

Ingham Healthcare Limited

Ingham Old Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 3 and 4 May 2017 and was unannounced.

Ingham Old Hall Care Home provides residential care for up to 25 people, some of whom may be living with dementia. The home is a converted period building, over two floors, set in extensive grounds. Some rooms have en suite facilities. At the time of our inspection, 24 people were living in the home.

At the time of our inspection, the service had a registered manager who had been in post for a number of years. 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.

We last inspected this service in July 2016 where we found that the service was not meeting one requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the management of people's medicines. The provider sent us information to tell us about the actions they were going to take to rectify the breach of the regulations. They gave no timescale for the completion of the actions they proposed. At this inspection, carried out in May 2017, we found that the service had not made the required improvements and were still in breach of this regulation. The service was also found to be in breach of the regulation associated with governance. In addition, we have made recommendations about staff training on the subject of the MCA and recording risks.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Records did not demonstrate that people had received their medicines safely, appropriately and as the prescriber had intended. Good practice guidance had not been consistently followed.

The system the provider had in place to assess and monitor the medicines management and administration within the home had not been effective at rectifying the issues found at this, and our previous, inspection. No formal audits were in place to help drive improvement in other areas of the service.

Processes were in place to help prevent and protect people from the risk of abuse and harm. Staff understood safeguarding procedures and any risks to those that used the service had been identified and managed. However, records did not always robustly demonstrate this.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. No overly restrictive practices were identified however the service did not demonstrate full compliance with the MCA.

The service had processes in place to help reduce the risk of employing staff not suitable to work within the home. New staff received an induction, were encouraged to gain health and social care qualifications and received ongoing training. They received regular support to assist them in their roles.

Good team work was evident and the home ran smoothly with a relaxed atmosphere. Staff told us that they were happy working at Ingham Old Hall Care Home. Those that used the service trusted the staff that provided them with care and support.

Staff respected each other and those that used the service. They demonstrated a patient, caring and considerate approach to all those they interacted with. Care and support was provided in an unhurried and relaxed manner suitable to each individual.

People had choice in how they spent their day and staff supported them in making decisions. Independence was supported and dignity considered and maintained. Care was delivered in a discreet manner.

The risks associated with the environment had been identified and managed. However, records did not consistently and robustly record what preventative measures the service was taking in regards to maintenance checks. Accidents and incidents were recorded and managed appropriately. An overview was in place to help mitigate future risk.

People liaised with staff over the planning of their care although this was not always evident from the care plans we viewed. Care plans were individual to people and had been regularly reviewed. The content varied between care plans but staff had a good knowledge of the needs and preferences of those they supported and had developed meaningful relationships.

The service provided activities and social interactions that people enjoyed. Activities were not always planned but we saw a number of informal, dedicated activities take place with people that were individual to their needs and wishes.

People had appropriate and prompt access to healthcare and community professionals were complimentary on how the service managed these needs. People's nutritional needs were met and people who required specialist diets received this. Consideration was given to how those living with dementia could better maintain their nutritional wellbeing.

Feedback was sought on the service via meetings and questionnaires. Systems were in place to assess and monitor the quality of the service although these were mostly carried out on an informal basis.

People told us they saw the management team regularly and that they were accessible and visible. The provider's representative made regular visits to the service, provided support and engaged with those who used the service, visitors and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The risks associated with medicines management had not been fully mitigated.

Processes were in place to help protect people against the risk of abuse and harm.

There were enough safely recruited staff to meet people's needs in an individual manner.

Requires Improvement ●

Is the service effective?

The service was effective.

Full compliance with the MCA was not consistently demonstrated by the service.

There were enough trained and supported staff to meet the needs of those that used the service.

People's nutritional and healthcare needs were met in a person centred manner.

Good ●

Is the service caring?

The service was caring.

Staff demonstrated a kind, empathetic and patient approach to those that used the service and others.

People's dignity, privacy and confidentiality was respected and maintained. Staff encouraged and supported people's choices and independence.

Staff sought consent to deliver care although records did not clearly demonstrate that people had been involved in the planning of their care.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People received care that was individual to them and met their personal needs.

Social and leisure needs were met and people were happy with the level of stimulation they received.

There was a complaints policy in place should people raise any concerns.

Is the service well-led?

The service was not consistently well-led.

The systems the provider had in place to assess, monitor and improve the service were not fully effective.

