Akari Care Limited

Princes Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The unannounced inspection took place on 22 and 24 April and 5 May 2015. We last inspected Princes Court on 30 September 2014. At that inspection we found the service was meeting all the regulations that we inspected.

Princes Court is divided into three units and provides nursing and residential care for up to 75 people, some of whom are living with dementia. At the time of our inspection there were 60 people living at the service.

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

The management of medicines required improvement. For example, there were no written protocols for 'as required' medicines and we saw some people had duplicate medicine administration records in place, one typed and one hand written.

Summary of findings

Risk assessments related to people's care were completed accurately, which meant people were kept safe. Accidents and incidents were acted upon, recorded and monitored appropriately.

People told us they felt safe. One person said, "I have no worries here, I feel safe as houses."

Staff understood safeguarding procedures and were able to describe what they would do if they thought a safeguarding incident had occurred. Staff assured us they would have no hesitation in reporting any concerns they had to the registered manager or other appropriate staff, either internally or externally to the service.

Emergency evacuation plans and procedures were in place and up to date, and the service had security systems in place to stop unauthorised entry into the property.

We found the service to be clean, tidy and odour free and standards of maintenance appeared to be good.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and DoLS. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. Applications to the local authority were in the process of being made where a DoLS was required.

People confirmed staff asked for their consent before embarking on any personal care and we heard examples of this during the inspection.

We felt there were not enough staff in some parts of the service and the registered manager agreed and confirmed after the inspection that this had been rectified. The registered manager had procedures in place to ensure any staff recruited were suitable to work within the service. There was a training programme in place and staff development was monitored by the registered manager to ensure they had up to date knowledge and any training needs were met. The registered manager had procedures in place to ensure staff felt supported.

A good selection of food choices were available and people told us they enjoyed the food. One person told us, "The food is very good, there is lots of choice."

People told us they had access to health care professionals if they needed additional support. For example, from opticians or GP's.

The building had been adapted to suit the needs of people living there, including wider access for wheelchair users. The registered manager told us they planned to secure the garden outside with a fence and convert some of the car parking areas to the front of the building to make an enclosed garden area for the people living in the dementia unit in particular.

People were treated with warmth, respect and dignity and cared for individually. We heard positive interactions taking place between staff and people living at the service and their relatives. One person told us, "Staff are fantastic, they are always smiling, never grumble and they are really, really wonderful."

Care records were reviewed regularly although we found care plans had not been completed with the details required to ensure people's needs were all met.

People told us they had choice. We saw people choosing what meals and drinks they would like. One person said, "I like to get up late, I should be able to at my age."

People were able to participate in a range of suitable activities. We spoke with the activities coordinator who was passionate about ensuring people enjoyed themselves and had "things" to do. There was a St George's day celebration that took place during the inspection period.

People and their relatives knew how to complain. They told us they were able to meet with the registered manager and staff at any time and were able to give feedback about the service.

From observations, staff appeared motivated, enthusiastic and told us they felt supported. One member of care staff told us she was has worked at the service for seven years and "loves it."

The registered manager held meetings for people and their relatives and surveys were in the process of being sent out to gain the views of anyone involved with the service, including people, relatives, staff and other visitors or professionals.

Summary of findings

The provider had systems in place to monitor the quality of the service provided. When issues or shortfalls were identified, we saw actions had been taken.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always being appropriately managed.

Some parts of the service did not have enough staff to support people with their needs.

Steps had been taken to protect people from the risk of abuse and the service had procedures in place for any emergencies occurring.

Is the service effective?

Good

The service was effective.

The provider met the requirements of the Mental Capacity Act 2005 to ensure that decisions about people's care and support were made in their best interests.

People were adequately supported to eat and drink.

Staff were trained to deliver safe and effective care at the service.

Is the service caring?

Good

The service was caring.

People's privacy was respected at the service. Staff treated people with respect and understood people's individual needs.

People were consulted in relation to the delivery of their care on a daily basis.

Staff treated people with kindness and compassion and encouraged them to maintain their independence wherever possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not contain the detail required to ensure people's individual needs would be met.

An activities co-ordinator worked at the service to ensure people had access to interests and hobbies they may have enjoyed.

There were opportunities for people to express their views about how the service was being run. There was a system in place to manage complaints.

Is the service well-led?

