Beulah Lodge Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We conducted an unannounced comprehensive inspection at Beulah Lodge on 10 July 2018. Beulah Lodge is a 'care home' for older people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Beulah Lodge accommodates up to 21 people in one building. At the day of our inspection 17 people were living at the home.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 registered manager was also a director of the registered organisation and the Nominated Individual (a Nominated Individual must be employed as a director, manager or secretary of the organisation, with authority to speak on behalf of the organisation. They must also be in a position which carries responsibility for supervising the management of the carrying on of the regulated activity). The management team consisted of the registered manager, a manager, a clerical manager and a team leader.

At our last inspection, published in January 2016 the service was rated as good overall and for all five questions we ask. At this inspection we found some areas which need improvement within safe, effective and well led.

There were health and safety policies, audits and monitoring in place; however, the provider had failed to ensure the environment was safe. The provider could not be assured that people could vacate the premises safely if a fire were to break out. Fire drills had not gone as planned and corrective action had not been taken. We have made a recommendation about this. A first-floor bedroom window was not restricted from opening fully, this put people at serious risk. This was a breach of the Health and Social Care Act 2008 regulations. Post the inspection the provider told us they had taken immediate corrective action with regard to the window restrictor.

The provider did not consistently ensure the safe use of people's prescribed medicines. Medicines errors were not analysed effectively to prevent reoccurrence; there were not always protocols in place for people who needed medication 'as and when required' to ensure people received medicines when they needed them. The failure to ensure the proper and safe management of medicines was a breach of the Health and Social Care Act 2008 regulations. Post the inspection, the provider told us they had taken corrective action.

Accidents and incidents were not always analysed effectively so lessons were not always learned when things went wrong. This is an area for improvement. Individual risks relating to people's care were managed, systems were in place and appropriate action taken. Safeguarding and whistleblowing policies were in place, concerns had been appropriately reported and staff had received training. Systems were in place which ensured information held about people was secure. There were sufficient staff available to meet

people's needs and safe recruitment practices were completed. Infection prevention and control policies, risk assessments and systems were in place.

People were asked to consent to their care. People's needs were assessed and people's care plans detailed their individual needs. Although the provider had meet people's needs around their communication, they were not aware of the Accessible Information Standard (AIS). We have made a recommendation about this.

Feedback on the choice, quality and amount of food was very positive. People were supported to live healthily and access healthcare. The provider worked with partner organisations to ensure people received the care they needed. The premises had been adapted to meet the mobility needs of people and some consideration had been given to people with dementia and their needs around their environment. Care staff had received an induction, training and on-going support to do their job and received periodic supervision and appraisals.

People were supported to have 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. The provider had trained and supported staff to understand the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. However, the provider had not always complied with the Care Quality Commission's (Registration) Regulations 2009 as they had not informed us of two authorised applications for DoLS.

Staff were caring and the provider promoted a person centred culture. This was evidenced in the environment and in the way people were cared for. People's rooms were personal and reflected their interests. The service was very homely, smelt nice and provided comfortable living accommodation for people. The manager and staff knew the people they cared for well and we saw positive personal interactions between staff and people throughout the day. The provider considered peoples individual protected characteristics under the Equality Act 2010. People were supported to maintain contact with their families and all relatives could visit whenever they wished. Managers and staff encouraged people to be involved with their care. Residents and relatives meetings were held and feedback was sought. Staff respected and promoted people's needs for independence, privacy and dignity. Confidential information was kept secure and there was evidence that the provider was aware of new data protection laws.

People received personalised care which was responsive to their needs. Care plans and assessments were person centred and described what was important to the person, including their likes and dislikes and were tailored to their individual needs. The provider supported people as they reached and at the end of their life. People's end of life wishes, where known, were recorded and reflected well in people's care plans. Staff told us they had received training in end of life care.

People were supported to take part in activities they liked within and outside of the home. We observed an activity within the home and saw that people were either engaged or enjoyed watching and the staff leading the activity was friendly and skilled at engaging people. People and relatives could raise any concerns or complaints they had and complaints were recorded, monitored and managed appropriately.