The management team were visible and the provider supportive.

Staff worked well as a team and respected their colleagues abilities in providing a caring and considerate service.

Requires Improvement ●

Ingham Old Hall Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 May 2017 and was unannounced. One inspector, a medicines inspector and an expert-by-experience carried out the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team, the local authority quality assurance team and a number of healthcare professionals for their views on the service.

During our inspection we spoke with nine people who used the service and three relatives. We also spoke with the deputy manager, a cook, a team leader, two senior care assistants and two care assistants. We observed care and support being provided to the people who used the service on both days.

We viewed the care records for 13 people who used the service. We also case tracked the care and support one person received and viewed the medicine administration records and associated documents for nine people. We also looked at records in relation to the management of the home. These included the recruitment files for four staff members, minutes from meetings held, staff training records, quality monitoring information and maintenance records.

Following our inspection, the service submitted further documents within the agreed timescale.

Is the service safe?

Our findings

At our inspection carried out in July 2016, we found that the service had failed to fully mitigate the risks associated with medicines administration and management. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in July 2016, information was submitted by the provider which detailed how the service would meet their legal requirements. No proposed date was given for the completion of these actions. At this inspection, carried out on 3 and 4 May 2017, we found that the necessary improvements had not been made and that the provider was still in breach of this regulation.

A member of the CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

Records did not always confirm that people living at the service received their medicines as prescribed. When we looked at medication records and compared them to quantities of medicines available we found numerical discrepancies. In addition, full records were not in place for medicines prescribed for external application. We noted that not all medicines had been accurately transcribed from the previous to current medication administration charts so it was unclear if they were still actively prescribed for administration. Whilst there were audits in place to monitor and account for medicines, we found these were not sufficiently frequent to highlight and promptly resolve issues arising.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. However, for one person we noted a discrepancy about their medicine sensitivities which may have led to confusion and error. There was information in people's care plans regarding their preferences about having their medicines given to them, however, we advised that this should also be available at the point of medicine administration. For people prescribed skin patches there were no additional charts to record their application and removal or body maps indicating their rotational application to the body to ensure safety. When people were prescribed oral medicines on a when required basis, there was sometimes insufficient written information to show staff how and when to give them to people consistently and appropriately. In addition, records of when they were given to people were not always completed on the medication administration charts.

We noted that eye drop containers were not handled safely to ensure they were only in use for within their limited life (usually 28 days) once opened.

These concerns constituted a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicines were stored securely for the protection of people who used the service and at correct temperatures. We observed senior staff giving people their medicines and noted that they did so

sympathetically and by following safe procedures. A policy statement had been written to ensure staff handling people's medicines did so without distractions.

The people we spoke with, and their relatives, had no concerns in relation to safety. One person who used the service told us, "I'm very happy here, you have no worries. I sleep well at night because nothing worries me." Another person said, "I feel ever so safe, that's the beauty of it." A third person told us, "It's quite a happy little home. They look after me well, security is very safe, everything is alarmed and you've got your own (alarm)." One relative told us that their family member had experienced a few falls whilst living in the home but that the home could not have done anything further to prevent them.

The risks to people had been identified, assessed and well managed. People's health was monitored and they received timely and appropriate intervention to prevent deterioration and promote wellbeing. For example, healthcare professionals had been requested where people were at risk of losing weight or choking due to swallowing difficulties. People at risk of falls were given appropriate care and treatment and the risk reassessed after each occurrence to see if the risk could be further mitigated. However, records did not always clearly demonstrate how the risk level had been identified, what control measures were in place and what factors had been considered in relation to the risk.

We recommend that the service seek advice and guidance from a reputable source, about the recording of risk management.

The service had processes in place to help protect people from the risk of abuse. Staff were able to tell us the types of abuse and gave examples of changes in people that may indicate they were experiencing abuse. All staff told us that they would report any concerns they may have to their line manager and all staff, except one, were able to identify external sources where concerns could be raised. We saw that the majority of staff had received up to date training in safeguarding adults and, for those that were still to undertake this training, sessions had been booked for shortly after this inspection. Documents showed that any potential safeguarding incidents had been recorded and reported as required.

