

Leazes Hall Care Home Limited

Leazes Hall Care Home

Inspection report

The Leazes
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Tel: 01207271934

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

Leazes Hall Care Home is a residential home which provides nursing and personal care for up to 48 people. At the time of our inspection there were 43 people in receipt of care from the service, some of whom were living with dementia. Care is also provided for people with learning disabilities and autism spectrum disorder. The home also provides emergency short term care, intermediate care for up to three weeks (usually after people are discharged from hospital or to avoid admission to hospital) and care on a 'time to think' basis for up to 12 weeks, which gives people the opportunity to trial residential care.

The service had a registered manager. 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 on 14 June 2016 when it was rated Requires Improvement. This was a focused inspection after we received concerns in relation to the building and the care provided to people using the service. Prior to this we had inspected the service in December 2014 when it was rated Good. At our last inspection in June 2016 we found breaches of Regulations 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises required adaptation to meet the needs of people diagnosed with dementia type conditions and accurate and up to date records related to the management of people's topical medicines were not in place. We asked the provider to send us a plan of the actions they would take to meet legal requirements. We found some improvements had been made during this inspection, however some regulations were not being met.

Medicines were not always managed in the right way. Records relating to the administration of topical creams were incomplete. Guidance relating to 'when required' medicines was not detailed. Handwritten instructions on medicines records had not been double signed and there was a lack of detailed instructions for the administration of covert medicines (medicines that need to be given in a disguised form).

The provider had a quality assurance system in place but this was not always effective as it had failed to identify all of the issues we found during this inspection. It had also not effectively addressed the concerns raised at our last inspection and we found some shortfalls in similar areas.

Improvements had been made to the premises since our last visit so it that it was more suited to people with dementia care needs. There were visual and tactile items to engage people living with dementia and doors to rooms were brightly coloured to help people identify them independently. Menus were available in picture format so they were more accessible for people.

The premises were clean and largely well-maintained although some carpets in communal areas were worn and needed replacing.

People and relatives told us it was a safe place to live. Safeguarding referrals had been made to the local authority appropriately, in line with set protocols..

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check being undertaken.

Each person had a Personal Emergency Evacuation Plan (PEEP) which provided staff with information about how to support them to evacuate the building in an emergency situation such as a fire or flood.

We found that overall, there were enough staff on duty to meet people's needs in a timely way. However, we noted that people did not always receive the support they needed to eat promptly enough at mealtimes and there was little interaction between people and staff during these times as staff had so much to do.

Staff training that the provider considered to be mandatory was up to date. Staff received regular supervisions and appraisals and told us they felt well supported by the management team.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were cared for by kind and friendly staff. Relatives spoke positively about the care provided and told us they were made to feel welcome whenever they visited.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written and specific to people's individual needs.

People, relatives and staff said the manager was efficient, approachable and supportive.

During this inspection we found breaches of Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always managed safely and in line with best practice guidelines.

Staff had completed safeguarding training and understood their responsibilities to report any concerns.

Planned and preventative maintenance checks were up to date.

Thorough background checks had been carried out before staff began their employment.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were not always supported to eat in a timely way.

Essential staff training was up to date.

Improvements had been made to the premises so it was more suitable for people living with dementia.

The provider supported people in line with requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Requires Improvement ●

Is the service caring?

The service was caring.

People gave us positive feedback about their care and told us staff were kind and caring.

People said staff spoke to them in a dignified and respectful way.

Relatives spoke positively about staff and the service.

People were given information about the service.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved in.

Care plans contained details about how people wished and needed to be cared for, in line with their individual preferences.

People had access to a range of appropriate activities.

Complaints were dealt with appropriately.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance system had not identified all of the concerns we identified during this inspection.

There was a registered manager in place who had worked at the service for 25 years.

The provider had made timely notifications to the Commission.

Staff said they had enough opportunities to provide feedback about the service.

