

Shaw Healthcare (de Montfort) Limited

Victoria House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection was unannounced and took place on 27 and 28 November 2014. We visited again on 29 December 2014 to complete the inspection.

Victoria House provides personal care and accommodation for up to 47 older people with frail elderly care needs, who may also be living with dementia. On the day of our visit, there were 41 people living at the service.

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 and associated Regulations about how the service is run.

At our previous inspection in June 2014, we found that people's care plans did not always contain sufficient detail to guide staff as to the care that people required. This meant that the care they received was not always reflective of their current needs. We also found that appropriate arrangements were not in place to ensure that medicines were administered safely. Various records could not always be located as and when they were

Summary of findings

required. The provider did not consistently use quality assurance processes regularly to assess and monitor the quality of service that people received. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make by October 2014.

During this inspection, we found that although some improvements had been made, it was evident that further improvements were still required to meet essential standards of care.

We found that appropriate standards of cleanliness and hygiene of the environment and equipment were not maintained within the home. You can see what action we told the provider to take at the back of the full version of the report.

Some people were not able to move in and out of the service freely, as the unit door was kept locked. People's liberty was being deprived. There was no evidence that the provider had submitted Deprivation of Liberty Safeguards [DoLS] applications to the statutory body to deprive people of their liberty in their best interest. You can see what action we told the provider to take at the back of the full version of the report.

People's food and fluid balance records were not appropriately maintained, there were lengthy gaps where there was no record of fluid being offered. You can see what action we told the provider to take at the back of the full version of the report.

Staff were knowledgeable about the risks of abuse and reporting procedures. On the day of our inspection there were sufficient staff available to meet people's care and support needs. Safe and effective recruitment practices were followed. Some improvements had been made to ensure that people's medicines were administered safely.

We found that people's dietary needs were known to staff. People had access to the GP and healthcare specialists when required. People told us that staff treated them well and promoted their privacy and dignity.

People's needs were assessed prior to coming to live at the home but they were not consistently involved in the review of their care needs. People said that they knew how to make a complaint and were confident if they made one it would be addressed appropriately.

We found the provider had systems for monitoring quality through a range of audits; however, actions from audits undertaken were not always addressed.

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?

The service was not always safe.

The service had processes in place to ensure that people were protected from the risk of harm and abuse.

Although there were systems for assessing and monitoring risks, risk assessment records were not always fully completed.

The service's recruitment system ensured that only staff who were suitable and fit to work with people were employed.

When variable dose medication was prescribed, records did not always reflect how many tablets were administered.

Standards of hygiene and cleanliness of equipment and within the environment were not appropriately maintained.

Requires Improvement



Is the service effective?

The service was not always effective.

There was no evidence that the provider had submitted Deprivation of Liberty Safeguards [DoLS] applications to the statutory body to deprive people of their liberty in their best interest.

Formal induction and supervision processes were in place to enable staff to receive feedback on their performance but these were not used consistently.

Arrangements were in place to request additional health support to help maintain people's well-being.

Requires Improvement



Is the service caring?

The service was good.

Staff interactions with people demonstrated that they knew people well and had developed good relationships with them.

Staff were patient and allowed people the time they needed to do things independently.

People were treated with respect and dignity and the staff respected people's rights to privacy.

Good



Is the service responsive?

The service was not always responsive.

Care plans guided staff as to people's preferences on how they wished to be supported.

Requires Improvement



Summary of findings

Care plans and risk assessments were not always consistently updated to reflect identified changes in people's care needs and provide guidance on how staff should provide support.

People and their relatives were not always involved in the review process of their care plans.

Is the service well-led?

The service was not always well-led.

The management systems in place did not offer strong support to staff or make them feel valued.

Records relating to people's food and fluid intake were not appropriately maintained.

Incidents were not always investigated appropriately to minimise the risk of recurrence.

Actions from quality assurance audits were not always addressed so that lessons could be learnt and appropriate action taken.

Requires Improvement



Victoria House

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 the 27 and 28 November and we visited again on 29 December 2014 to complete our inspection. The inspection was unannounced and the inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send 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 asked the local authority to provide us with any information they had about the service.