Good

People and staff were happy to approach the management team should they need to and staff felt adequately supported.

Summary of findings

The provider had a quality assurance programme in place and where actions were identified, they were monitored and tasks followed through to completion.	

Princes Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 22 and 24 April and 5 May 2015 and was unannounced. The inspection was carried out by one 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 service.

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 reviewed other information we held about the service, including the notifications we had received from the provider about deaths and serious injuries. We also contacted the local authority contracts and safeguarding teams, Healthwatch and the clinical commissioning group. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection. On the day of out inspection we spoke with an occupational therapist who was visiting a person living at the service.

During this inspection we carried out observations using 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.

We spoke with 22 people who used the service and 11 family members or friends. We also spoke with the registered manager, two clinical leads, four nurses, the activities coordinator, two senior care staff, eight care staff, one domestic and one member of kitchen staff. We observed how staff interacted with people and looked at a range of records which included the care records for eleven of the 60 people who used the service, medicines records for 20 people and seven staff personnel files. We also reviewed health and safety information and other documents related to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We found some concerns with the safe management of medicines.

We noted there was no written protocol for managing the use of 'when required' medicines. 'When required' medicines are medicines used by people when the need arises; for example tablets for pain relief or other remedies for a variety of intermittent health conditions. We saw a number of tablets, liquids, and eye drops being administered by one nurse who confirmed that no protocol was in place for these as 'required medicines'. We looked at the provider's medicine policy which stated that an 'as required' medicine should have written instructions for staff to follow. We also found that topical medicines such as Hydromol were not always recorded correctly as per the provider's policy. Staff told us that a topical medicine sheet was used and would be kept in either the person's room or on their care records. We checked five people who had topical cream prescribed and found no record in their rooms or any information contained within their care records.

We noted that there were occasions where people had two medicines administration records (MARs) for the same medicines, one typed and one hand written. The nurse on duty confirmed this and said it was confusing. MARs were completed correctly by the staff administering people's medicines, although we noted that a number of medicines were recorded on the MAR but were out or stock for people, for example, Paracetamol. Staff were able to describe an appropriate medicines ordering procedure although they confirmed that there had been some issues with the ordering procedures and some medicines had not arrived.

On the 'patient information card' which is attached to the MARs, we noticed that not all people had their allergy status or photograph attached. Nursing staff confirmed that these records should have been completed.

Medicines risk assessments were not always in place although after a discussion with staff on one unit they started to put them in place immediately. On the same unit we observed the medicine room temperatures had not been taken. It is important that medicines room temperatures remain under 25 degrees Celsius to maintain the effectiveness of most medicines and because no temperatures had been taken, staff were unable to confirm this.

We discussed our findings with the registered manager who said they would address the issues immediately.

We found that medicines that were awaiting disposal were stored in tamperproof containers but not within a locked cabinet in the medicine room, which meant that they were not fully secure and kept in line with National Institute for Health and Care Excellence (NICE) guidance. The purpose of NICE guidance is to provide recommendations for good practice on the systems and processes for managing medicines in care homes.

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

We observed people receiving their medicines on all three units. People were treated with dignity and offered support and reassurance, for example people at risk of choking. Staff were kind and considerate and where people were not able to take their medicines, because they were asleep or having breakfast, the staff respected this and returned later. There were a number of people who received medicines at particular times of the day due to the nature of the medicine and staff had compiled a separate list kept in the medicines room and on the medicines trolley to ensure they were given these as specific times.

When we checked the controlled drugs (CD), we found they were all stored, accounted for and recorded appropriately with two staff members signing to confirm when any had been administered. CD's are prescribed medicines used to treat, for example, severe pain and are subject to stricter controls.

People told us they felt safe living at Princes Court. They told us not only did they feel safe but felt their personal belongings were secure. One person told us, "I have no worries here, I feel safe as houses." During the inspection we were given some concerning information from two people living at the service and we discussed these issues with staff and the registered manager. One concern we investigated was not substantiated due to the person living with dementia and the other concern the registered manager appropriately dealt with.

Requires Improvement

Is the service safe?

Staff had an understanding of safeguarding procedures, including how to protect people from harm and assured us they knew what to do if they suspected any harm was occurring and how to report it. Staff confirmed their training in this subject was up to date and we were able to confirm this from training records. The provider had safeguarding and whistleblowing policies and procedures in place and staff were able to tell us where these were kept and how to access the information. The registered manager had dealt with any previous safeguarding concerns appropriately.