Requires Improvement 

Leazes 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 16 August 2017 and was unannounced which meant the provider did not know we would be visiting. The inspection team was made up of one adult social care inspector, a specialist nurse advisor (with expertise in the care of older people) and one 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 service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service. We spoke with ten people and eight relatives. We also spoke with the manager, a representative of the provider (a director), the deputy manager (who was a nurse), a healthcare assistant, one senior care worker, seven care assistants, the activity co-ordinator, the cook and two members of housekeeping staff.

We reviewed five people's care records and six staff files including recruitment, supervision and training information. We reviewed Medicine Administration Records (MARs) for 16 people as well as records relating to the management of the service.

Due to the complex needs of some of the people living at Leazes Hall Care Home we were not always able to

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

Is the service safe?

Our findings

Medicines were not always managed in the right way. People's medicine records lacked detailed guidance for staff relating to 'as and when required' medicines. Several people were prescribed pain relief such as paracetamol to be taken 'as and when required', but there was no detailed guidance in place to assist staff in their decision making about when it could and should be used. Staff described when they would administer 'as and when required' medicines but there was no clear guidance for them to refer to. This meant there was no information for staff to follow about the indicators people may display, for example when in pain, which would indicate they should be offered their 'as and when' prescribed people got the medicines they required, when they needed them.

When we discussed this with the manager they said they had recently changed pharmacy provider, which had resulted in changes to documentation. The manager rectified this immediately by ensuring all 'as and when required' guidance was in place after our inspection.

Two medicine records we viewed contained handwritten instructions signed by one staff member instead of two and there was no record of who had authorised the changes. This meant there was the risk of error as there was no clear line of accountability for changes which put people at risk of not receiving the correct medicines. Handwritten entries should be checked and signed by a second trained staff member in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Some people who used the service needed to be given their medicines in a disguised form (known as covertly). Medicine records for people who required their medicines to be given covertly lacked detailed instructions about how to prepare the medicine for administration. This meant we could not be sure these medicines were being prepared in a safe and appropriate way. We discussed this with the manager who told us they would contact the pharmacy and the GP to get the right advice and amend the MARs accordingly. The manager sent us evidence this had been completed shortly after our inspection.

Topical medicines application records (TMARs) and body maps to highlight where staff should apply prescribed creams and ointments were not always in place and records relating to topical medicines were incomplete. Staff told us where people's creams needed to be applied and how often, but incomplete records meant we could not be sure prescribed creams had been administered in the right way or at the right frequency, in line with the instructions on people's prescriptions. When we asked the manager about the gaps in topical creams records they said, "We started doing topical medicine administration records audits about a month ago after issues were identified." Records confirmed the manager had already identified this issue and body maps were completed shortly after our inspection.

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

Medicines were stored in locked trollies in a locked room but the access arrangements to this room were not safe. Access to the locked room was via a keypad system. In addition to nursing staff and senior care staff

who administered medicines, most care staff knew the code to access the medicines room which meant the storage of medicines was not secure. There was a risk people who used the service or visitors may have been able to access the medicines room. When we mentioned this to the manager they arranged for the lock to the medicines room to be changed immediately to a key operated lock which was only accessible by staff who administered medicines.

Medicines that are liable to misuse, called controlled drugs were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly. The temperature of treatment rooms and the clinical fridges were checked daily and were within recommended limits.

Staff who administered people's medicines had received training and been assessed to check they were competent to carry out this role.

The premises were clean and largely well-maintained although some carpets in communal areas were worn and needed replacing. Records confirmed the manager had already asked the provider if new flooring could be purchased. The provider told us they were in the process of arranging this.

Pre-employment checks had been carried out on staff. We saw prospective staff members were required to complete an application form detailing their past work experience and learning. Two references were sought and checks were carried out with the author of each reference to ensure they had provided the information. Disclosure and barring service (DBS) checks were carried out. DBS checks help employers make safer recruitment decisions by minimising the risk of unsuitable people from working with vulnerable people. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. This meant the service had a robust recruitment process in place.