Accidents and incidents had been recorded and we saw that appropriate immediate and subsequent actions had been taken in response to mitigate future risk. While no formal analysis was in place we saw that the service had an overview of accidents and incidents. For example, where people had experienced falls, an overview was in place that showed how many falls each person had experienced. This information was also contained within each person's care plan with information on what happened, what action staff took and what was required to mitigate additional occurrences.

The risks associated with the premises and working practices had been identified, assessed, managed and reviewed. We saw that appropriate checks, servicing and inspection had taken place on equipment including those associated with moving and handling and fire prevention and management. Whilst regular health and safety checks were in place in relation to each room within the building, associated records did not fully demonstrate what was being checked. We did see, however, that where issues had been identified, prompt action had been taken and recorded.

The provider had procedures in place to help reduce the risk of employing staff who were not suitable to support the people who used the service. This included completing a police check on potential employees and gaining two references. The service also sought a ten year employment history.

People told us there were enough staff to meet their individual needs and that they received support in a timely manner. One person who used the service told us, "I like it here, I feel ever so safe. Staff would be here

in a few minutes if you needed them." Another person told us they needed minimal support from staff but that, "Whenever I've wanted anything there is someone around to help." The relatives we spoke with agreed there were enough staff to provide support to their family members.

Staff told us that for most shifts there were enough staff to meet people's needs. They explained that, should they be short staffed, then this was more difficult. However, staff told us that the registered manager assisted on the floor at these times. One staff member told us, on these occasions, the registered manager would administer people's medicines to ensure the maximum amount of staff were available to provide care and support.

During our inspection we saw that there were enough staff to meet people's needs in a timely manner. For example, where a person was becoming confused and required assistance to orientate themselves, we saw a staff member quickly provide comfort and guidance. For those that required assistance with personal care for their comfort prior to having lunch, we saw this was delivered in a timely but unhurried manner.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met.

The service, and its staff, were not fully knowledgeable in the principles of the MCA and the associated DoLS. Whilst some staff had basic knowledge in regards to the MCA, there were some that were unable to explain how it applied to the people they supported and the care they provided. However, staff understood the importance of consent and could explain how they supported people to make decisions. The records we viewed showed that not all staff had received training in the MCA.

Where relatives had legal authority to make decisions on behalf of their family members, this was not always clearly documented. Records did not contain appropriate confirmation of the legal status in regards to this. Where confirmation had been obtained, records did not clearly and consistently show that those relatives had been involved in associated decisions. The service had made no applications in regards to DoLS. During our inspection, we saw no examples of the service using overly restrictive practices. However, the service needed to consider what their actions would be, in relation to the MCA, if a person who used the service should wish to leave the home unaccompanied.

We recommend that the service seeks training for staff, based on current best practice, in relation to the MCA.

The people who used the service told us they had confidence in the staff and that they had the skills to provide care and support. On staff supporting them to use a piece of mobility equipment, one person told us, "I felt safe in the hoist." Another person said, "I have nothing against this place, we are treated very well and staff are very willing." A third person told us, "Staff are all right; they look after you." A relative we spoke with said, "The carers are super, they really look after [family member], in terms of their clinical needs they are fine. [Family member] is always clean."

Staff told us that they had received an induction when they first started working at the home. They told us this had included job shadowing more experienced members of staff and that it had prepared them for their role. Staff told us they had received training and that it was up to date. Of the training, one staff member said, "I learn something new every time." Another staff member said, "The greater knowledge I have, the better care I can give." The provider encouraged staff to gain further qualifications and we saw that a

number of staff were currently working towards this. New staff were also working towards the completion of the Care Certificate which is a set of standards that staff in health and social care should work to.

Records showed that staff had received training in a number of topics including supporting people living with dementia, safeguarding, moving and handling and first aid. Where there were gaps in training we saw records that showed some training had been booked whilst other sessions were in progress. Training was designed to meet the needs of those that used the service.

Staff told us that they received supervisions and felt supported by their line managers and colleagues. They told us they felt comfortable in raising issues or asking questions. One staff member told us that the support of their colleagues had had a positive impact on their ability to perform their role. They said, "Such good support." Another staff member described their colleagues as, "Really supportive."

Those we spoke with who used the service were complimentary about the food provision at the service. One person said, "The food is all right and I eat quite well." This person told us the kitchen staff were flexible in meeting their nutritional needs and would cook something else if they didn't like the choices on offer. Another person who used the service told us, "The food is how I like it." A third person said, "The chef's a great cook." Another person told us how well the service catered for their specific nutritional needs. They also explained how the service worked around their appointments when it came to providing food. This person told us, "The food is varied and we get choices."