During the inspection, we used the Short Observational Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. This supported our inspection as some of the people living at the service could not communicate with us. We also observed the interactions between staff and the people who used the service during lunch and observed care and support in the communal areas of the service.

We spoke with five people who lived at the service, three relatives and three visitors. We also spoke with seven support workers, two cooks, two team leaders, the registered manager, area manager and a visiting health care professional.

We looked at the care records for six people, three staff recruitment files and other records relating to the management of the service, including quality audit records.

Is the service safe?

Our findings

At our previous inspection in June 2014, we found that appropriate arrangements were not in place to ensure that medicines were administered safely. Concerns included instances of people not receiving prescribed medicines and a lack of evidence that the GP was consulted when people refused their medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that improvements had been made to the systems in place. People told us that staff supported them with their medicines and that they received them at the appropriate times. Our discussions with staff and our observations indicated that people received medicines as prescribed. For example, one person was prescribed an anticoagulant medication. The prescribed dose for this medication varied and was determined by the results of regular blood tests. Our review of the records and the medication in stock confirmed that this medication had been given as prescribed. We checked the stock of ten medications against the administration records, which indicated that medicines were given as prescribed. However, we found one instance where there were two more tablets in stock for a pain relieving medication than the record suggested there should be. This medication was prescribed to be given as and when required and we noted that the administration record had been signed by two members of staff, but did not contain the number of tablets administered as required by the provider's medication policy.

Staff told us that only the team leaders and senior support workers who had been trained were responsible for administering medicines. We observed a medicine round and found that the staff member followed safe practices. Where people refused medication there was evidence of consultation with the GP to establish if alternative options were available. Staff practice was in line with current best practice guidance.

We observed that medicines were stored safely. Where people were prescribed controlled medicines, additional safeguards were in place. [Controlled medicines are

medicines classified under the Misuse of Drugs legislation because of their harm if misused]. We checked a sample of controlled medicines and found safe systems were in place for the management of controlled medicines.

People did not make any comments on the cleanliness within the home but we observed that appropriate standards of cleanliness and hygiene with equipment and within the home environment were not maintained. One member of staff said, "We need domestic staff to make sure the place is clean." We found nine wheelchairs were covered in dust and food debris. This meant people were at risk of the transmission of infection by sharing dirty equipment. Clean bed linen and duvets were stored on the floor in a particular unit linen cupboard. Floor level storage meant that the floor was not cleaned properly and that clean linen could become contaminated as a result. Floor coverings in two particular units were heavily soiled and had an odour. This demonstrated that the cleaning systems in place within the environment and for the equipment used were not appropriate and that cleanliness was not appropriately maintained. People were not protected against the risk of acquiring a healthcare associated infection.

This was a breach of Regulation 12 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe living at the service. One person said, "I feel very safe here. Staff look after my safety." The person felt they were secure as staff had made a referral in the past for them and that gave them confidence they were safe. Relatives and visitors we spoke with had no concerns about the safety of the people who used the service.

Staff were able to describe the processes the home had in place to ensure that people were protected from the risk of harm or abuse. One staff member said, "When we assist service users with personal care we check them daily to make sure that they have no marks or unexplained bruises. If we find anything suspicious we report it to the senior on duty." Staff told us they had undertaken training to support people's safety, recognise and report abuse. From discussions with staff they were aware of the action to take if they suspected or witnessed a person was at risk of harm or abuse. The registered manager told us to ensure that

Is the service safe?

lessons were learnt and to minimise the risk of recurrence the outcome of safeguarding concerns was discussed with staff at handovers and staff confirmed this. We saw there was information displayed in the service to make staff aware of the safeguarding processes. This included the telephone number of the local safeguarding team.

There were risk management plans in place to promote and protect people's safety. The registered manager said where people were identified at risk; management plans and assessments relating to the risks were put in place to promote their safety. She said that risk assessments were regularly reviewed to ensure they remained current. We saw that risk assessments had been developed for people who were at risk; for example, of losing weight, developing pressure ulcers, or falls. We found that for one person who had bed rails on their bed, there was a record of a bed rail risk assessment on file; however, it had not been completed. This meant that the system for assessing, managing and monitoring risks was not always effective.