On the day of our visit the manager, one nurse, one health care assistant, one senior carer and nine care assistants were on duty. Staff rotas we viewed showed these were the typical staffing levels for the service. Night staffing levels were one nurse and four care assistants. Other staff such as an activities worker, laundry staff, kitchen staff and domestic staff were also on duty. Overall there was enough staff to attend to people's needs in a timely manner apart from at meal times when people sometimes had to wait.

People and relatives we spoke with spoke positively about the service and said it was a safe place to live. One relative said, "I can't find any fault with the place at all. [Family member] has been in three different homes and this is the best so far."

Safeguarding referrals had been made and investigated appropriately. Staff had received training in safeguarding. Staff had access to a safeguarding file which contained information on risks and safeguarding referral forms. The manager had reviewed the safeguarding alerts and had included information on lessons learnt to prevent a recurrence of safeguarding issues. One staff member told us, "People are safe here because the doors are locked and staff are good. Staff notice things straight away." Staff we spoke with understood their responsibilities to report any concerns.

Staff told us they were familiar with whistle-blowing (telling a professional about any concerns about the service). One member of staff told us they had felt supported by the manager when they had to raise concerns.

The provider had a staff disciplinary policy in place. We found the manager had implemented the policy when the need arose to ensure people using the service were safe.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety, stair lifts and hoists. Other required inspections and services included gas safety and electrical testing. The records of these checks were up to date.

Each person had a Personal Emergency Evacuation Plan (PEEP) which contained details about their individual needs should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

Is the service effective?

Our findings

We observed lunch time in the two main dining rooms during our inspection. We found the engagement between staff and people who used the service to be limited. One member of staff gave out meals and offered people jam for their milky pudding from a catering size plastic container. We observed one person who spent time fiddling with their jumper whilst their meal got cold. They ate intermittently without encouragement from staff. Another person experienced difficulty eating their baked potato with a fork and pushed it away; they were able to eat their dessert with a spoon. This meant people were not always supported to eat in a timely manner.

In one of the dining rooms there was only one staff member to serve the meals to 15 people and support those who needed it. This meant people had to wait to be supported to eat while their meal went cold. Some people preferred to eat their meals in their room and this was respected. Meals were served to people in their rooms and in the main dining room at the same time which caused additional pressure for staff. We saw one person's meal being taken to their room on a tray, but there were no condiments or serviettes on the tray and the food was not covered to keep it hot. When we mentioned this to the staff this was rectified.

We discussed the meal time experience with the manager. They said they would review the staffing arrangements and do more regular spot checks during meal times to ensure it was a pleasant experience for people in future.

We reviewed people's records relating to nutrition. Fluid charts were not always used appropriately as there was no daily fluid intake target set. This meant we could not be sure staff knew how much fluid people should have on a daily basis and what action to take if daily targets were not reached. When we spoke to the manager about this they said they would rectify this immediately. The manager sent us evidence this had been addressed shortly after our inspection. People's weight was checked and monitored regularly.

We carried out observations of one person who had lost weight and who had been prescribed food supplements. We found the person did not finish their meal and had spilt some of their supplement. The last update for their nutrition plan said, "[Person] can feed herself at times but also needs to be fed depending on her mood." We did not see any person offering support to eat and saw the person was experiencing difficulty feeding themselves. The person's food and fluid charts indicated they had very little to eat over the last two to three days. We drew this to the attention of the manager who immediately offered the person something else to eat and told us because of the person's increasing dementia they would make another referral to the speech and language therapy (SALT) team.

People were supported to attend appointments with healthcare professionals such as GPs, tissue viability nurses and podiatrists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

People and relatives told us staff met the needs of people who used the service and they were happy with the care provided. Staff told us they received plenty of relevant training and they felt supported by the

management team. Records confirmed staff had completed up to date training in a range of areas such as infection control, safeguarding, fire safety and dementia awareness.

New staff were required to undertake an induction process which enabled them to learn about the service, the people who lived there and undertake training. Staff new to the service were required to complete the Care Certificate. This is a nationally recognised certificate which sets the minimum standards care staff are required to meet in their daily working life. Further support was provided to staff through regular supervision and appraisal. Staff told us and records confirmed supervision happened regularly.