Where a risk had been identified, staff completed risk assessments to ensure people were safe. For example, a risk assessment had been completed for one person who was at risk of falls. We found from viewing care records people were routinely assessed against a range of potential risks, such as falls, mobility and skin damage. These had been completed and regularly reviewed for each person.

Emergency evacuation procedures were in place and regularly reviewed and checked, although we noticed that two personal evacuation plans were in place when the people in question had passed away. Fire exits were clear and accessible and staff knew what to do in the case of a fire alarm activation. Emergency contingency plans were also in place and these detailed what staff should do in the event of any emergencies, including; fire, flooding or computer failure. All staff and visitors were asked to sign in on arrival and out when departing from the service. That meant that all people, staff and visitors were accounted for should an emergency evacuation occur.

We found the service was clean and well maintained with a bright and welcoming reception area. The registered manager confirmed that the premises and its equipment were regularly checked to retain people's comfort and safety. They provided us with documentation to confirm this. We noted there were secure entry areas to the service with locked doors and keypad entry. We opened a secure lounge door in the unit where people with a dementia related condition lived, to test the reaction of staff and found they immediately responded within seconds to the alarm activation.

The inspection took place on a warm and sunny day and windows had been opened to allow cool air to enter the building. Window restrictors that met health and safety recommendations had been unlocked in four areas. We brought this to the immediate attention of the registered manager, who spoke with maintenance staff and asked them to go around the building and ensure all restrictors were secured. We checked soon after and found two windows to be unsecure. We again spoke with the registered manager and she was concerned that the work had not been done. The registered manager checked that all windows were secured and put processes in place to ensure this would not happen again. She also told us that the matter would be investigated further.

Accidents and incidents were recorded and monitored. Analysis was completed for each person and both the registered manager and the provider monitored this information and reacted to any concerns. We noted one person had been referred to the falls team after they had fallen a number of times. This meant the provider protected people's safety and their exposure to further risk by robust monitoring of accidents and incidents.

We found appropriate recruitment procedures had been followed, including application forms with full employment history and experience information, reference checks and Disclosure and Barring Service checks (DBS). The registered manager told us they had completed a full update on DBS checks as she had found that not all of the staff details had been reviewed every three years in line with the provider's policy. We checked the personal identification numbers of all the nursing staff and found these to be in order. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN.

There had been number of issues that had arisen in connection with staff and we found the registered manager had spent considerable time ensuring the correct procedures were followed and the matters were dealt with effectively.

People told us they thought there was enough staff to meet their needs. One person told us, "There seems to be plenty of staff." A relative told us, "The staff are generally busy, but they still see to what my mother needs." Staff were busy but they appeared to cope well and were able to respond quickly to call bells and to requests for help. One person told us, "Staff usually come quickly when I call them with the bell, but I understand there are other people who might be getting seen to, so I don't expect an instant response." We found that one unit was using staff from the dementia unit because they were busy, which meant one member of staff was left to support 10 people who were living with

Requires Improvement

Is the service safe?

dementia during the early morning. We discussed this with the registered manager who agreed that additional staff were needed. They told us they were going to discuss this with the provider and arrange to have additional staff put in place. The registered manager told us staffing levels were based on people's changing needs and that a new tool was soon to be implemented to calculate dependency needs and staffing levels. After the inspection, the registered manager told us that the staffing levels had increased to suitable levels.

Good

Is the service effective?

Our findings

People told us they felt staff were well trained to support their needs. One person told us, "Staff know exactly what they are doing; they are very good." Two relatives who had come to visit together told us, "We spent some time looking for the right place and the staff here are well trained and know how to treat people." Staff were skilled and knowledgeable and understood how to meet the needs of people in their care. We watched one nurse as she explained to a newly appointed staff member, how to support someone appropriately with mobility needs. We watched another senior care worker explain to a newer member of staff how to calm one person who was prone to anxiety. We noted a letter had been sent to the service from a health care professional commending staff on their approach to dealing with behaviour that challenged the service and how they were able to identify triggers and deal with issues very capably.

The registered manager had worked hard since commencing in post to bring staff training up to date and we saw further dates were regularly being booked to ensure staff remained up to date. New staff completed a programme of induction, including shadowing more experienced staff and completing an induction workbook. One new member of staff told us, "My induction has been great, I have learnt so much."

