staff and they subsequently informed us one member of staff had been dismissed. The service had recently changed their pharmacy supplier and those staff who administer medicines had already received further training but this was ongoing with the aim of ensuring the risks associated with medicines were mitigated. In the audits, gaps on the MARs were being identified, because staff had not signed to record they had administered medicines. On the day of the inspection, the deputy had completed an audit and found two separate errors. One was in respect of recordings in the controlled drug (CD) register. For four consecutive days the number of tablets in stock had been recording incorrectly because there was an error in transcribing from an old CD register in to a new register and this had not been picked up. It is evident the staff were not checking the stock levels correctly each time they administered the medicine.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

All other aspects of the management of medicines were safe. The processes for ordering, receiving, storing and disposing of medicines continued to be well managed and in accordance with safe practice. People were assisted with taking their daily medicines by the care staff who had received safe administration of medicines training. Their competence in safe practice was regularly reviewed and reassessed.

From the observations we made during our inspection and from feedback we received from some people and visitors, it was evident people felt safe with the care staff who supported them, were treated nicely and if they needed help to move about, this was done safely. Comments included, "It's been absolutely fabulous here. Mum is happy here and we feel that she is safe", "They look after me, and they are very good", "The staff treat me well" and "They treat me very politely". We observed a member of staff trying to give one person their medicines and they did not want to take them. The staff member was very patient and explained to the person the tablets were prescribed by the doctor to which the person agreed to take them. We also observed staff taking time with people, speaking to them politely and in a respectful manner.

All staff completed vulnerable adult training as part of the provider's mandatory training programme. The registered manager had completed level two safeguarding training with the local authority. Staff said they would report any concerns to the registered manager, the deputy, or the provider. Information was available within the home for staff to refer to, telling them how they could report directly to the local authority, the Police or the Care Quality Commission.

A recent safeguarding concern had been raised by the ambulance service. The provider and registered manager were already working together with the local authority to investigate the circumstances and decide on relevant actions that needed to be taken.

Safe recruitment procedures were followed always and this ensured unsuitable staff were not employed. Pre-employment checks were undertaken and included a face to face interview and assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Risk assessments were completed for each person as part of care planning. These included moving and handling, falls, the likelihood of pressure damage to skin, bathing, medicines and use of the stair lift. Where a person needed assistance to move about a mobility plan was written but these needed to contain more specific information. For example, the plan should state what equipment would be required to assist a person in to the bath. Staff received safe moving and handling training and the deputy was a qualified moving and handling trainer. At the time of this inspection people were generally able to move about independently or used walking aids. Individual risk assessments were completed for people where other risks were identified. These measures either reduced or eliminated the risk and protected people from avoidable harm.

The provider had a programme of health and safety checks of the premises and equipment in place. This included fire safety equipment and hot and cold-water temperatures. There was a fire risk assessment in place and fire drills were arranged at least six monthly. A personal emergency evacuation plan (a PEEP's) had been prepared for each person. These set out the amount of support the person would require in the event of a fire and the need to evacuate the building. There were daily, weekly and monthly tasks to be completed by the kitchen staff, including fridge and freezer temperatures, hot food temperatures and food storage arrangements. Kitchen staff and domestic staff had a cleaning schedule of daily weekly and monthly tasks. These measures ensured people lived in a safe environment.

The number of staff allocated to be on duty for each shift was calculated based upon the care and support needs of each person to ensure they were each well looked after. Staffing numbers were adjusted as and when necessary. On the day of inspection, the registered manager, the deputy, three care staff were on duty along with kitchen staff and a domestic. The registered manager stated this was the normal staffing levels for the 15 people, currently in residence. The service was also supported by administrative staff based at head office, the quality manager and the maintenance team.

Belvedere Lodge was clean, tidy and fresh smelling throughout. Domestic staff had cleaning schedules to follow to maintain the cleanliness of the home. Care staff received infection control training and had access to personal protective equipment (gloves, aprons and hand sanitising gels). Hand gel was placed in the main hallway and visitors were asked to use this. Regular checks were undertaken of the environment.

## Is the service effective?

### Our findings

People were provided with an effective service. They told us, "On the whole the staff are good and very tolerant. They let me do things for myself like making my bed", "I find the staff do a reasonable job. I do have a call bell, but they prefer me to go down and speak to them which I am happy to do" and "The staff talk to me very nicely. They have to be trained and they sit and talk to me". Visitors were also positive about the service and said, "I think the staff look after her very well", "If (named person) isn't ready to get dressed, they go away and come back later" and "I haven't been involved in her care planning, but I have seen the care plan and I am happy with it".