Staff had good knowledge of people's nutritional needs and could accurately tell us these requirements. When we spoke with the cook, they clearly understood people's needs and the specific diets people required to maintain their health and wellbeing. They were accurately able to tell us the different textures of softer diets that those with swallowing difficulties were required to have.

Care plans visibly recorded people's nutritional needs and where specific diets were required, we saw that these were provided. As required, the service had referred people to dieticians and speech and language therapists. We saw that their recommendations had been recorded and followed. One nutritional healthcare professional told us about a recent visit they had made to the service. They told us that staff were prepared for their visit and available to support both them and the person they were visiting. The healthcare professional told us the service had followed their recommendations 'safely' and that they had no concerns in how the staff met the person's nutritional needs.

During our inspection, we observed lunch being served. We saw that staff ensured people were comfortable prior to lunch being served and that this included assisting people to use the bathroom and wash their hands. We also noted staff ensuring those that chose to remain in their lounge chairs for their lunch were comfortable and sat upright to aid eating and drinking. There were a number of areas people could use to take their lunch and we saw that staff supported them in their decision of where to eat. Support was provided in all areas and we saw that this was respectful, dedicated and promoted independence. People had a choice in the food and drink they had and we saw that the food was well presented, colourful and appealing. Coloured plates and glasses were used to encourage those living with dementia to eat and drink and in order to encourage independence.

People had access to a number of healthcare professionals to maintain and promote their health and wellbeing. This was demonstrated by what people told us and by the records we viewed. The healthcare professionals who provided us with feedback prior to our inspection told us that the home requested visits appropriately and that staff knew the healthcare needs of those that used the service. One group of healthcare professionals told us that people were, "Well cared for."

Is the service caring?

Our findings

Without exception, all the people we spoke with talked positively about how the staff provided care and support. They talked of staff that were patient and kind and made time to listen to people.

One person who used the service told us, "I couldn't fault the staff." Another person said, "They [staff] are marvellous, all of them." A third person explained, "They [staff] show kindness by being interested in you... they talk to you about things." Another person told us, "They would do anything I asked." People's relatives agreed. One told us, "Staff are marvellous, they are so kind and patient."

During our inspection visits, we saw that staff were friendly, warm and respectful in their approach to all those they engaged with whether this was with each other, visitors or those that used the service. We saw kind interactions that sought to ensure people were happy and comfortable. For example, we saw one staff member ask a person if they were comfortable once they had assisted them into a chair. They asked if they were warm enough and had everything they needed. On another occasion we saw a staff member sit with a person who was confused. They offered warmth and reassurance in order to provide comfort to the person and relieve their anxiety. Conversation followed and we saw that the person's distress subsided. Following the interaction, they were left smiling and content.

Staff knew the people they supported well and had developed respectful and meaningful relationships with them. Staff were well liked by the those that used the service and had spent time getting to know them. Staff were able to accurately tell us the needs, likes and preferences of those they supported and spoke with enthusiasm when telling us about people. One staff member told us, "They are more to me than just people who use the service." They went on to say, "Staff look after each other and those that live here." When we asked another staff member about the needs of one person, they told us the priority was to, "Sit with them and reassure them." A third staff member said of this person, "They enjoy company." Our observations confirmed that these were the needs of this person and that the staff provided what was needed to ensure their comfort.

People's privacy and dignity was maintained by those that supported them. One person who used the service told us, "They always knock on the door before they come in, they don't just treat you like nothing." This person went on to tell us that privacy screens were used when required in communal areas although they felt this didn't fully maintain privacy. Another person said, "Staff sit and talk to you if you want to discuss something. They ask if you want to go to your room and speak."

During our inspection we saw that staff were considerate in maintaining people's dignity. We saw that when staff assisted people to use the toilet, discussions were done quietly and discreetly. When staff assisted another person into a lounge chair using a piece of equipment, we saw that staff ensured their clothes were firmly in place throughout the manoeuvre. They spoke reassuringly to the person and explained what they were doing so the person was prepared and informed. We saw that personal care was delivered behind closed doors.

Staff understood the importance of confidentiality. Care records were secured at all times and we saw that staff discussed people's care and support needs in private. No personal or confidential information was seen unattended in communal areas of the home during our inspection visits.