Audits were completed and an annual development plan had identified areas for development, which was reviewed regularly. There were systems in place to ensure that quality, performance and risks were managed, however these were not always effective. This was a breach of the Health and Social Care Act 2008 regulations. Post the inspection, the provider told us they had taken corrective action.

The provider promoted continuous learning by reviewing survey results and action plans from audits and

making improvements. The management team promoted a positive culture, had a visible presence in the service and knew people well. People, relatives and staff were engaged in the service and the provider sought on-going involvement through regular meetings. The managers fed back to people, relatives and staff actions they had taken because of feedback. There were appropriate policies and procedures in place for staff guidance and the managers and staff worked in partnership with a range of healthcare professionals to meet people's needs.

We noted that the provider had reviewed their Statement of Purpose (a Statement of Purpose is a document all registered providers must have, and which describes what they do, where they do it and who they do it for) but it was no longer in keeping with the regulations. We have made a recommendation about this.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. This is the first time the service has been rated as Requires Improvement.

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 managed safely.
Premises monitoring checks were carried out but did not always ensure people were protected from environmental risks.
Learning from accidents and incidents was not always evident.
Systems and processes were in place to protect people from abuse.
Risks assessments in relation to people's care were in place to keep people safe.
There were enough staff to keep people safe and meet their needs.
People were protected from the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People received information in a way they could understand.
Assessed needs were reflected in people's care plans and reviewed regularly.
Staff had received the right training and support to fulfil their roles.
People were supported to eat high quality and healthy meals and given choice with their food.
People were supported to access healthcare services.
The premises met people's individual needs and preferences.
Consent to care was sought and systems were in place to assess people's mental capacity, and to ensure decisions were made in their best interests.

Is the service caring?

Good

The service was caring.

People were offered comfortable living accommodation and bedrooms were individualised.
People were treated with kindness, respect and compassion.
Staff understood and respected people's privacy and dignity and promoted their independence.

People's protected characteristics under the Equality Act 2010 were considered.
People and their relatives were engaged with the service and involved in decisions about their care.
Relatives were made to feel welcome and could visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred, looked at their likes and dislikes, what was important to them and were kept up to date.
There was a good choice of activities on offer within and outside of the home.
Systems were in place to enable people and relatives to complain and the provider acted on feedback they received.
People's wishes regarding the end of their life were included in their care plans.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not complied with all the CQC (Registration) Regulations as they had not told us about two DoLS authorisations.
Systems in place to ensure that quality, performance and risks were managed were not always effective.
A positive, person centred culture of continuous learning was promoted by the manager.
The views of people, relatives and staff had been actively sought.
The managers fed back to people, relatives and staff actions they had taken because of their feedback.
Staff worked in partnership with a range of healthcare professionals to meet people's needs.

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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 10 July 2018 and was unannounced. The inspection was undertaken by an inspector and an inspection manager. Before our inspection we reviewed the information we held about the service including the previous inspection report. We looked at notifications which had been submitted to inform our inspection. A notification is information about important events which the provider is required to tell us about by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from one commissioner. We took this into account when we inspected the service and made the judgements in this report.

We met people who lived at Beulah Lodge and observed their care within communal areas. We looked at the interactions between staff and people. We spoke to three people and two relatives who visited. We inspected the environment, including the laundry, kitchen, bathrooms and people's bedrooms. During the inspection we spoke to one visiting health professional, two care staff, the manager, the clerical manager and the registered manager. We displayed posters in the entranceway and lounge inviting feedback from people, relatives and staff. Following this inspection, we had feedback from five relatives and one healthcare professional.

We reviewed four people's care records. We looked at medicines records. We reviewed five staff recruitment files, staff induction, training and supervision records and a variety of records relating to the management of

the service including staff rotas and quality audits.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "Yes I feel safe, its super. We asked around and everyone said if you can get into Beulah Lodge you are winning." One relative said "Yes I feel very confident that my (relative) is safe. The building is secure with an entry system and there are call bells in each room. There are always plenty of staff around." One health professional said, "Clients are safe and the home makes this a high priority."