There were arrangements in place for responding to emergencies. The registered manager told us that the home had arrangements in place to deal with any emergencies relating to the safety of people or the premises. We saw there was a contingency plan, which provided guidance on how staff should respond in an emergency, such as fire, flooding, failure of electricity power, water or gas.

People's comments on staffing numbers to promote their safety were not always positive. One person said, "Sometimes there are staff shortages." A relative told us, "Sometimes they seem to be a bit light on the ground." A

staff member said, "There are lots of vacancies at nights." Staff told us that there was quite a high turnover of staff. They also said that there was always a senior person on duty to provide advice and support when required. The staff rota indicated that eight staff, including a team leader was on duty throughout the day. We found this to be the case on the day of our inspection.

The registered manager said that the staffing numbers were determined by the dependency levels of people who lived at the service; people's dependency levels were assessed on a monthly basis, using a specific tool. The staffing numbers provided on the day of our inspection were sufficient to meet people's assessed needs. We found that the registered manager was currently advertising to fill the vacant positions and that some interviews had taken place. We saw that shortfalls in staffing numbers were made up by agency cover. The registered manager said that agency workers were familiar with the home and with people's individual needs.

We spoke with a new staff member about the home's recruitment process. They told us about the checks they had to undertake and the documentary evidence they had to provide to demonstrate that they were suitable to work with people. The staff member said, "I had to complete an application form and I attended an interview. I was asked to provide two references. The registered manager applied for a Disclosure and Barring Service [DBS] clearance for me." The staff recruitment files we examined confirmed this and it was evident that the service's recruitment system ensured that only staff that were suitable and fit to work with people were employed

Is the service effective?

Our findings

During our inspection we observed that some people were not able to move in and out of the home freely, as the unit door was kept locked. This meant people's liberty was being deprived. When we spoke with the registered manager there was no evidence that the provider had submitted Deprivation of Liberty Safeguards [DoLS] applications to the statutory body to deprive people of their liberty in their best interest. We found that one person had bed rails on their bed; another person had been provided with a sensor mat to alert staff when the person was out of bed, as they were at risk of falling. The registered manager told us that Deprivation of Liberty Safeguards [DoLS] applications had not been made to the Statutory Body for these restrictions. The registered manager however, confirmed that one person who lived at the service was subject to a Deprivation of Liberty Safeguards [DoLS] authorisation. It was evident that the systems in place to deprive people of their liberty in their best interest were not consistently used.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they sought people's permission before providing them with care and support. We observed a staff member asked a person if they wanted to participate in a group activity. The staff member said, "We always find out from the residents if they would like to be involved, we don't just assume." Although staff said that they sought people's permission before assisting them with care and support we found that their knowledge on the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS] was limited. There was a potential risk that staff may not always be acting in people's best interest and in line with the MCA 2005. Those spoken with said that they had not been provided with updated training. The registered manager stated that updated training for all staff on the MCA 2005 and DoLS was being arranged. This would ensure that people were supported by staff who had some understanding of the Mental Capacity Act 2005.

Do Not Attempt Resuscitation forms were not always completed in line with current guidelines. For example, we looked at two Do Not Attempt Resuscitation [DNAR] records

to see how people's decisions were respected. A DNAR for one person signed by the GP showed that the decision had been discussed with a relative but not the person who used the service. There was no record on this person's care file of an assessment of their mental capacity to show why they had not been consulted regarding this decision. The DNAR referred to the person being at the end of their life; however, on the day of our inspection there was no end of life care plan in place for the person. A DNAR for another person showed that they had been involved in discussion with the GP about resuscitation, following their refusal of a hospital admission. It was evident that the practice to involve people with any decisions made was not consistent.

Staff were able to describe the home's induction training process and told us that the induction programme consisted of four days training. They said that staff then shadowed an experienced support worker for one week before being considered as part of the official staff numbers. The registered manager confirmed that staff were required to work through the Common Induction Standards. This is a recognised induction course, which they had to undertake during the first six months of their employment. The registered manager said if staff did not undertake this training their employment contract would be terminated.

