

Groveswood House

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Inspection report

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08 February 2018

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 January 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out further announced visits to the home on 6 and 8 February 2018 to complete the inspection.

Groewood House is a 'care home'. 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. Groewood House provides care to up to 28 older people. There were 26 people using the service at the time of the inspection.

The provider was a husband and wife partnership. Their two daughters and son were involved in the management of the service. One of their daughters was the registered manager of the care home and their son was the registered manager of a home care service run by the provider but registered separately to the care home. He supported with the management of the care home on a daily basis. 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 and associated Regulations about how the service is run.

At our previous inspection in May 2017, we found four breaches of the Health and Social Care Act 2008. These related to safe care and treatment, premises and equipment, and good governance. The provider had also failed to notify us of all incidents the provider was legally obliged to inform us of. We rated the service as inadequate and placed the service in 'special measures.' This meant the service was kept under continuous review.

Following the inspection, the provider formulated an action plan and sent us regular updates in response to the breaches and concerns we had identified. We carried out this inspection to check whether the provider had complied with the imposed conditions and had met the breaches which were identified at our last inspection.

Since the last inspection a visiting manager had been brought in from a care home advisory service to assist the provider to review the management systems in the service and support improvements.

The provider had met three of the four breaches, however the breach in safe care and treatment continued as medicines were not always managed safely.

Medicines were stored in locked cupboard in an office adjacent to the kitchen. Staff frequently used this as a thoroughfare to a back door which was unlocked during the inspection. Staff did not always supervise people taking their medicines and left them unattended to take later. Assessments had not been made to determine that the people concerned were able to self administer medicines.

The safety of the premises and equipment had improved and contracts were in place for the regular servicing of equipment. Routine checks of the premises and equipment were carried out.

The home was clean and tidy during the inspection and staff were seen to follow infection control procedures.

There were suitable numbers of staff on duty and safe recruitment procedures were followed.

New risk assessment tools had been introduced to assess risks such as falls and nutritional risks, and these were being used at the time of the inspection.

New care documentation and procedures had been introduced relating to the application of the Mental Capacity Act (MCA) and Deprivation of liberty safeguards (DoLS). There were discrepancies in a small number of records and we have made a recommendation to monitor the quality and accuracy of these records until the new processes are fully embedded in practice.

A training matrix was available which recorded staff training completed and due. Training had been planned in order of priority and all staff were enrolled with the NHS Learning and Development Unit and the Care Certificate. The Care Certificate is an induction which assesses the core skills needed to care for people effectively.

People were supported with eating and drinking. Most people's care plans reflected that any concerns with nutrition and hydration were being met. There were some gaps in records identified but we did not find any impact on the person. The cook was aware of people requiring special diets. The provider was in the process of introducing new tools and documentation.

People had access to a range of health professionals including specialist nurses, GP, dietician and chiropodists. Relatives were kept informed of any health needs and concerns.

We observed kind and caring interactions during our visit. We observed that the environment was noisy on the first day of the inspection and we spoke with the registered manager about this as it was causing some people distress and discomfort. We were told that this was unusual and something staff were usually conscious of.

People and relatives spoke highly of the service and told us they had no complaints. There were no formal complaints recorded.

New care plans had been introduced which contained the relevant information although some appeared less detailed than previous plans. The registered manager audited plans weekly and planned to ensure the greater level of detail continued to be included.

We received mixed feedback about the quality and availability of activities available. We have made a recommendation to keep this under review in light of comments received.

Improvements had been made to quality assurance and governance systems since the last inspection. A manager from a care home advisory service had been appointed to support the provider to make the necessary changes including addressing issues identified at the last inspection. This work was ongoing and familiarity with and development of systems was in progress during our inspection.

A part time administrator with a background in Human Resources had been appointed to support the registered manager with some of the changes.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Medicines were not always managed safely. Instructions to staff were not clear in relation to medicines needed as required. Risks to people taking their own medicines unsupervised, including in communal areas had not been assessed.