The provider had various health and safety checks in place. Fire alarms, fire doors, fire extinguishers and emergency lighting were all tested regularly and appropriate servicing was done. There was a fire risk assessment and an action plan which was signed off when each action was completed. All residents had a personal emergency evacuation plan in place. Regular fire drills had been done with almost all staff. However, on two occasions records highlighted that staff had not picked up the radio as they were supposed to, and staff were unclear as to who was in charge. There was no designated fire warden. This meant that the provider could not be assured that people could vacate the premises safely if a fire were to break out. The manager has since confirmed that the fire warden is the most senior member of staff on duty, usually the manager, and this is detailed in their emergency fire action plan. However, at the time of the inspection, we could not be assured that the measures in place to ensure the safety of all in the event of a fire were robust.

We recommend the provider reviews their fire evacuation plan in conjunction with the staff team, so that all members of staff understand the action they need to take.

Health and safety checks for the environment and equipment had been undertaken and actions completed where needed. These included, for example, checks relating to legionella, gas safety, water temperatures and electrical installations. However, despite all the health and safety policies and monitoring that was in place, the provider had failed to ensure all of the environment was safe. We checked the window restrictors in the lounge and two of the bedrooms on the top floor. The lounge window restrictor had a button which stated how to override the restrictor. One bedroom had a sash window which was restricted. The second bedroom window was fitted with a restrictor, however it had been overridden and was open fully. This placed the person whose bedroom it was and other people with dementia who were mobile at serious risk or falling out the window. The registered manager told us that a relative must have opened it. We informed the registered manager that the concern was that it could be opened fully and the risk this presents to people.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15.

Following the inspection, the provider told us they have taken immediate action to review all window restrictors in the building and consequently had replaced three and put a risk assessment in place for one person.

The provider did not consistently ensure the safe use of people's prescribed medicines. A new medication system had been implemented in March 2018 to help reduce the number of medication errors. However, there had continued to be medication errors which included missed doses and incorrect doses in March, April, May and June. For example, one person had an incorrect dose of Warfarin which was prescribed to prevent blood from clotting and other people missed their medicines which were prescribed for fluid retention and pain relief. We asked the manager what they did to manage these medication errors and were told that it was dealt with on a day to day basis and individually with the staff who made the error. Staff completed a self-reflective practice form following an error. Staff were trained in medicines administration and the manager carried out competency checks twice a year or as needed following an error. Medication audits were completed three monthly. However, these did not include any analysis of medicines errors to identify any patterns and action taken to reduce the likelihood of the error being repeated.

There were not always protocols in place for people who needed medication 'as and when required' (PRN) to ensure people received medicines when they needed them. PRN protocols inform staff when the medicine should be given and what it is expected to do. Therefore, this is essential guidance for staff to manage people's medicines. This is not in line with NICE good practice guidelines for managing medicines in care homes. Care home providers should monitor and evaluate the effects of medicines and information on people's PRN medicines should include what the medication is expected to do. Descriptions of medicines were kept in a separate file and place to the medicine administration records. We recommended to the manager that these are kept together to help prevent the risk of the wrong medication being given.

The failure to ensure the proper and safe management of medicines was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, Regulation 12.

Following the inspection, the manager told us they had implemented a medication error analysis form.

Lessons were not always learnt when things went wrong. The managers told us they analysed the accident and incident reports monthly. We looked at the analysis which only showed how many accidents and incidents there had been, whether they involved staff or residents and whether emergency services were needed. Some entries were unclear. The manager agreed these were unclear and that they needed to follow these up with staff. An analysis of falls had been carried out in June 2018. Whilst the review stated outcomes and actions, some of the actions were non-specific. For example, one said 'monitor closely for mental health deterioration'. However, there was no guidance for staff as to what they should be looking for. The management team had not effectively analysed accidents and incidents and therefore these were missed opportunities to identify any patterns or trends and to enable learning, make improvements and reduce the likelihood of reoccurrence. This is an area which needs improvement. Following the inspection, the clerical manager informed us that they had acted to address these concerns and had implemented a new form that recorded follow up action and analysis.

Safeguarding and whistleblowing policies were in place and were in line with Local Authority safeguarding procedures. Staff had received training and were able to tell us what they would do in the event of a safeguarding concern. Safeguarding concerns had been appropriately reported. Risks relating to people's care needs were assessed and the information was available in their care records. Additional separate risk assessments were completed as a need was identified. For example, falls risk assessments.

