Borough Care Ltd

Reinbek

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced comprehensive inspection which took place on 8 and 9 September 2015.

We had previously carried out a scheduled inspection on 2 July 2014 when we found the service had not complied with all the regulations we reviewed. We found breaches in the regulations relating to the management of medicines and assessing and monitoring the quality of service provision. We returned to the service on 28 August 2014 and found that action had been taken to achieve compliance with the regulations in both areas.

In August 2015 we received concerns that medicines were not being administered and monitored effectively.

Reinbek provides residential care for up to 44 people. The home is a large extended, two storey, detached

property set in mature grounds in the Stockport area. The home is divided into four units, named Blueberry, Lemon Tree, Greenacre and Strawberry Fields. All units provide accommodation, bathrooms and communal areas. All

Summary of findings

bedrooms have single occupancy and some have en-suite facilities. There is a passenger lift providing access to the first floor. There is large enclosed garden area and car parking is available within the grounds.

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

We found four breaches of regulations relating to arrangements for staff supervision, and safe working practices including the administration of medicines, control of infection practices and environmental and nutritional risks. For example, we saw staff leave medicines in pots close by each user, but did not ensure that they had taken their medicines; doors to rooms and cupboards which should have been kept locked were not locked, and clinical waste procedures were not always followed. Staff were not always provided with supervision or appraisal.

You can see what action we told the provider to take at the back of the full version of the report.

We also made a recommendation relating to the provision of food. See the comments in the main body of the report.

People told us they felt safe. We were told "Its home. I definitely feel safe here" and "I know the staff very well. I'm very comfortable here." Visitors told us they were reassured that their loved ones were safe; we were told by one relative that, "I like what I see. If there was anything untoward I know I can speak to the manager, and it would be sorted out."

Systems were in place to reduce the risk of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to protect vulnerable adults from abuse.

Recruitment and selection procedures were in place to help ensure that the staff employed at the home were suitable to work with vulnerable adults. There were sufficient numbers of staff available to support people, with the exception of lunchtime on the day of our visit, due to medication training and attending to a visiting doctor.

The people we spoke with were complimentary about the staff. One person told us, "The staff here are very kind. I have no complaints, and if I did I would be able to speak to [the registered manager]." Another told us, "We are well looked after here. It was a wrench to leave my bungalow, but I made the right decision to come here."

We saw that people were often left to find their own stimulation and there was little sign of any organised activities taking place. People told us that the level and quality of activities had declined whilst they had been there.

The registered manager was able to demonstrate a good understanding of the Deprivation of Liberty Safeguards procedure (DoLS) and Mental Capacity Act MCA (2005) and the staff we spoke with also had an understanding of capacity and consent issues relating to people who used the service.

Reinbek had a comfortable calm and relaxed atmosphere. It was undergoing extensive refurbishment when we inspected, but this was unobtrusive and caused little obvious inconvenience to the people who lived there

The staff had developed good relationships with all the people who used the service. We observed good social interactions and people were treated with kindness and respect by staff who knew them well.

We saw that the home had a complaints procedure, with the policy on display in the entrance hall. In addition there was a locked box for people who lived there and their visitors to post any comments, and 'your views are important' comment cards were available.

The registered manager was respected by the staff we spoke with, who told us that they were confident that she would resolve any issues if they approached her. One staff member told us that she thought morale had improved since the new manager had taken over, and that she looked forward to coming into work.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Medicines were not always stored or administered safely. Although the provider was in the process of making improvements to the management of medicines we found that prescribed creams and tablets were not always administered to people in a safe way.

We found that doors marked 'keep locked shut' on the second floor to protect people from hazards were not always followed. This meant that people had access to the boiler room and a store room holding a significant amount of cleaning products.

We saw that incontinence pads were not disposed of in line with the homes policy and procedures, which meant that soiled waste was not disposed of in a way that prevented odour.

Staffing levels were appropriate to meet needs and we saw that the home had good policies and procedures to protect people from abuse, and the staff demonstrated awareness of safeguarding adults guidance.

Is the service effective?

Requires improvement

The service was not always effective.

Although food was of an acceptable standard, we found that the system in place for ordering, delivering and serving main meals was complicated. People have complained about the quality and choice of meals on offer.

Staff were knowledgeable but there was no regular pattern of supervision for staff or future supervision dates set to ensure staff were supported in their work.

Is the service caring?

Good

The service was caring

The care staff treated people in a friendly and respectful manner, and were responsive to individual needs.

People who used the service and their visitors spoke positively about the staff.

People told us that they were involved in planning their care and we saw that they were supported to make their own decisions

Is the service responsive?

Good

The service was responsive

People received person centred care and support to maintain their independence.

Summary of findings

Care records provided positive information about peoples abilities including detailed information about what is important to them.

Complaints were handled in an open and transparent manner and seen as a learning opportunity.

Is the service well-led?