There were suitable numbers of staff on duty and recruitment practices were safe.

Improvements had been made to the safety and maintenance of the premises and equipment.

Safeguarding procedures were in place and staff were aware of the action to take in the event of concerns.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Improvements had been made to MCA and DoLS documentation but this was not yet fully embedded in practice.

There had been some improvements to the environment to support people living with dementia including new signage. More work was planned to bring the environment up to the required standard.

Training was provided to staff and they felt well supported. Training plans addressed any gaps and all staff were enrolled to complete the Care Certificate which assesses fundamental caring skills.

People were supported to eat and drink and there was a general improvement in monitoring nutritional needs although this was work in progress until new processes were embedded in practice.

Requires Improvement ●

Is the service caring?

The service was not consistently caring

Requires Improvement ●

We observed kind and caring interactions with people and visitors and people spoke highly of the care provided.

We observed some people's needs were anticipated by staff who ensured their comfort while on other occasions people were not responded to in a timely manner when distressed or uncomfortable.

We observed staff preserving people's dignity by offering care and support discreetly. People were supported to remain as independent as possible.

Is the service responsive?

The service was not consistently responsive.

New care plans were in place which contained the necessary information. Some information could be more detailed and personalised.

There were mixed views about the activities available to people so we have made a recommendation to keep this under review.

People were well supported at the end of their lives.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

There was a registered manager in post who was supported by a home care manager and deputy. A manager from a care home advisory service had been appointed to support with improvements required.

A number of improvements had been made including the introduction of new management audits and reporting systems. A master action plan had been developed and progress was being made to make the necessary changes since the last inspection.

New systems are not yet fully embedded into practice and work was continuing with this.

Requires Improvement ●

Groveswood 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.

The inspection took place on 31 January 2018 and 6 and 8 February 2018. The first visit to the service was unannounced which meant the provider did not know we would be visiting. Subsequent visits to the service were announced. The inspection was carried out by two adult social care inspectors.

We did not request a Provider Information Return (PIR). 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.

Prior to the inspection, we reviewed information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted Northumberland commissioning and safeguarding teams for feedback prior to our inspection.

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

We spoke with the registered manager and deputy manager. We also spoke with a home care manager from a separately registered service run by the provider who supported the management of the care home. We also spoke with a manager from a care home advisory service, a senior care worker, four care workers, a housekeeper and a cook.

We spoke with 11 people and five relatives to obtain their views about the service.

We checked five care plans, four staff files and a variety of records relating to the quality, safety and management of the service.

Is the service safe?

Our findings

At our last inspection we found that medicines were not always locked away and not all night staff had received training in the administration of medicines. At this inspection we found medicines were locked away and staff had been trained meaning they no longer needed to call the home care manager who lived on site to administer medicines needed out of hours at night. A new audit was in place and we saw that improvements were being made month by month. Stock levels checked were correct and new systems in place meant that medicine stocks could be monitored more closely.

There were no protocols in place to detail exactly how and when 'as required' medicines should be administered although this had been picked up on the audit. This is important as clear instructions ensure staff know the exact circumstances under which to administer these medicines. The audit had also highlighted there were no body maps in use to denote the location on the body to administer topical medicines such as creams and lotions.

Medicines were stored in locked cupboards, but these were in a room accessible from outside the home via a back door. We observed staff using this door frequently during the inspection and coming through the treatment room where medicines were stored and into the adjoining kitchen to access the home. We spoke with the registered manager about this as frequent traffic through this area could be distracting for staff working with medicines. We also observed that staff did not follow the provider's procedure while administering medicines to people as they did not observe people taking their medicines, and left their medicine with them. They had not undertaken risk assessments to demonstrate it was safe to do so. We saw one person drop their tablet on the floor, and another spill their soluble Paracetamol. There was also a risk that another person who lacked capacity could accidentally pick up and ingest the medicines as they were left in communal areas.