There were sufficient staff available to meet people's needs. People told us there were enough staff and one relative said "There always seems to be an appropriate number of staff around and it is nice to see that sometimes the staff are able to sit with residents in the main lounge." Another relative said, "I notice that there are lower staffing levels at weekends, but I imagine this is normal situation within the industry. They

rarely need to include agency staff these days." The manager told us their staff were flexible and mostly covered any absences meaning that they only occasionally used agency staff. Rotas confirmed this.

Safe recruitment practices were carried out by the provider. All staff had been subject to criminal record checks before starting work. These checks were done by the Disclosure and Barring Service (DBS) and supported employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff files contained all the information required such as a photo and ID. Applicants completed an application form and were asked to complete a full employment history. Gaps in employment history were explored, but the recording of this could be improved.

Infection prevention and control policies, risk assessments and systems were in place. Audits had been completed with detailed action plans which had been signed off as each item was done. Staff understood how to prevent and control infection and we observed that staff followed procedures, for example wearing gloves and aprons. There was an identified infection control lead and champion in place.

Good

Is the service effective?

Our findings

People told us they were involved in decisions about their care. One person said, "I'm not bossed about, it's up to me what I want."

People's needs were holistically assessed before moving into the home and these assessments were available in people's records. People's care plans detailed their individual needs.

The registered manager was not aware of the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard to make sure that people have every opportunity to understand and be involved in their care plans and documents on an individual basis. However, people's needs were met around their communication, for example information was provided in accessible formats such as larger fonts and pictorial formats. People's care plans included a section on communication and where needed people had a personalised communication board.

We recommend that the provider seeks advice and guidance from a reputable source on implementing AIS.

The managers ensured care staff had the right induction, training and on-going support to do their job. Staff recruitment files and training records confirmed this. Staff completed the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Care staff received periodic supervision and appraisals.

People had enough to eat and drink and were offered choice. Feedback was very positive. One person said, "They ask us what we fancy". Another person said "He knows (the chef) individually what we like and don't like. He's a professional chef. We have one big problem, we are overfed, its brilliant!" One relative told us they 'like the idea that there are fresh bowls of fruit and snacks around'. Another relative said "My (relative) enjoys the food and menu choices she has, no complaints there, as it is nutritious and delicious!"

People were supported to live healthily and access healthcare. A visiting health professional and people's care records confirmed this. People had 'Remember, I'm me' pocket charts. These provided important information about the person in case they were admitted to hospital. The provider worked with other organisations to ensure people received the care they needed and that they were supported with various health conditions.

The premises had been adapted to meet the needs of people with mobility needs. A lift provided access to the three floors and bathrooms contained specialist equipment to enable people to bathe and shower safely. The garden was accessible for people. Some consideration had been given to people with dementia and their needs around the environment. For example, dementia friendly signage to help people find the bathroom or dining room; and signs to inform them of the time, day and date in the dining room. The provider informed us additional signs had been implemented since our inspection.

People were asked to consent to their care. We saw care plans had been signed. Where people had a Lasting Power of Attorney (LPA) in place, these documents were available in people's care records. A LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'supervisory body' for authority to do so. 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. We found that the provider was working within the MCA and where needed, people had a DoLS authorised or they had been applied for. The DoLS in place were not subject to any conditions.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, "They are excellent, very caring, I am very fortunate." One relative said that "staff are always very caring and sympathetic to my (relatives) needs and treat her with courtesy". One care staff told us that they are 'never rushed and that they always have enough time to make sure people get the time they need'.

The managers promoted a person centred culture. This was evidenced in the environment and in the way people were cared for. People's rooms were personal and reflected their interests. There were pictures on people's bedroom doors of things they liked. The service was very homely, smelt nice and provided comfortable living accommodation for people. The home offered people different spaces to relax in. For example, there were various dining rooms and lounges and a summer house in the garden.

The managers and staff knew the people they cared for well. We saw positive personal interactions between staff and people throughout the day and during lunch and activity times. For example, staff bending down to talk to someone at their eye level and using friendly banter. We observed staff communicating with people well, in a way that they could understand. For example, staff talking loudly to a person with hearing loss so that the person could hear them clearly.