Before people were offered a place at Belvedere Lodge, their care and support needs were assessed. This ensured the service was the appropriate place for the person and the staff had the necessary skills and experience to meet their needs. The service used a comprehensive assessment document which covered all aspects of daily living, dementia care and mental health needs, mobility and overall health care needs. These assessments were kept under review to ensure the care people received remained effective.

The service ensured the care staff were well supported and had the appropriate skills and competencies to meet people's needs effectively. There was a programme of staff supervision in place undertaken by the registered manager and deputy. The registered manager stated that some of the care staff had been challenging, following the change in management style but was dealing appropriately with work performance issues. During these supervision sessions any training and development needs were identified and discussed with the provider and quality assurance/training manager.

There was a programme of mandatory training for all staff to complete. Records evidenced that the staff team were up to date with their training. This ensured care staff were well trained and had the necessary skills to meet people's needs. Training included moving and handling, food hygiene, fire safety and infection control, safeguarding adults (including the principles of the Mental Capacity Act 2005 (MCA). Other training the staff had completed included catheter care, end of life care and extra health and nutritional care. Care staff were encouraged to undertake health and social care qualifications.

New care staff had an induction training programme to complete at the start of their employment. This programme was in line with the Care Certificate. The Care Certificate was introduced in April 2015 and covers a set of standards that social care and health workers must work to. New staff completed a number of shadow shifts at the start of their employment, where they worked alongside an experienced member of staff. At the time of the inspection, an apprentice was working at the home whilst also attending college to complete health and social care studies.

People were provided with sufficient food and drink and provided the inspectors with positive feedback about the meals and drinks they were offered. People and visitors said, "The food here is good. They know me and what I like to eat", "I have a choice of what I like to eat, and I go down for my meals", "The food has always been good. If there is nothing on the menu that I like they will do me something else" and "My wife eats well, she hasn't complained about the food here".

As part of the assessment of people's care needs people were asked what they liked to eat and drink. Any dislikes and food allergies were recorded and the kitchen staff were informed. Any other specific requirements, for example the need for soft foods or a diabetic diet were catered for. Where risks regarding nutrition and hydration were identified a plan was put in place to mitigate the risk. Body weights were checked monthly and more often where necessary. The staff took appropriate action where people were losing weight and fortified foods and drinks were provided.

We observed the lunch time meal. Of the 15 people who lived at Belvedere Lodge, 12 people came to the dining room for their lunch. The tables were laid with place mats, cutlery, glasses, and condiments. Soup was served with a choice of white or brown bread and each person was offered a choice of orange or cranberry juice. We noted there was a 20-minute gap between the soup course and the main course being served during which time three people had left the room. A member of staff asked one person if they would like more soup but the cook quietly reminded her there were another two meal courses. During our period of observation, we saw that one person was wandering around the dining room and helping themselves to other people's food and drink. This was brought to the attention of the care staff who needed to be more vigilant. On the whole people could eat their meals independently but some needed to be verbally prompted to continue with their meals. In the PIR the provider told us they were encouraging the staff to eat their meals with people however this was not evident during the inspection. People were served tea and coffee, or cold drinks, with biscuits and homemade cakes throughout the day. There was a supply of cold drinks available in the lounge, that people could help themselves to. People's birthdays were celebrated with a cake at afternoon tea time.

People were supported to access their GP and other health care services. At the time of the inspection, each person was registered with the same GP who visited the service on a weekly basis. District nurses visited those people who had nursing care needs which could include wound care management, insulin injections, to support end of life care and other monitoring requirements. One district nurses told us, "This is one of the better homes we deal with. There are not any issues here, there is good communication and my experience has been good and the staff are helpful". Other health care visitors included the mental health in-reach team, physiotherapists, occupational therapists and foot care specialists.

People were supported to make decisions about their day to day life and encouraged by the staff to make decisions regarding how they wanted to be looked after, despite living with dementia. Mental capacity assessments were recorded in the person's care file. Staff were aware of the need to ask for people's consent and we heard them offering people choices and asking for permission to assist them. Where appropriate, arrangements were made for people to be supported by an advocate. They would ensure any decisions made on behalf of the person was done in their best interests.