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

We spoke with staff about this who told us they did not want to interrupt people while they were eating. We told the registered manager our findings and they assured us staff would supervise people in future and they would review the appropriateness of administering medicines during meals.

At our last inspection we identified shortfalls and omissions relating to the safety of the premises and equipment. Water temperature checks had not been completed since 2015 to identify and monitor the risk of Legionella. Annual checks of the safety of gas appliances had not been carried out since 2015 and there was no evidence that the fire alarm system had been serviced since 2015.

At this inspection we found water temperature checks and Legionella checks had been completed. Gas, electrical and portable appliance tests had also been carried out. New contracts were in place to ensure the routine testing and servicing of portable equipment including equipment used for the moving and handling of people and bath aids.

We checked the safety of the premises and found wardrobes were secured to walls to prevent them from accidentally falling on people, and windows were restricted. Portable heaters were in use in some bedrooms and risk assessments were in place for these. We judged that these risk assessments could have been more detailed, in particular in relation to people's mobility and capacity. We spoke with the registered manager about this who told us this would be included. There were no bed rails in use, and anyone needing bed rails in future would be provided with a hospital bed with integrated rails for safety.

The fire alarm system was serviced by an external contractor following the last inspection and the provider was advised to replace the existing system. We spoke with Northumberland Fire and Rescue about the safety of the current alarm system in the interim and they visited the service. They told us they found the current system to be safe until it is replaced and were confident the alarm would be raised in the event of a fire. Quotes had been obtained by the provider to replace the alarm system. Fire drills and checks on portable fire fighting equipment had been carried out.

The home was clean and tidy during the inspection. We spoke with domestic staff who were aware of the correct procedure for the storage of hazardous cleaning substances and infection control audits were carried out. There were ample supplies of personal protective equipment such as gloves and aprons, and we observed staff wearing these when required.

There were suitable numbers of staff on duty during the inspection and people were supported in a calm unhurried manner by staff. Staff recruitment records we checked showed that appropriate checks had been carried out on new staff to ensure they were safe to work with vulnerable adults.

Individual risks to people were assessed. A new falls risk assessment had been introduced and checklists were in place to support staff to provide care safely, for example, daily catheter care checks. An accident analysis and new management audits including health and safety, infection control and catering had been introduced. This meant the safety of the service was being monitored more closely and systematically.

Safeguarding procedures were in place and staff told us they were aware of the procedures to follow if they had any concerns. There were no organisational safeguarding concerns involving the service.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection we found that Mental Capacity assessments had not been carried out for specific decisions related to people's care needs. Records also lacked details of where representatives held Lasting Power of Attorney (LPA). LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions. There are two types of LPA; property and financial affairs and health and welfare.

At this inspection we found new paperwork had been introduced to record mental capacity assessments and new care plans were in place. These were being updated and we found a small number remained generic in style while others contained more specific information. A small number of plans contained conflicting information and a checklist that had been introduced contained out of date terminology with reference to Deprivation of Liberty Safeguards (DoLS). We fed this back to the registered manager, and we saw this was replaced by an updated version by the second day of the inspection. Information related to LPA was now recorded.

While we acknowledge improvements have been made in this area we recommend close attention is paid to monitoring records related to MCA and DoLS until the new documentation and procedure is embedded in practice.

We checked the suitability of the environment. At our last inspection we found the environment was not supportive to people living with dementia. At this inspection we found improvements had been made including the addition of signage to support people with locating bathrooms, toilets and communal areas. A plan was in place to further enhance the environment which listed ongoing priorities for refurbishment including the removal of patterned carpets, ensuring all hand rails contrasted with walls and highlighting toilet doors by painting the surround. There were also plans to use decorative visual clues to emphasise the function of rooms such as bathrooms and dining areas.

Staff told us they felt well trained and supported to carry out their roles effectively. We were provided with a copy of a training matrix which contained details of training staff had undertaken which was considered

mandatory by the provider. We spoke with the manager from the care home advisory service who told us they found staff were aware of appropriate moving and handling techniques and staff awareness of safeguarding issues had improved.