Staff told us that they had received updated training to enable them to carry out their duties. Four of the seven support workers we spoke with, told us they had achieved a national recognised qualification. We saw evidence that 70% of the staff team had undertaken updated training. We found that a recently appointed staff member had only been provided with moving and handling training, there was also no evidence seen to confirm that the staff member had shadowed an experienced staff member as part of their induction training in line with the provider's systems and processes.

Staff said they received formal supervision every two or three months and a yearly appraisal. A staff member said, "It's nice to sit and talk on how your job is going and to get feedback on how well you're doing." Despite the positive comments, we saw that there were gaps in the supervision records we looked at which meant that staff supervision was irregular.

People were provided with choices on what to eat and drink and supported to maintain a balanced diet. People

Is the service effective?

said that the food provided was good. One person said, "Sometimes the food is not to my liking but we get choices." The cook told us that they knew people's dietary preferences and that people were consulted on the menus. If there were changes to people's nutritional needs the staff would make them aware of the changes. Staff told us that people's meal choices were obtained on a daily basis. If people did not like what was on the menu an alternative was provided.

We found people who were at risk of losing weight were provided with fortified foods and milk shakes.

We observed the lunchtime experience for people on two of the units within the service. The food looked appetising and people were offered a choice of drinks. Protective clothing was provided to those who required it. Staff chatted with people, gave them time and did not rush them. This made the lunch time activity a pleasant and relaxed experience. On the dementia unit the lunch time experience was not so positive. We saw staff used different strategies to encourage a person to have their lunch without success and one person was over looked.

There were arrangements in place to enable people to maintain good health and access healthcare facilities. People told us that they had access to health care services and that staff accompanied them to hospital appointments when required. One person said, "If we are not well staff would contact the GP. I have my feet done regularly by the chiropodist who comes here."

Staff told us that people were registered with a GP who visited the service regularly or as and when required. They also said that people had access to health care specialists such as, the nurse practitioner, district nurse, dietician, speech and language therapist, optician, chiropodist and dentist. We saw evidence that staff had made a referral for one person to the speech and language therapist because they felt the person was experiencing swallowing difficulties.

We spoke to a health professional who visited the service regularly. They told us that staff acted on advice given. If people's needs changed staff obtained the appropriate medical intervention in a timely manner. This showed people had access to health care professionals when required and staff acted on advice provided.

Is the service caring?

Our findings

Positive and caring relationships had been developed between people and staff. People told us that they were happy living at the home and staff treated them well. One person said, “Staff are very good.” Another person said, “The girls are marvellous they could not do more for you.” A staff member said, “We make sure people’s clothes are clean and they are well presented. Just as we would like it for ourselves. We also respect people’s cultural needs and human rights.” We observed that staff supported people in a kind and respectful manner and that people looked relaxed in the company of staff.

From discussions with staff they demonstrated that they knew people very well and had developed good relationships with them. We heard a staff member complimenting a person on their hair following a visit to the hairdresser. The staff member said, “Your hair looks nice.” The person responded with smiles. This showed people were made to feel special by staff. We saw that staff were patient and allowed people the time to do things independently where possible. For example, we saw a staff member supporting one person to transfer from a chair to a wheelchair. After several unsuccessful attempts, another member of staff came and with the use of a frame for support, the person was able to transfer safely. Throughout the manoeuvre staff provided time, encouragement, guidance and reassurance.

Where ever possible information on people’s persona histories and preferences were obtained. The registered manager told us that people and their families were encouraged to complete life histories. This helped staff to have a better understanding of individuals’ needs and to provide the appropriate care and activities to meet their needs. We saw that staff used their time to talk to people about things they were interested in. For example, a member of staff sat with a person and looked through family photographs. The person, who had been sitting quietly earlier, smiled and looked at the photographs with interest. We saw that another member of staff encouraged conversation about a television programme with someone who became quite animated as a result of the positive interaction from staff.