Staff supervision and appraisals were undertaken by the management team, although the registered manager agreed that appraisals and supervisions were behind, mainly because of the staffing issues they had needed to deal with. The registered manager explained that supervision was now shared amongst the management team and a plan had been developed to ensure that staff received a minimum of four supervisions every year with yearly appraisals undertaken. Staff told us they felt supported. One staff member told us, "We have been through a lot of change but it's for the better." Another staff member told us, "The manager works very hard to support the staff."

People told us they were asked for their consent before staff delivered any care to them. One person said, "They [staff] always ask me before they do anything, they are very good like that. I would not like it if someone just started doing things to me without asking first, that's rude." Another person confirmed staff always asked them before moving them or embarking on personal care. We witnessed staff approaching people and seeking their consent before supporting them. For example, one person was asked quietly if they needed help with a visit to the toilet.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that decisions are made in their 'best interests.' People's care records confirmed that where there were doubts about a person's capacity an MCA assessment and 'best interests' decision had been made where necessary. Decisions had been made jointly with staff, a family member and health professionals.

Information contained in people's records indicated consideration had been given to people's mental capacity and their right and ability to make their own choices, under the MCA. We spoke with the registered manager about the MCA in relation to Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards to ensure care does not place unlawful restrictions on people in care homes and are part of the MCA. The registered manager was aware that a number of people living at the service were likely to require a DoLS application to be made to the local authority. She said that she had previously had discussions with the DoLS team and that applications needed to be made. These were currently being processed.

A wide variety of nutritious food, including vegetables, salad and fruit was made available to people. One person told us, "The food is very good, there is lots of choice." We observed breakfast and lunch time procedures and found staff to be supportive and attentive to people in the dining room or in their own rooms. People were not rushed and were able to have enough food and refreshments in a pleasant environment. People said that they enjoyed their lunchtime meal with comments such as, "Tasty", "Very nice" and "It's always nice". People who needed additional support to eat meals were catered for. All staff were aware of the dietary needs of people in their care and specially prepared meals were made available, for example, for those at risk of choking. We noted that menus were not on display within dining areas and when we asked the registered manager about this, she told us kitchen staff had been asked to complete this task and said she would look into the matter.

Food and fluids were monitored to check the intake of those people at risk of malnutrition. The monitoring tool

Good

Is the service effective?

used, meant staff could closely observe and quickly identify any changes in nutritional needs or in a person's condition. One person told us how staff were helpful and willing to bring them different foods or requests if they wanted. They said, "Staff will bring me what I want whether it's just juice or a biscuit – they really are marvellous and nothing is a bother to them". Another person told us she always had her meals in her room and usually had soup with bread and butter for lunch. She showed us her fortified soup packets which she gave to the cook to be made up. Fresh fruit was available throughout the service, including apples, oranges, bananas and grapes.

People we spoke with told us they had access to health care professionals, such as, opticians, dentists, GP's and chiropodists. One person told us, "I am going to the hospital next week, the staff helped me organise it." The registered manager told us when people required an appointment externally, a member of staff would go with them to support and offer advice or guidance when it was needed. People's health and wellbeing was monitored and staff responded quickly when their needs changed. For example, we observed staff making telephone calls to people's GPs and in connection with hospital appointments to ensure they were informed of changes to people's health and to gain advice on how best to meet people's needs when appointments needed to be altered.

We sat in on a staff handover and observed how staff passed relevant information from one staff shift to another. This meant staff coming on duty were fully updated with any pertinent issues before they started their shift.

The outdoor areas were well maintained and fully accessible with paved areas, seating, benches, tables, flowers, bird feeders, fountain and the service's own rabbit. Inside the premises, parts of the service had been adapted to the specific needs of people living with dementia. For example, doors had names and pictures of the person on them. We found memorabilia placed so people could interact with the various items, including old coins and pictures. In the unit specifically for people living with dementia, the decoration was bright and signage was present to help people navigate their way. Décor, flooring, carpets and curtains had all been considered for people living with dementia. The registered manager told us they planned to secure the garden outside with a fence and convert some of the car parking areas to the front of the building to make an enclosed garden area for the people living in the dementia unit in particular. This area would include a sensory garden where people would be able to walk in safety.