Staff records we checked showed staff had received training in infection control, fire safety, end of life care, dementia awareness, whistle blowing, medicines and mental capacity. There were some gaps in training including basic life support. Refresher training for this was booked and plans were in place for regular updates. All staff were enrolled to complete the Care Certificate. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

Staff received regular supervision and annual appraisals were planned. Staff told us they felt well supported. Additional training related to specific conditions was arranged with district nurses when required.

We checked how people's nutritional needs were being met. A new system had been introduced to monitor people's nutritional needs including the use of the Malnutrition Universal Screening Tool (MUST). MUST supports staff to identify people who are at risk of malnutrition.

We found one person had lost a significant amount of weight but the action taken was not reflected in the person's care records. We spoke with the cook who was aware of the person's weight loss and explained the action they had taken to supplement the person's diet. We checked other records and found advice was sought from a dietician or GP when appropriate and a decision was taken by the registered manager to weigh all people weekly initially upon admission in case the move impacted on their weight or appetite. This would allow them to intervene more quickly instead of waiting for a full month to review.

An administrator had been appointed to support the manager to review and transfer all nutrition care plans to the new paperwork which was in progress during the inspection.

People and visitors were generally complimentary about the food although some people said it could be better. One person said, "The food is nice, I enjoy it." Other comments included, "It is fair" and "it is adequate." We observed people at mealtimes during the inspection which they appeared to enjoy. Staff supported people at eye level and explained choices. We observed one person being supported to eat while they were quite sleepy. We spoke to a manager about this as we felt this may increase their risk of choking. They said they would discuss this with staff.

Food and fluid charts we checked had been fully completed although the total daily fluid intake was not always recorded. One person had a target fluid intake of 3000 millilitres which was quite high and we were unsure how this had been calculated. We pointed this out to the registered manager for review. A new audit of the mealtime experience and catering audits had been introduced by the provider since the last inspection to monitor quality in this area.

People had access to a range of health professionals including GP and district nurses. Relatives told us they were happy with the contact they had from the provider about their relation's health needs and people said they always saw a doctor if they asked for one. Risk assessments related to health and wellbeing were completed and we saw that where there was a specific concern, such as an increase in falls, an extended plan was put in place including a falls diary. Specialist advice was also sought. Daily records showed that staff had noticed an infection in one person's leg. We checked and found the care plan had been updated to reflect this and this information and appropriate action had been taken.

Is the service caring?

Our findings

Most people and relatives told us staff were caring and they felt well looked after. One person told us, "They are all lovely. I am well looked after." A relative said told us the atmosphere in the home was warm, welcoming and friendly. They told us, "As soon as you walk through the door it hits you. It's a lovely home, always offered a cup of tea and biscuit like you would at home. They are flexible; no rigid routines and staff are always lovely to visitors and people that live here." Another told us, "Staff are sympathetic and understanding. I can't speak highly enough of them." Two people said that not all staff were as nice as others but confirmed they had not been 'nasty' to them.

We observed staff interacting with people kindly. One person put their hands on a staff member's face and said "darling", displaying warmth and affection towards them. Support with personal care was offered sensitively and discreetly.

On the first day of the inspection we spent time in the lounge observing care and talking with people. The television set was playing very loudly although people were not watching the programme. One person became distressed by the noise and began asking how to turn the television off. A staff member came into the room and told them they could not turn off the TV because others were watching. The person continued to be upset, trying to hit the TV buttons to turn it down by themselves.

We spoke with the manager from the care home advisory service about this who told us they had never experienced excess noise being an issue. We also spoke with the registered manager who confirmed this was something that was usually monitored carefully. The television was not playing excessively loudly for the remainder of the inspection but the registered manager told us they would monitor this.