Requires improvement 

The service was not always well led.

Systems in place to monitor the safety and quality of service did not always identify issues of concern.

The management team were approachable and supportive. Staff were confident that they would resolve any issues raised with them.

Staff commented that morale had improved since the registered manager came into post.

Reinbek

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.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Reinbek.

We had not requested that the service complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

The inspection took place on 8 and 9 September 2015, was unannounced and involved two adult social care inspectors and an expert- by- experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people with dementia.

During the inspection we spoke with fourteen people who used the service and four visitors. We also spoke to the registered manager, the deputy manager, five support workers and one housekeeper. We looked at a range of records relating to how the service was managed; these included four people's care records, recruitment files and training records.

Requires improvement

Is the service safe?

Our findings

We brought forward our planned comprehensive inspection because we had received some information of concern regarding the administration of medicines.

We looked at the medicines management systems at the home and found that the medicines were held in two store rooms on each floor. The medicines cupboard on the ground floor was small with limited space available for storage. The double doors to this cupboard were seen to open outwards onto the corridor presenting a hazard to people who used wheelchairs or were walking past. On the first floor we saw that wires had recently been installed to the area where the trolley was to be stored. This made it difficult for staff to push past (and it was noted that the wires had not been fully sealed at the ceiling allowing access to the roof space and presented a fire risk). We were told that all medicines would be moved into the "old office," upon the window in the office being made secure, this will create a treatment room; work to complete this was being undertaken as a matter of urgency.

There was a monitored dosage system in place for the administration of medicines. We saw that medicines received from the pharmacy were checked and recorded when received and disposed of. Records for prescribed tablets were seen to be completed. However records for prescribed and 'when required' (PRN) creams kept in people's bedrooms were either not always administered or not recorded. We saw that the staff record for people authorised to give medicines had not been updated to reflect recent changes to senior staff and only identified changes to people's doctors.

We watched people being given their medicines on the second floor and saw that people's medication was left in medicine pots on the table near each person, but staff did not monitor to ensure the medicines were taken.

On both units, pain relieving patches which are a controlled form of medicine, were found not to be used in order of the prescribed dates on the boxes. This practice had created a mix of batch numbers or more patches to a box than prescribed, which could create a problem if there was a need to investigate potential errors, omissions or if there were any problems with a particular batch of medication.

These identified issues were breaches of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment: the proper and safe management of medicines.

We reviewed three care records and saw risk assessments were carried out as required. We saw that assessments considered how to support people to minimise the risk of falls, prevent pressure ulcers and maintain suitable nutrition. The staff we spoke with demonstrated a good understanding of these assessments, and care plans were developed to minimise the risk of harm. These were regularly reviewed and audited by the manager.

We saw evidence that issues of concern were quickly identified and action taken, for example, regular weighing of an individual noted concerns of a steady weight loss, which triggered an investigation and referrals to appropriate professionals. However we looked at the risk assessments of two people in relation to nutritional risk and weight checks. We found that the risk assessments had not been always been reviewed and that the direction for weekly weight checks to be carried out by staff had not been followed.

We reviewed records which showed that regular maintenance safety checks were carried out on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. We also saw records which showed that other equipment used to support care staff with people's personal care, such as hoists, were regularly serviced by an authorised engineer.

When we walked around the building we found on the ground floor that all 'keep lock shut' doors were locked except both doors to the laundry, allowing people who use the service access to washing machines, dryers and cleaning products without a member of staff being present. On the second floor we found that all doors marked 'keep locked shut' were open and therefore accessible by people who used the service, including the boiler room and a store room containing a significant amount of hazardous cleaning products which fell within Control of Substances Hazardous to Health (COHSS) safety procedures. Control of Substances Hazardous to Health (COHSS) safety procedures.

These identified issues were breaches of Regulation 12 (2)(a) 12 (2)(b)of the Health and Social Care Act

Requires improvement

Is the service safe?

2008 (Regulated Activities) Regulations 2014 Safe care and treatment assessing the risks to the health and safety of service users of receiving the care or treatment.

Staff did not wear a uniform, but used tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Communal areas were kept clean and hygienic. However, we saw in one bathroom on the ground floor that the clinical waste bag was full and an unpleasant odour could be detected. We were told by managers that the correct procedure was to put the soiled pad into a sack with the disposable gloves and aprons being used. The contents of the clinical waste bag showed that this was not happening and that there were no disposable gloves or aprons in the clinical waste bag to demonstrate that staff were using them.

This was a breach of Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment in assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated

People who used the service told us they felt safe. We were told “Its home. I definitely feel safe here” and “I know the staff very well. I’m very comfortable here”. Visitors told us they were reassured that their loved ones were safe; we were told by one relative that “I like what I see. If there was anything untoward I know I can speak to the manager, and it would be sorted out.”