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 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 were being met. The manager had made applications to the relevant local authority to ensure they were able to deprive people of their liberty lawfully and keep them safe. Where there had been a delay in getting a response from the local authority the manager had been proactive and had contacted them to ask them for an update. Mental capacity assessments had been carried out and best interests decisions recorded for specific decisions such as the covert administration of medicines. This means disguising medicine by administering it in food and drink where it is deemed in the person's best interests because of serious risks to a person's health or wellbeing if the medicine is not taken. Staff had completed training in the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff we spoke with understood how this applied to people they supported.

Since the last inspection work had been carried out to make the premises more dementia-friendly. The manager told us how they asked representatives from the Alzheimer's Society to advise them on how they could improve the premises for people living with dementia. There were visual and tactile items to engage people living with dementia and doors to rooms were brightly coloured to help people identify them. Menus were available in picture format which meant information was provided in a format appropriate to people's needs.

Staff had a handover meeting at the beginning of each shift and were allocated people for whom they were to provide care. Each staff member was required to sign the handover book to show they had received pertinent information passed from shift to shift and understood their care duties. This system worked well as each staff member knew which people they were responsible for.

Is the service caring?

Our findings

People told us they were cared for by kind and friendly staff. One person said, "The staff are champion. They always make sure I've got everything I need." Another person told us, "I'm well cared for here. The staff are great."

Relatives spoke positively about the care provided and told us they were made to feel welcome whenever they visited. One relative told us, "The staff are always friendly and they keep us updated with things." Another relative said, "I've got no complaints at all. The staff are marvellous."

The manager told us, "I always say to new staff you're here for the residents but also for their families."

Staff knew people well and there were warm, positive and caring interactions between staff and people who used the service. For example, there was friendly chatter amongst people and staff which made the environment feel homely. People shared jokes with staff and staff engaged people in conversation by crouching down to speak with them at eye level.

Some people who used the service were unable to tell us about the care they received, but throughout our visit staff addressed people in a respectful and considerate manner and communicated with people as individuals. For example, by giving people time to respond to questions and keeping sentences short. Interactions between staff and people who used the service were unhurried.

People told us they were treated with dignity and respect and their independence was promoted. One person said, "They are always polite and respectful." Another person commented, "Staff help me to be independent and they know when I need extra help." Staff gave good examples of when they had respected people's privacy and dignity whilst providing personal care. For example staff told us about closing doors, drawing curtains and covering people while assisting with washing.

A relative said, "Staff always speak to [family member] in a dignified way." Another relative commented, "All the staff are friendly, helpful and good at their jobs."

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained key information about the service. We noticed information about how to make a complaint was missing from the service user guide, although it was on display. When we spoke to the manager about this they agreed information about how to make a complaint should be in the service user guide for people and relatives to refer to at any time. The manager said they would rectify this immediately.

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, in their best interests, and helps them make decisions where they are unable to do this for themselves. The manager told us three people who used the service had an advocate.

Is the service responsive?

Our findings

Care records showed people's needs were assessed and determined before the service was provided. A 'pre-admission assessment' was carried out to ensure staff could meet the needs of the individual concerned. This was usually done by the manager and information about people's general health needs and care preferences were recorded. This information was used to inform people's care plans.

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, skin care, continence and mobility. Care plans were personalised and included people's choices, preferences, likes and dislikes. Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual.

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we viewed were up to date and reflected the current needs of each individual person. People and relatives told us they were involved in reviewing care plans.

The staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people.

Activities were arranged by a full time activities co-ordinator. They were supported by a part time activities worker and a weekend activities volunteer. Activities included musical bingo, giant snakes and ladders, arts and crafts, hand massage and afternoon tea. Trips out to garden centres, shops and the theatre were also organised. The activities co-ordinator told us how they had applied for and been awarded funding to improve the garden. Raised beds were now in place which were accessible for people who used wheelchairs or other mobility aids. This meant gardening was an activity that was accessible to everyone if they wanted to participate.