We also observed one person who spilled two drinks on their clothing during the inspection. On each occasion we alerted staff but it took a long time for them to attend to the person. We spoke with the registered manager about this who said this was unusual as staff were generally very attentive. Relatives also confirmed that staff were attentive to people's needs.

The provider had an equality and diversity policy to support staff in promoting the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. Training in Equality and Diversity was planned for a number of staff. It was also included for staff enrolled to complete the Care Certificate.

Seat covers were in use which matched the curtains but could draw attention to continence problems and compromise people's dignity. We recommend that washable fabric chairs are considered when seating is replaced.

One person told us that staff did not knock when entering their room; other people told us staff knocked and were polite. We observed staff respecting the privacy of people during the inspection. People were supported sensitively at mealtimes, and helped to be as independent as possible. Support ranged from

prompting and adapted equipment to full support.

We observed staff joking with people. One person asked what their medicine was so the staff member brought the box to show them and explained what it was joking, "I'm not going to poison you." The person laughed and said she recognised the medicine so felt reassured. Staff also took care to ensure the comfort of people. One staff member asked, "Do you want your cardigan on? It is getting a bit chilly."

People told us they were supported to be as independent as possible. They were seen to be offered support and choices throughout the inspection. The level of support people needed was also recorded and one person told us, "You can have a bath or shower when you like. It is all there for you including soap and flannels." They said staff helped them when they needed it but they tried to do as much as possible for themselves.

Is the service responsive?

Our findings

People and relatives told us staff were responsive to their needs. One relative told us, "They made the transition from home to care very easy." They told us they had felt well supported by staff at that time.

New care plans had been introduced with support from the care home advisory service manager. This meant care plans were formatted in a consistent way and were in the process of being transferred to the new system at the time of the inspection. An administrative staff member had been enlisted to support the registered manager with transferring care plans to the new system due to the volume of work this involved. Plans were in place to train senior staff to support with evaluations of care.

Care plans we checked contained a pre-admission assessment, which demonstrated that people's health and care needs were assessed prior to moving into the home. Care plans were person centred and contained information about people's education, work, hobbies, likes and dislikes. Some of the new care plans appeared less detailed than previous examples due to the change in style. We spoke with the registered manager who said they had recognised this and planned to ensure the new style plans contained the same level of detail.

Care plans were reviewed regularly and people and their representatives were involved as they wished. We noted that in one person's care file it stated that the person's grandson had Lasting Power of Attorney and wished to be involved in care planning for their relation. This was documented as a reminder to staff. Care plan reviews did not always contain the full date of the evaluation, and simply stated the month of the review. This meant it was not possible to be precise about the length of time between reviews. We spoke with the registered manager about this who said they would ensure full dates were recorded in future.

Some people using the service had communication difficulties in some cases caused by their dementia related condition. This meant they sometimes communicated discomfort or anxiety through their behaviour. A relative told us staff "respond to behaviour well" and said, "It's not the absence of problems, it is how they deal with them." We also observed staff using visual prompts such as showing people choices in activities or food and drinks to help them to make a decision.

An activities coordinator was in post who delivered activities three days per week. They had helped people to make a Valentine's Day display which included comments by them written into hearts. Some of these were reflective about missed opportunities to find love, others were devoted to loved ones that had passed and some were amusing. Opportunities for people to talk about past and present relationships are important and this activity supported people with this.

Other activities included bus trips and entertainers visiting the home. Some people were occupied during the inspection with their own activities including puzzles, crosswords and reading. An artist was visiting on the second day of the inspection and people enjoyed painting and drawing. Two pet therapy dogs also visited the service regularly and were present on the second day of the inspection. The owner told us they visited on a regular basis and we observed people enjoyed the company of the dogs and giving them treats.

One person was comforted by and enjoyed engaging with a doll, smiling broadly. Another person told us, "She loves her babies."

We spoke with people about activities and we received mixed feedback. Some people told us there was a lack of activities and they were bored. Comments included; "We definitely need more things to do" and "The days are long. I do get bored. I would say if anyone is thinking of coming in to bring plenty of books." Another person told us they were happy with activities provided and said, "We go to Alnwick gardens. It is lovely we have a sing-a-long and a cup of tea. We sing to them and they sing to us. It's lovely."