The Mental Capacity Act 2005 (MCA) legislation 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of this inspection there were six DoLS in place and a further nine were awaiting legal authorisation by the local authority. The registered manager and deputy were both fully aware of which

people were subject to these conditions but the staff team were not. The registered manager discussed a solution to this and put this in action during the inspection. We found that the service was working within the principles of the MCA and applying for DoLS appropriately.

## Is the service caring?

### Our findings

People received a service that was caring and supportive. The provider's aim was for people to be looked after in a home-from-home family environment not an institution. There was an expectation the care team would provide people with sufficient support and time for normal everyday conversations. Feedback we received from people and visitors included the following, "I like this place and the people here. They give me space to do what I want", "The staff always seem to be respectful and caring" and "I have only observed staff treating (named person) respectfully".

However, the observations we made during the inspection were shared with the registered manager and deputy at the end of the inspection. One person was responded to inappropriately by a member of staff after they had repeatedly asked for a cigarette during the lunch time meal. The member of staff had replied, "If you don't eat your lunch you cannot have a cigarette". Whilst we acknowledge this person was exhibiting repetitive behaviours, this was not a respectful approach by the staff member. We also heard care staff discussing one person and laughing about them openly, in front of other people in a communal area.

Other interactions between the staff, people who lived in the home and any visitors were good. These interactions were friendly, kind and respectful. We saw that people were assisted with personal care discreetly with bedroom, bathroom and toilet doors closed. Care staff knocked on doors before entering people's bedrooms. People were generally called by their first name as a preferred choice. People were encouraged to make their bedrooms personal and could bring in items of furniture (if there were no health and safety risks), pictures and personal memento's.

The service had a keyworker system in place. A keyworker is a member of staff who takes a greater interest in their well-being, keeps a close eye on stocks of toiletries and clothes and provides a link between the person and their family. The keyworker was also responsible for ensuring the person's care plan was reviewed and kept up to date.

People were encouraged to have a say how they wanted to be looked after despite living with dementia. They were supported to make safe decisions to have some control over their day to day life. People were asked about things that were important to them and this was included in their care plans. One person said, "We sat down and discussed the help I need". Visitors commented, "The son was involved in her care planning" and "I have seen the care plan and I am happy with it". 'Resident' meetings were arranged regularly and were another opportunity for people to have a say about their day to day life.

At other inspections of this provider's services we were told about a professional counsellor who visited their services. The counsellor was available to support people, family members and the staff team and an opportunity to discuss concerns and issues. There was a poster on the noticeboard in Belvedere Lodge in respect of the visit dates by the counsellor.

## Is the service responsive?

### Our findings

Each person had a care plan in place. The service had introduced a new electronic care planning system since the last inspection. Those plans we looked at had been completed by the registered manager or the deputy but were not person centred and did not actively reflect the person's care and support needs. The care planning programme generated pre-loaded text as a result of identified care and support needs. For example, one person's eating and drinking plan stated they needed a blended diet with thickening agents added to their drinks (no consistency referred to). The person actually required 'fork mash-able' food and was able to drink normal fluids. There was reference in one person's care plan for mirrors to be removed from the bedroom because of their specific mental health diagnosis however this was not an issue for that person.

We saw one good recording of action and responses the care staff needed to take if a person hallucinated and thought there were people in their bedroom. On speaking with the registered manager, deputy and the care staff, it was evident people received the care and support they needed and the care team responded to individual's needs. However, people's care records were not always a true reflection of the care and support they needed. This increased the chance that people will not receive the care and support they need.

Daily care notes were written by the care staff during each of the three shifts. In these documents there was space to record personal care provided, daily skin check, medicines administered, activities and how I spent my day, eating and drinking, psychological and emotional needs and any other additional comments. Prior to our inspection we were shown one person's records that had been shared with the local authority during a safeguarding investigation. The forms were poorly completed. Those records we looked at during the inspection were of the same poor quality and we shared our findings with the registered manager and deputy at the end of the inspection and the provider the following day.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

When we asked people or visitors if they received a responsive service they were positive. They said, "I am happy they do things my way", "I have been out on trips with the staff and they also take me to my appointments", and "If I was unhappy about anything, I would talk to the staff about it". Visitors feedback about the service included, "I think she is well looked after and sympathetically so", "I have no concerns at all" and "(named person) always looks clean and tidy when I come and visit".

We joined staff who were starting the next shift and receiving a handover report. Information was shared regarding each person, what they had done during the morning, any behaviours and how much people had eaten and drank. The level of information shared was good but we did note that some language was inappropriate when referring to people being assisted with their meal.