During our inspection we observed staff responded to people in a timely manner; for example, people’s call bells were answered within a reasonable time. We observed staff provided reassurance and comfort to a person who was unwell. They also contacted the nurse practitioner for advice. The nurse practitioner visited the service and reviewed the person’s treatment. This showed that staff were quick to act to ensure the person’s well-being was promoted.

The registered manager told us that none of the people who lived at the service was currently using the services of an advocate; however, people had previously done so. [The role of an advocate was to speak on behalf of people living in the community with their permission]. We saw that information on how to access the services of an advocate was displayed in the home should people wish to access the service.

People’s privacy and dignity were promoted. People told us that staff supported them to promote their privacy and dignity. One person said, “We have our own bedrooms, which means we can go to our rooms and close our doors and be private if we want to. The staff respect this.” A family member said, “Staff give us a warm welcome when we visit. They are very respectful and polite.”

Staff were able to describe how they ensured people’s dignity and privacy was promoted. One staff said, “We knock on people’s bedroom doors and wait to be invited in.” A further example given was that people received personal care in the privacy of their bedrooms.

People and their relatives told us that the service did not have any restrictions on visiting. A relative said, “We can stay as long as we like and the staff always make us feel welcome and provide us with drinks of our choice.”

Staff and the registered manager confirmed that relatives and friends were free to visit at any time. A staff member said, “We encourage visitors to sit with their relatives and have a meal with them if they like. However, relatives have to book the meal in advance. We find that people enjoy this activity as we try to make it special for them.”

Is the service responsive?

Our findings

At our previous inspection in June 2014, we found that care plans were not always reviewed in line with changes to people's needs. We identified two people who had been in hospital who did not have their care plans reviewed to ensure that their care needs were still current. This was a breach of Regulation 9 (1)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, staff told us that care plans were reviewed monthly or sooner if people's needs changed. They said if people's needs changed they would make the team leaders aware of the changes; however, they were not involved in the review process neither were people or their relatives. One person we spoke with was not aware that they had a care plan to guide staff as to the care they required. From examination of care plans we found that robust steps were now taken to ensure people's welfare was promoted and the care delivered met their identified needs within individual care plans. However, further improvements were still needed as we identified some inconsistencies. For example, we found that one person had been given a specific treatment by the community nurse. The person's care plan and risk assessment had not been updated to reflect the possible risks and there was no guidance for staff on how to support the person to minimise the risk of their condition.

Information in care plans was personalised. People told us that the care they received from staff met their needs. One person said, "Staff would do anything for you. They sometimes get my shopping if I ask them to." Another person said, "I know all the staff here pretty well. They are very good to me." A family member said, "My relative's needs are met by the staff and they keep me updated about their condition." These positive comments confirmed that staff were available to support people and they did not have to wait long if they needed any support. Our observations confirmed this. We found that care plans contained personalised information in relation to people's

circumstances, friends and family, hobbies and previous occupation. Their preferences in relation to their personal care such as, whether they wished to have a bath or shower were also recorded. There was comprehensive information recorded about people's social and family background which meant that staff had a good knowledge of people and their needs.

People's needs were assessed prior to them coming to live at the home. Relatives spoken with during our inspection confirmed that their family members' care needs had been assessed. They said they were involved in the assessment process and provided information on their family members' care needs and preferences. The registered manager confirmed that people's needs were assessed prior to admission. She said, "Wherever possible we involve people in the assessment process along with their relatives. We obtain information about people's history and personal preference."

People told us that group and individual activities were provided and that outside entertainers visited the service regularly. One person said, "I like the singing." The person explained that a singer entertained them regularly and they looked forward to this. Another person said, "I enjoy bingo, arts and crafts and painting." The activity coordinator told us that people could join in with any activity. If there was a specific activity people wanted to do then we were told their request would be accommodated. For example, one person did not wish to participate in the group activity that had been arranged and wished to spend time reading in their room. Their wishes were respected.