People had choice in how they spent their day and in everyday decisions. They told us they had choice in what they had to eat and drink, what they wore, when they went to bed and what time they rose in the morning. They told us they could join in activities if they so wished but that their decisions were respected. Staff agreed that people had choice. One staff member explained that they asked people questions in order to assist them in making choices. Another told us, "People can do what they wish." Our observations during the inspection visits confirmed that staff offered people choice and supported them in their decisions.

People told us, and our observations confirmed that staff encouraged them to be as independent as they chose. One person who used the service told us, "I have help to eat. When you lose your independence, it's not nice but the staff are very good." Another person spoke of the adaptations the service had made within their room to encourage independence following a change in their physical wellbeing. They said, "They put a frame around my toilet which really helps." During our inspection we saw staff offer encouragement in regards to people's independence. For example, when supporting people to walk, we overheard staff offer respectful encouragement.

We saw that staff gained people's consent before supporting them however not all care plans we viewed clearly demonstrated that people had been involved in the planning of the care they received. However, people, and their relatives, told us that staff liaised with them on a regular basis in regards to the care delivered. When we raised this with the deputy manager, they accepted that care plans did not clearly demonstrate people's input. However, they confirmed that regular conversations took place with those that used the service and their relatives in relation to the care and support received.

People's relatives told us that the service made them feel welcome and that they could visit at any time. One told us, "We come whenever we want." Whilst another relative said, "We are always asked if we want a cup of tea." We saw that there were no restrictions on when people could visit and that people could see their family and friends whenever they chose to.

Is the service responsive?

Our findings

People told us that their needs were met, at a time they wished for and in a manner they chose. One person who used the service said, "I get up before breakfast, go to bed sometimes early, sometimes late, depends on what's on the TV." Another person told us, "They [staff] have never woken me up; they don't push me [to get up at a certain time]." A third person told us that their needs in relation to their faith was met. The majority of staff told us that they had time to meet people's needs in an unhurried and individual manner.

We viewed the care and support records for 13 people who used the service although not all in depth. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. Care plans varied in regards to the quality and amount of information contained within them. However, they were accurate and contained up to date information for staff to refer to.

The service had undertaken assessments prior to people moving into the home to ensure their needs could be met and to give people the opportunity to discuss the home and service. A personal plan was in place for each person and this gave an overview of the person. It included information on people's needs, any risks associated with their care, likes, dislikes, preferences and life history. Each area of care and support had been reviewed on a regular basis and any changes required recorded within the care plan. However, although all care plans contained accurate information, some also contained old information that may no longer be relevant and needed to be removed. This may lead to confusion and people receiving care and support that is no longer appropriate.

We saw that, for those that had moved into the home more recently, their care plans contained more person centred detail than those where people had been living in the home for some time. When we made the deputy manager aware of this observation they told us they were aware of the need to ensure care plans contained more individual information. They told us this was being actioned. However, staff demonstrated, through discussion, that they knew the needs of those they supported and people told us that the service they received was an individual one.

The people we spoke with who used the service told us they were happy with the level of social and leisure stimulation that they received. One person told us, "Sometimes staff take me for a walk in the afternoon if the weather's all right. Different people come in and entertain us, with singing and dancing." Another person said, "There are various class groups. A ventriloquist has come with two large handmade dolls." A third person told us, "Anything that's going on socially I like to get involved with. We had a singer yesterday. We have bingo, quizzes, puzzles, board games, cards... There's usually something going on."

During our inspection, we did not see any records that showed us, or those living in the home, what activities were planned. However, we saw lots of informal and person centred activities and interactions taking place. We saw one staff member discuss with a person about going for a walk although they decided that the weather wasn't suitable. We saw another staff member assist a person with a jigsaw while another played dominoes at a person's request. Other people were playing bingo with the help of a staff member. Throughout our inspection visits, we saw that staff regularly and warmly interacted with those that used the

service.

People told us that they felt confident in raising any concerns and that they felt they would be listened to and effectively managed. One person who used the service said, "I couldn't find anything to make a complaint about." Another person told us, "Complaints would be listened to." We saw that the complaints procedure was visible within the home. Records showed that the service had responded appropriately to formal complaints. One community professional who gave us feedback prior to our inspection told us a recent complaint had been, "Managed well" by the service.