The provider considered peoples individual protected characteristics under the Equality Act 2010. This means people are protected from unfair treatment in relation to nine identified personal characteristics. People had diversity and inclusion care plans which considered all protected characteristics: people's age, disability, race, religion, gender, sexual orientation and gender reassignment and looked at ways to reduce barriers for people to ensure they felt included.

People were supported to maintain contact with their families and all relatives we spoke to told us they were made to feel welcome and could visit whenever they wished. Managers and staff encouraged people to be involved with their care. Residents handbooks were available in the lounge. Residents meetings were held and feedback was sought. In fact, people told us they were asked for their feedback too often, for example they were asked what they thought of the food daily. People had expressed this at a residents meeting and managers had acted on this feedback. Relatives were also encouraged to be involved. One relative said "Beulah holds regular meetings for relatives, where we are told of new developments and changes, and always asked for our opinion." Although no-one was currently using an advocate, the managers knew of the local advocacy services. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Staff respected and promoted people's needs for independence, privacy and dignity. Staff told us that one person took a taxi to attend an activity in the community on their own. Peoples care plans described how to meet these needs. Staff could tell us how to promote people's privacy and dignity by making sure bedroom doors were closed when providing personal care; knocking before entering people's bedrooms; explaining what they were doing and offering choice. Confidential information was kept secure and there was evidence that the provider was aware of new data protection laws.

Good

Is the service responsive?

Our findings

People told us their needs were met. One person said, "The vicar comes to see me as I can't walk to church." One health professional said, "The home responds to all the client's needs, whatever the need is." They went on to describe how one person needed some extra support which was extended to the family also. Staff told us that people's care plans gave detail about their life history. The registered manager said they "like to see people's care plans as telling a story."

People received personalised care which was responsive to their needs. Care plans and assessments were person centred and looked at what was important to the person, including their likes and dislikes and were tailored to their individual needs. For example, one person's mobility care plan read 'It's the getting up that's the hard bit. My legs feel like they've gone to jelly. I like to take my time and steady myself, once I get going I'm usually fine.' Birthday questionnaires were completed with people to find out how they would like to spend their birthday. One visiting health professional confirmed that the staff followed up on any advice they were given and that they were contacted if there were any concerns about people. There were monthly management reviews of people's care plans in their care records. The clerical manager described how they discussed people's care plans with them and involved them in the review.

People were supported to take part in activities they liked within and outside of the home. The manager told us there was no activity co-ordinator as it was the responsibility of everybody. Relatives told us they were happy with the activities on offer. One relative said "(name of person) sometimes goes to outside activities and the staff arrange with a local taxi firm for (the person) to get there." Another relative said "there are good activities for those who want to join in and the staff welcome ideas for other activities." One health professional told us "They promote activities, in house and with local organisations for example local church so clients can receive social stimulation." On our inspection day there was a picture quiz in the morning in the main lounge, and in the afternoon, there was nail painting and armchair volleyball. We observed the afternoon activity and saw that people were either engaged or enjoyed watching. Five people were enjoying rock and roll music, some singing along, some swaying to the music, whilst batting a balloon around with plastic bats. People were joking with each other and laughing. The care worker leading the activity was friendly and skilled at engaging people. At the end they went to paint someone's nails in their bedroom. This evidenced how people who chose to stay in their rooms were not excluded from activities. The managers told us outside agencies came into the home to provide activities, for example there was a musical performance last month. People went on trips out, for example four people recently went on a trip to Hastings.

People and relatives could raise any concerns or complaints they had. The complaints procedure was available in accessible formats for people. People told us who they would talk to. Three relatives said they had not had cause to complain and another relative described how when they had 'a couple of minor issues with staff they were addressed promptly and tactfully'. We saw that the provider actively sought feedback from people and their relatives. Complaints were recorded, monitored and managed appropriately.

The provider supported people towards the end, and at the end of their life. People's end of life wishes,

where known, were recorded and reflected well in people's care plans. Some people did not wish to discuss these sensitive issues and this was respected. Staff told us they had received training in end of life care.

Requires Improvement

Is the service well-led?

Our findings

People told us they liked the manager. Relatives told us the manager or deputy was always available and approachable. One relative said "The culture is one of mutual support and there is a very friendly and homely atmosphere."