Good

Is the service caring?

Our findings

One person said, “Staff are fantastic, they are always smiling, never grumble and they are really, really wonderful.” Another person said, “Staff are always popping in when they pass by the door and the nurses listen to you”. Interactions between nursing and care staff were discreetly observed, and they were seen to be friendly, compassionate and professional in their approach to the people in their care. Visiting relatives told us, ‘Staff are excellent, couldn’t be better”; “My mother is in her last days now I know they [all staff] do their best”; “The staff are great, so much better than other places they have been in” and “He is looked after well”. During the period of inspection the staff were observed to encourage independence, be attentive, focussed, and respectful of people they were caring for. One person required gentle prompting with her lunchtime meal as she fell asleep. This was seen to be done in a sensitive manner by one of the care staff. One member of care staff spent a considerable time helping another person with a meal in her room, telling her exactly what was on each spoonful and also telling her about the St George’s Day celebration which was going to take place in the next few days.

People’s privacy and dignity was maintained. We watched one nurse gently wipe the chin of one person after they had spilled a little juice while they had helped the person with a drink; this was done to retain the person’s dignity we were told later. We observed staff knocking on people’s doors before entering and when staff were about to provide personal care to people, we saw doors being closed to ensure people’s privacy was maintained. One person laughed when they told us, “When the doctor comes, the staff cover me so I am not all out on display and only the bits they need to see are on show.” They then said, “I appreciate it.”

Staff explained and people confirmed, that some people did not like to have male care staff providing personal care and told us they ensured that this did not happen. Staff were very knowledgeable about the people in their care and appreciated the needs of people were different. We asked a number of staff how they managed people with different needs. We were told everyone was treated individually and that people were all given the same opportunities although some needed additional help. Staff were able to give us examples of where they had respected people’s diverse needs. For example, staff found one person liked the colour purple and was moved to a room more suitable to their tastes. Another person wanted to participate in church services and this was provided by visiting clergy.

People told us that their relatives could visit at any time and were made to feel welcome by staff. They told us, “Visitors can stay as long as they want.”

We spoke with the registered manager regarding whether anyone was currently using any advocacy services. An advocacy service ensures that vulnerable people have their views and wishes considered when decisions were being made about their lives. We were told no one was currently using the services of an advocate. We observed information on display within various areas of the service explaining what advocacy services were available in the local area.

Some people at the service were receiving end of life care. Staff ensured that changes to people’s needs were met, with close liaison with specialist teams, including for example, GP’s, palliative care teams and Macmillan specialists. Staff told us that everyone working at the service worked extremely hard to ensure people at this stage of life were treated with the utmost respect and dignity. One member of care staff told us, “We do everything we can to make people as comfortable as possible. It’s what I would expect for my family.”

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us they were involved in the care planning process from the start. One person said, "I was asked some questions and my daughter helped with that too." One relative told us, "We completed a family pack, I think that's what it was called, and it was a whole lot of background about my mother." An admission assessment had been completed prior to people moving into the service, this established people's level of need, for example, mobility, personal care, communication and medicines. This information was used by staff to draw up care plans to enable them to meet people's individual needs appropriately.

We looked at 11 people's care records and noted that care plans were not always detailed in their content. Some records had only one care plan in place covering all aspects of the person's care needs, including pressure areas, pain management, medicines, family involvement and personal care. We also noted that some people had particular needs recorded in their care records but there was no care plan in place to help staff support the person in that area. For example, a number of people had medicines administration needs and no care plan was in place. Another person had communication needs with limited information on their care plans. This meant that we were unable to confirm that people's needs were all being met. Records were regularly reviewed and more often if needs changed. We discussed what we had found with the registered manager who told us that reviews of people's records was taking place and she was aware of the gaps in recordings of information.

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

An activities coordinator was in post and they had held this position for a couple of months having previously worked at the service as a member of the care staff. They were passionate about providing people with innovative and interesting activities and events to participate in. A St George's day celebration had been planned and people told us after the event had taken place that it had been a great success. One relative told us, "My mother joined in the celebration and really enjoyed it, she was jiggered [worn out] when she came back". One person told us they had joined in bingo which had been organised and said, "That lad [activities coordinator] is lovely, such a nice person and he wants to do things to please us."