We recommend in light of the mixed views received that the variety and frequency of activities is kept under review.

A complaints procedure was in place and people and relatives told us they knew how to make a complaint but said they hadn't needed to. There were no formal complaints recorded about the service.

People were supported at the end of their lives. Staff in the home had received training in 'Death and bereavement' and worked closely with specialist NHS staff who provided ongoing guidance and support. A relative told us another relation had died in the home and said, "Staff are very caring at end of life. They allowed me to stay overnight with [my relative]." Another relative told us, "They couldn't do enough when my relative passed away. They (staff) are there to comfort you." Relatives told us visiting was flexible and they could come at any time or call the home, including at night which they appreciated.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

Is the service well-led?

Our findings

Staff and relatives spoke highly of the registered manager. Staff said they felt well supported and told us, "The managers are all approachable." Relatives told us they particularly valued their relationship with the registered manager who spent a good deal of time in the home with people who used the service, and had a good awareness of the needs of individual people living in the home. One relative told us, "We have really good communication with the home and we see the manager regularly." We observed the registered manager spent time out of the office in the home. One person had been asleep for some time and they quietly reminded staff that they may be thirsty when they woke up so should be offered a drink.

At our last inspection we found the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance. This was because the provider's systems had failed to identify all of the shortfalls we found during the inspection.

At this inspection we found the provider was no longer in breach of this regulation.

Since the last inspection a manager from a care home advisory service had been appointed to support the provider to make improvements including in those areas identified at the last inspection. We spoke with the visiting manager who told us there had been a steady improvement in quality and governance systems, which was continuing. They said, "I have seen a vast improvement but there is still a way to go." They were working closely with the registered manager, home care manager and deputy manager. A part time administrator with a background in Human Resources (HR) had been appointed to support the registered manager with HR issues, changing documentation and some quality audits.

The registered manager, home care manager and deputy manager told us they recognised that as a small independent provider, input from an external source had been of benefit since they lacked the infrastructure of a large corporate provider to help them to remain up to date. They were keen, however, to retain the individuality and areas they felt were already working well and there was evidence of negotiation and discussion around the changes that were necessary.

Improvements that had been made included the introduction of audits and management reports. A master action plan had been developed which related to a number of key areas requiring management oversight. These included property, care and documentation, medicines, safeguarding, complaints, staff and management, accidents and incidents, audits, feedback and occupancy, demand and marketing.

Audits were initially carried out by the visiting manager while other managers learned the new processes. At the time of the inspection we saw that responsibility for these had been handed over and the frequency of visits by the manager had reduced. They continued to monitor the effectiveness and accuracy of governance and associated records. Responsibility for specific areas was allocated to each manager and deputy who took on a lead role in that area for example health and safety or medicines.

Monthly audits were carried out in health and safety, infection control, catering, mealtime experience and

medicines. Care plan audits were carried out weekly and showed the quality of care plans and care documentation was improving but was described as "work in progress" by the registered manager who took overall responsibility for care planning with the support of the administrator.

We spoke with the registered manager about their responsibility in monitoring the quality and safety of the service. We were aware that a number of tasks were delegated to the home care manager for example and we wanted to be sure the registered manager had full and complete oversight of the home. They assured us that although they delegated some tasks, they were aware of their specific responsibilities as registered manager. The introduction of new management reports supported this and they told us, "Everything that needs an overview is on that report."

Systems were in place to obtain feedback from staff, visitors and visiting professionals. Staff told us morale was improving in the home. One staff member told us, "We all do really well here. After the last inspection everyone got a shock and morale was really low." Another staff member told us, "We work as a team but even more so now."

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 Medicines were not always stored or administered safely. Instructions for medicines to be given as required were insufficiently detailed. Regulation 12 (2) (g)