A registered manager was in post who was also the Nominated Individual. They told us they were considering changing the management structure to separate these registered roles out and that they generally spent three days a week at the home.

There were systems in place to ensure that quality, performance and risks were managed, however these were not always effective. For example, the provider had not ensured their operating systems were always effective with regards to fire evacuation. Where an issue had been identified during a fire drill, the management response had not been recorded on these records and the same issue came up again during a later fire drill. Monitoring of window restrictors had failed to identify that these had signs on for people to override them and had at times been overridden. Accidents and incidents were not always effectively analysed to mitigate the risks relating to the health, safety and welfare of people. For example, there was an accident report where one person rolled out of bed and was injured but no analysis was done of this.

First aid box checks showed that items needed replacing. However, there were no records to show this had been done. The manager said they thought it had been done and has since confirmed that the items needed were available in their stock. They have amended the form to make action taken clearer in the future. The medication fridge temperature had been consistently too high over a period of two weeks. Steps had been taken to rectify this but no action had been taken to check that the medicines stored during that period were still safe to use. Whilst the manager subsequently stated that there were no medications in the fridge at that time, records should have included this information to show why no action was taken. Following the inspection, the manager told us they had amended the temperature record sheet to include action taken. Additional daily monitoring records were not always maintained. For example, weight and fluid monitoring was implemented for one person who had lost weight but they had not been completed regularly. There were no totals of daily intake of fluids and no information on what the information should be measured against. Therefore, it was unclear what they were monitoring and if the persons needs were being met from these records. We discussed this with the managers who agreed it could be improved and that they would review the form.

The failure to ensure effective systems to assess, monitor and improve the quality and safety of the services provided; and the failure to maintain accurate and complete records was a breach of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014, of Regulation 17.

The provider had not always informed CQC of certain changes and important events that happened in the service. These are referred to as Statutory Notifications. This enables us to check that appropriate action had been taken. The registered manager was not aware of all their responsibilities in this area. In this instance they had not informed us of two applications for DoLS which had been authorised in November

2017 and February 2018. Furthermore, most of the notifications which had been sent to CQC were not in line with our guidance as full names were given on the forms. We ask providers to use unique identifiers, which is a code they can use to identify the person. We informed the managers of this at our inspection.

The failure to notify CQC of authorised DoLS applications was a breach of the Care Quality Commission (Registration) Regulations 2009 Regulation 18 (4B) (c) (d).

We spoke to the registered manager about their statement of purpose as the 2018 amended version has missed out information contained in earlier versions.

We recommend that the registered manager reviews Regulation 12 of the Care Quality Commission (Registration) Regulations 2009 and ensures their revised Statement of Purpose contains all of the required information.

The manager completed various audits on the home and care provided and the registered manager carried out proprietor audits. An annual development plan had identified areas for development, what action was required and these actions were reviewed regularly. The provider promoted continuous learning by reviewing survey results and action plans from audits and making changes as a result. For example, there was a feedback station with forms in the entrance hall for people, relatives and visitors. The manager told us they received about one form a month and acted on them. For example, they had added an additional heater in the lounge after they received feedback that the current heater wasn't enough. Managers fed back to people, relatives and staff actions they have taken because of their feedback. Duty of candour was shown in the way the managers informed relatives, health professionals and CQC of any incidents.

The management team promoted a positive culture that was person-centred. The managers had a visible presence in the service and knew people well. People and relatives were engaged in the service and the provider sought on-going involvement from people, relatives and staff. Regular team, residents and their families meetings took place and there were action plans completed from these. Staff were supported in their roles. One member of staff said "As I'm new, I'm always asked how I am. It's so supportive." Another staff member said, "I am always asked for feedback and have lots of training." Appropriate policies and procedures were in place for staff guidance. The provider had ensured that staff had received consistent training, supervisions and appraisals to fulfil their roles. The managers and staff worked in partnership with a range of healthcare professionals to meet people's needs. Managers attended a local managers forum and had networks with other local care homes.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the providers website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not maintained a safe environment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured their operating systems were effective to monitor and improve the quality and safety of the services provided. The provider had not maintained accurate and complete records.