We spoke with the activities coordinator and they told us about events and activities that had either been held or were due to take place. For example, 'super smells' which was an activity where different smells were placed for people to guess what they were or to stimulate their senses. They also told us about a 'Hi Di Hi' show which had taken place and about a tea dance that people had been taken out to. We also noted that a dedicated hairdressing room was available for people to use and on one of the inspection days a talk about Winston Churchill had taken place.

People told us their bedrooms were decorated how they liked. One person told us, "It's nice, it makes it feel like home." Another person said, "They asked me what I wanted to bring with me and I was able to bring things I treasured." One relative told us, "[Person's name] has been asked if they wanted to bring in any personal items, like small furniture or pictures, that sort of thing". People's bedrooms had been decorated with personal items, such as, pictures, ornaments or photographs but where people chose not to have this level of decoration their wishes were followed. People who used the service told us they were able to choose when they went to bed and when to get up. We were told there were no fixed routines, other than meal times but that even then you could have something outside the times if you asked. One person said, "The staff don't tell me what to do and when, they are nice." Another person told us, "Yes, we have choices; you're not made to do anything you don't want to." People's choices to remain in their rooms, have their meals in their rooms or to visit the dining room or participate in activities were respected.

There were complaints procedures in place. All but one of the people we spoke with said they would complain if they needed to and knew how to do that. One person told us there was no point in complaining as 'staff did not listen'. We spoke to staff and the registered manager about this. We looked at records and found staff had investigated previous complaints and concerns appropriately, including discussing issues with the local safeguarding team. We were satisfied that all complaints were taken seriously and dealt with effectively.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a manager employed at the service with a long history of working in adult social care and a nursing background who had been registered with the Care Quality Commission since September 2014. People and relatives that knew the registered manager spoke positively about her and said she had aimed to get to know people and be available when needed. One person told us, "She's very nice." Relatives told us they had been approached by the registered manager with offers of support. One relative told us, "She is pleasant and helpful". We were present when a conversation took place between the registered manager and a relative, and it was clear that the registered manager knew the family and the person living at the service well.

From observations, staff appeared motivated, enthusiastic and told us they felt supported. One member of care staff told us she was has worked at the service for seven years and "loves it." Staff told us there had been lots of change over the last year and generally thought it was for the better. When we spoke with staff it was clear they understood their roles and the level of care they were expected to provide to people.

Health professionals we had spoken with were complimentary about the hard work that the registered manager had completed in the time she had been working at the service. It was also clear from what we saw that the registered manager had greatly improved many areas within the service.

During our inspection we were made aware that there was no administrator in post. The registered manager explained the service had been short of an administrative post on and off for a number of months due to failed recruitment. It was clear this had an impact on the registered manager as they were continuing to complete not only their own work, but that of the administrator when no one was in post. At the end of the inspection we were told that an administrator from another service was intending to support the registered manager for a few days per week. We discussed the administration post with the registered manager who told us they were meeting with the regional manager and would ask for additional support until the post had been filled, including the use of agency office support in the short term.

Staff meetings were held although the registered manager admitted that due to administration issues the minutes had not all been typed up but were available. Staff confirmed meetings had taken place and included discussions around activities, laundry, care of people and staffing for example. Staff said that meetings provided a forum to speak up if there were items they wanted to discuss.

Meetings for people and their relatives took place regularly although those that we spoke with were unaware of when meetings were held. The activities coordinator had already told us of their plans to ensure that dates of meetings were placed on notice boards so people and their relatives could see and plan to attend if they wanted to. They also told us dates would be entered into the newsletter that was published and sent out to people periodically.

Surveys were due to be sent/given out to people, relatives, visitors and staff in order to gain their feedback and we were told this would be published and displayed within the service by the end of August 2015.

We reviewed audits and checks that the provider and the registered manager completed for medicines, care plans, incidents, infection control, the kitchen area and health and safety. Actions plans had been created to address any shortcomings found with dates for completion, although we noted that the medicines audit had not picked up the concerns we had found during the inspection.

During the inspection we confirmed that the provider had sent us notifications which they are required to do under their registration. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 (f) and (g)** **People were not protected against the risks associated with medicines because the provider did not have accurate records to support and evidence the administration of medicines and did not follow safe management of medicines procedures or have robust medicine audits in place.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (c)** **People did not have fully completed care plans in place to ensure their needs were being met.**