People and their relatives told us they knew how to make a complaint and were confident they would be listened to. A person who used the service said, "I have never had to make a complaint, but if I had to I would tell the staff." The registered manager told us that complaints were considered as positive as the service learnt from them and used them to make improvements to the delivery of care. We saw complaints made had been fully investigated in line with the provider's complaints policy. The policy was displayed in an appropriate format and accessible to people and their relatives should they have the need to make a complaint.

Is the service well-led?

Our findings

At our previous inspection in June 2014, we found that the issues identified in one person's care plan audit had not been acted on. For example, the action plan stated that the person needed care plans for their oral health, foot care and to assess their mental capacity. These had not been put in place. We also found that people's records were not stored appropriately. Compliance actions were made in relation to Regulation 10 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and Regulation 20 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at this inspection that some improvements had been made in relation to the system in place to effectively monitor the quality of the care plans. Care plans and other records were being audited; however, the system in place needed to be more robust.

People's food and fluid balance records were not appropriately maintained. We looked at seven people's food and fluid charts and found there were lengthy gaps where there was no record of fluid being offered from 7.00pm until 8.00am the following day. We discussed the gaps with the registered manager and staff. They all said that people were provided with drinks and it was possible the design of the forms needed to be reviewed and staff needed to be provided with further support on how to complete them. People's records were not appropriately maintained which meant that they were not protected against the risks of unsafe or inappropriate care and treatment. This was a breach of Regulation 20(1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The culture in the home was not positive open and inclusive. Some staff said that the registered manager was not approachable and did not work with them to ensure that people received a high standard of care. A staff member said, "I do not get support from the manager. She is not approachable. She comes into handovers but does

not speak to the residents." A second staff member said, "The manager does not come to the units to find out if the residents are okay." Comments made by staff demonstrated that they felt unsupported and that the culture of the service was not open and did not empower them to challenge issues which led to some staff having low morale.

The registered manager told us that the service had systems in place which enabled people to feel listened to and have their views acted upon. For example, staff, resident and relatives' meeting were held regularly and people were asked to complete questionnaires about the quality of the care they received. We saw from minutes of meetings that people and their relatives were made aware of the forthcoming refurbishment plans and were asked for their views on what improvements they would like to put forward.

We saw evidence which confirmed the provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

The quality assurance systems in place were not always effective. The registered manager told us that incidents and accidents were recorded and reviewed to ensure risks to people were reduced. We looked at a recent incident where a person had been given a second dose of medication in error. The staff member who made the error was to receive additional training; however, no action had been taken to investigate the cause of the error or assess and reduce the risk of other staff making the same error. This meant that opportunities to learn from incidents and reduce risk to people who used the service had not always been taken.

We found that the provider's medication policy was not always followed in practice. For example, the policy stated: 'The manager should ensure that only medicines requiring a further supply are ordered.' We found three large plastic boxes of medication in one of the medication rooms which a staff member told us was waste medication waiting for the pharmacy to collect. The member of staff told us that medicines were returned regardless as to whether people continued to require the same prescribed medicines. The

Is the service well-led?

registered manager and area manager confirmed that to help reduce the risk of error, they had instructed staff to return medicines to the pharmacy at the end of the month and order new stock.

We saw the provider had systems for monitoring quality through a range of audits. Some of these such as medication audits were carried out by staff within the service and others such as the quality of life audit by head office staff. We saw that after each audit an action plan had

been developed. The registered manager told us that the actions were followed up but not signed off when completed. We checked two actions required from a quality of life audit that was recently undertaken. We found that one action to evaluate someone's continence care plan had been completed. We saw that another to implement a care plan for use of a low level bed had not been completed. This meant that actions from audits undertaken were not always addressed.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person failed to ensure that appropriate standards of cleanliness and hygiene were maintained. This was because equipment was not appropriately cleaned; floor coverings were heavily soiled and had an odour. Clean linen was stored on the floor in the linen cupboard.

Regulated activity

Accommodation for persons who require nursing or personal care

Management of supply of blood and blood derived products

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person failed to have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care and support provided for them in accordance with the Mental Capacity Act [MCA] 2005 and the Deprivation of Liberty Safeguards [DoLS]

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person failed to ensure that accurate records were maintained for people. This was because food and fluid records were not appropriately maintained.