The activities co-ordinator told us how they were hoping to secure funding from a local supermarket to make the garden more dementia friendly. They told us how a local factory had donated popcorn for 'movie nights.' People told us they enjoyed concerts by local entertainers every month. People said they had particularly enjoyed a recent trip to South Shields when they had a nice day at the seaside. One person told us how the activities co-ordinator supported them to visit a hairdressing salon they had used for a long time. This person said, "I love going out to get my hair done."

Each person had an activities file which contained details of people's hobbies and interests. Records of what activities people had participated in were kept and numerous photographs of people enjoying activities had been taken so people and their relatives could look at them at any time.

The provider had a complaints policy in place. The manager had documented any complaints received and spoken to each complainant to find ways to resolve their concerns in ways which were satisfactory to them. We found where actions had been agreed with the complainant the manager had carried out the actions. For example, where this involved speaking to staff the manager had ensured staff were given the required

guidance to prevent further complaints. This meant the provider took appropriate action to deal with complaints. People and relatives told us if they had any concerns they would speak to staff members or the manager straight away.

Is the service well-led?

Our findings

The provider had a quality monitoring or audit system in place to review areas such as medicines, care plans, safeguarding, complaints and health and safety. A recent audit identified topical cream records were incomplete, as we identified during our visit, so more frequent checks were put in place and staff were reminded of the importance of maintaining complete records. However, audits had failed to identify the other issues we found in relation to medicines. Specifically, a lack of detailed guidance for staff on 'when required' medicines, handwritten instructions on medicines records not being double signed and a lack of detailed instructions for the administration of covert medicines. This placed people at risk of receiving unsafe or inappropriate care. Some audits we viewed lacked meaningful detail such as how many people's medicine records had been checked and over what time period. This meant some audits lacked meaning and purpose. The provider's quality monitoring system was not always effective in identifying and generating improvements within the service.

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

The manager was a registered nurse and had worked at the service for 25 years. When we spoke with the manager about the issues we found during this inspection they took immediate action and provided us with an update on actions taken after our visit.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

People and relatives spoke positively about the manager. All the people we spoke with said they knew who the manager was and she was efficient. One relative commented, "[Manager] is always around if you need to ask anything." Another relative said, "The manager is great."

Staff said the manager was supportive and approachable. One staff member told us, "[Manager] is brilliant. Their door is always open and they're very approachable. The support you get is excellent. [Manager] is good for the residents. You don't mind going the extra mile then to cover extra shifts etc." Another staff member said, "[Manager] is lovely, you feel supported. You can approach her any time, she really is good."

Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. The manager had devised a monthly staff newsletter to ensure all staff received consistent information. For example, a recent newsletter informed staff to check topical cream charts were completed accurately. Staff told us they had enough opportunities to provide feedback about the service. A staff member said, "We have regular staff meetings and there are plenty of opportunities for us to provide feedback."

The service had good links with the community and volunteers from a local church facilitated a monthly

church service at the home.

Residents and relatives meetings were held regularly and were reasonably attended. Minutes of these meetings were available in accessible formats. The agenda for a recent meeting included menus, trips out, activities in the home and complaints. The manager told us they used these meetings to gather people's views of the service. Some people had said they wanted different things on the menu so taster sessions of new dishes were held so people could decide what they wanted. This meant people's feedback was sought and acted upon.

There was a business continuity plan in place should emergency situations occur such as a loss of electricity or flooding. This was reviewed on an annual basis to ensure it remained relevant to meet the needs of the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed safely. Records relating to topical creams were incomplete. Guidance relating to 'when required' medicines was not detailed. Handwritten instructions on medicines records had not been double signed and there was a lack of detailed instructions for the administration of covert medicines</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality monitoring system failed to identify issues found in relation to medicines. This placed people at risk of receiving unsafe or inappropriate care. The provider's quality monitoring system was not effective in identifying and generating improvements within the service.</p>