A programme of social activities was arranged that people could take part in. Details regarding events that were taking place were displayed in the main hallway. There were also photographs of previous activity

sessions that had been arranged. Activities were led by the care staff or external entertainers who visited the home. On the day of the inspection care staff and visitors were supporting people to make Christmas wreaths. Some people dipped in and out of the session whilst others were working independently on their wreaths. Comments we received from people and visitors included, "I have been out on trips with the staff and they also take me to my appointments" and "(Named person) went out recently to a garden centre with staff".

Where appropriate, people were encouraged to do homely activities for example, folding up laundry and laying tables before meals. In the past school children had visited the service and either done baking or craft things with people. On the first Sunday of every month visitors from a local church came to the service and sang hymns and spoke with people.

People told us, "If I was unhappy about anything, I would talk to the staff about it", "I have no concerns at all" and "If I had any concerns I would talk to my son and let him deal with it". People said the staff team listened to them. A copy of the complaints procedure was available in the front hallway and included in the home's brochure. People were encouraged to have a say about what it was like living at Belvedere Lodge in care plan review meetings and 'resident' meetings. They were encouraged to speak up if they were unhappy about any aspect of their care.

At the time of this inspection the service was not looking after anyone with end of life care needs but had in the past looked after people whose health has deteriorated and they required palliative or end of life care. The staff team would work in collaboration with the person's GP, district nurses and other health and social care professionals as appropriate. The service would however, not admit a person in to their care who already had end of life care needs.

## Is the service well-led?

### Our findings

Visitors and health and social care professionals who provided feedback, told us the leadership and management of the service was much improved with the change in personnel and the service was more organised. The feedback we received from people and visitors was positive. One person said, "I would rate the overall service as good. The staff are not pushy and encourage you to do things for yourself". Another person commented that the registered manager and the deputy were "very approachable". We need to be satisfied that the shortfalls we have identified in this inspection can be addressed and then sustained.

We spoke with both the registered manager and deputy during our inspection. The registered manager had been in post for approximately 10 months and the deputy for six months. They were both knowledgeable about the people they looked after, the degree of their dementia, how their behaviours exhibited and how they liked to be looked after.

The registered manager talked about their leadership and management role in changing the culture of the staff team for the benefit of people who lived in the service. Since the registered manager had been in post, there had been a number of staff changes, staff training had improved, the management of medicines was changed and care planning software had been introduced. In respect of the management of medicines and people's care plans, these areas were still requiring improvement.

We observed interactions between the registered manager, deputy, staff, people and visitors. We found the registered manager to be approachable and professional towards others.

In the PIR the provider told us they had not received any complaints in the previous 12 months but would use any feedback to identify any trends or improvements that could be made. The provider's complaints procedure stated that all complaints would be fully investigated and the complainant responded to.

Various meetings were used as a means of getting feedback from people living at Belvedere Lodge, relatives and the staff team. This ensured there was effective communication and all positive and any negative feedback was listened to. Notes of all meetings were kept and shared with those unable to attend. The registered manager attended manager's meetings with the provider every six weeks.

The provider had a number of different measures in place to monitor the quality and safety of the service. This included weekly and monthly medication audits. On a weekly basis, the deputy looked at five medicine administration records and the controlled drug register. These weekly audits had identified errors made by the care staff and we were told what action had taken place to improve practice. Infection control audits were undertaken on a two-monthly basis. The daily records completed by the care staff had been checked by the management team and poor practice had been identified but the care staff continued to record poorly. For this reason, we have rated this section as requires improvement because the registered manager's actions have not addressed the shortfalls. The registered manager or deputy had to complete a weekly information sharing document and submit to the provider. This informed the provider of staff or 'resident' issues, CQC notifications, any special events and people's birthdays. The provider or

quality/training manager visited the service on a weekly basis to monitor the running of the service.

The registered manager and deputy were aware when notifications needed to be made to the Care Quality Commission. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

The provider and the registered manager worked with other organisations to make sure they were following current best practice. The provider was an active member of Care and Support West – the director was a board member and attended various board meetings and meetings three monthly, regarding the current topics within the care sector. The registered manager told us any learning from other Ablecare Homes services was shared with the service. Also, any learning from other network meetings were taken back to the service and shared amongst the staff team and across the group.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider must ensure staff administer medicines safely and follow safe working practice at all times.  Regulation 12 (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider must ensure an accurate, complete and contemporaneous record in respect of each person, including a record of the care and support provided.  Regulation 17(2) (c).