Is the service well-led?

Our findings

At our inspection carried out in July 2016, we found concerns with the way in which people's medicines were managed. At the July 2016 inspection, the registered manager told us how they would address these concerns in order to make improvements and ensure medicines management was safe. Following the inspection, the service confirmed these actions in writing. At this inspection, carried out in May 2017, we found continued concerns in how the service managed people's medicines.

Medicines management audits had been carried out on a monthly basis up until March 2017. However, these had failed to fully rectify the issues found at both this inspection and that carried out in July 2016. We saw from the service's audits completed in January, February and March 2017 that issues were found in how medicines were managed. These were still present at this inspection. Further, not all staff who administered medicines had had their competency to do so recently checked. The systems the provider had in place to assess, monitor and drive improvement in medicines management had not been fully effective.

No other formal audits were in place to assess the quality and safety of the service. This meant the concerns found at this inspection in regards to the lack of adherence to the MCA and care records had not been fully identified by the service or provider. There were no action plans in place to address these areas and we could not be confident effective processes were in place to fully monitor the service in order to drive improvement.

These concerns constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had some informal systems in place to monitor the quality of the service although regular formal audits were not completed. For example, the registered manager and deputy manager often worked on the floor. This meant they were in a good position to observe the quality of the service provided, assess staff's ability to perform their roles and gain feedback from those who used the service. Meetings were also undertaken with both staff and those that used the service. This gave people the opportunity to voice their opinions and make suggestions. We saw from the minutes of meetings we viewed, that feedback was sought and encouraged.

The service had formally sought people's feedback on the service via a questionnaire. This had been completed in early 2016 however none had been completed since. The results of these questionnaires had been analysed and they showed that over 97% of people were either 'satisfied' or 'very satisfied' with the service delivered.

The home had a registered manager in post at the time of our inspection. They had been managing the service for a number of years. However, during our inspection visits we liaised with the deputy manager as the registered manager was not available. During our inspection the deputy manager demonstrated accountability and professionalism. Through discussion they showed they had a robust knowledge of those that used the service and their needs. In collaboration with the provider's representative, who was also

present at inspection, they ensured records were made available and demonstrated knowledge in the management of the service.

The people who used the service told us that they thought the home was well managed and that they saw the management team on a regular basis. One person said, "Personally I think it's well run. It's all very nice and clean." Another person told us, "You see a lot of the manager when she's here." One community professional told us, the home had "A strong manager and an engaged provider."

The staff we spoke with told us they felt supported by their colleagues and line managers. They told us the team leader, senior care assistants and deputy manager were available, supportive and encouraging. One staff member said of the more senior staff, "They're always there if you need them." Staff spoke with respect about their colleagues and their abilities as a team. One told us, "The care assistants are amazing. So good at what they do. They work well as a team and are so lovely to those that use the service; so respectful." When we asked another staff member what was good about the service they said, "The staff. They're all really good at their jobs." A third staff member explained, "We have good staff; a good team. They genuinely care and are kind. You can see how much they care. It's a happy environment."

Most of the staff we spoke with said they were happy in their roles. Some felt the registered manager wasn't always approachable and presented as unpredictable at times in relation to how supportive they were. However, other's disagreed and told us the registered manager provided the support they needed. The deputy manager told us they had a good working relationship with the registered manager and described them as, "Amazing, so supportive. We bounce off each other."

The provider's representative visited the service twice a week and people described them as supportive, visible and kind. One staff member said of them, "They're so lovely and kind and so nice to those that use the service. They're always looking to see if everyone is all right." Another staff member described them as, "So supportive." The provider's representative was present during our inspection and demonstrated they had an overview of the service.

Together with the deputy manager, the provider's representative showed a commitment to improve the service. Shortly after our inspection, they sought information on other professionals that could provide support and guide them in making improvements. They also provided us with confirmation that further training had been booked in relation to the management of medicines.

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 17 HSCA RA Regulations 2014 Good governance The service had failed to implement effective systems to assess, monitor and improve the quality of the service. The service had failed to maintain an accurate, complete and contemporaneous record in respect of each person who used the service. Regulation 17(1)(2)(a)(b)(c)(e) and (f)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not protect people against the risks by way of doing all that is practicable to mitigate any such risks. Regulation 12 (1) and (2)(b)

The enforcement action we took:

Warning Notice