Systems were in place to reduce the risk of harm and potential abuse'. The provider’s safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to protect vulnerable adults from abuse. We asked staff if they had witnessed any untoward behaviour or bullying and whether they would know how to deal with it. One told us she had not witnessed anything, and if she did she “Would go mad, but I’d report it straight to a senior.” Training records showed that staff had attended safeguarding awareness training within the past two years.

Since our last inspection there had been one safeguarding alert raised with the local authority relating to pressure sores, but this was not substantiated.

We reviewed personnel documentation for three care staff which showed recruitment checks were carried out before a person began working in Reinbek. References were sought and stored securely on line, along with a criminal record check through the Disclosure and Barring Service (DBS). This is a check which helps providers to make an informed decision if a person was suitable to be employed to provide care and support at Reinbek.

The registered manager told us that there were sufficient staff to meet the needs of the people who use the service. Either the manager or assistant manager was on duty during the day, and six senior care workers were employed, including a night senior. In addition there were cleaning and kitchen staff working as part of the team. To provide greater continuity the registered manager was developing a bank of casual workers who would be familiar with the home to cover occasional shifts for any leave or sickness absences. We reviewed three weeks rotas and saw that the staffing levels were consistent with what we were told and our observations confirmed this. Staff were visible in all communal areas and people were supported promptly in a calm unhurried manner, although this was not the case on all units at mealtimes, when the need to support people was greatest. This was partly because senior staff were undergoing training at the time of our visit.

Requires improvement

Is the service effective?

Our findings

Staff told us that they received regular supervision. The registered manager informed us that she and the deputy manager supervised senior staff who in turn supervised care assistants. When a specific issue is identified with a care worker the manager would take up the supervisory role. We looked at three supervision files which demonstrated that there was opportunity to discuss care practice, areas for development, and provide feedback. However, we found evidence that supervision was not always carried out or consistent in approach. There were no regular patterns to supervisions. The registered manager informed us that she had reminded all senior staff of the need to ensure supervision is provided to all staff, and this instruction was recorded in the minutes of a recent Senior staff meeting.

This was a breach of Regulation 18(2)9a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staff must receive support, supervision and appraisal in oder to perform their duties

People we spoke with gave mixed feedback about the food offered. One told us, "The food is not bad at all." Another said "I eat everything put in front of me, but I don't get any fresh fruit." Another told us, "The food is alright, but could be better".

We saw that food and fluid charts were maintained where necessary,and that drinks and snacks were offered throughout the day.

We observed breakfast and lunch being served in two of the units. Dining areas were accessible by all. Breakfast consisted of cereal, fruit juice, toast, bacon and eggs and was served to people as they got up in a relaxed and calm manner. Some people were served breakfast in their rooms. Staff were attentive to people's needs and supported them at their own pace to finish their breakfast.

At lunchtime tables were laid with tablecloths, cups and saucers, cutlery and cruets; although at lunch some people at one table had difficulty differentiating between salt and pepper. No menus were displayed.

The provider of the care home had recently contracted out the provision of food to a private company. This had not met with the full approval of the people living there who had complained about the quality and type of food offered. One person told us, "The food used to be so much better."

Borough Care employs an outside catering company who prepare and cook all meals on site. None of the residents were on fortified diets or required softened or pureed meals. People were asked to choose their weekly meals a week in advance. This meant that people were unable to recall what they had ordered or no longer wanted the particular meal they had ordered and had changed their minds.

We were shown the menu for the week we inspected the service. We found the menu difficult to understand because the choices were complicated. Care staff told us that the current arrangements made serving of meals difficult and limited choice for people. However they did offer alternatives, for example, we observed one person being offered boiled potatoes instead of chips.

The service observed at lunch time was seen to be slow, with meals being served one by one. This meant that people seated together received their meals at different times. Care workers were also seen to be rushed. On one unit one care worker was serving lunch alone to ten people some of whom needed additional support and encouragement to eat their meals. This did not make mealtimes a relaxed or enjoyable social occasion for people. On the day we inspected there was some external staff training taking place for the senior care staff and managers and a doctor was making a house call. This meant there were lower staffing levels than usual, and during the lunch period care workers were understaffed on the upstairs units. The rotas showed that there would normally be a senior on duty in the dining areas to assist with lunches.

Reinbek held a Residents Forum meeting on August 28 2015. We noted that concerns about the poor choice and quality of food had been raised. Subsequently the registered manager arranged a further meeting with the catering firm, which had made some improvements, for example, following up on a recommendation to provide bread and butter.

Requires improvement

Is the service effective?

We recommend that the care provider review the arrangements for the provision of food at the home to increase people's involvement and reduce the amount of time between people choosing what they want to eat and receiving the meal.

The people we spoke with were complimentary about the staff. One person told us, "The staff here are very kind. I have no complaints, and if I did I would be able to speak to [the registered manager]." Another told us, "We are well looked after here. It was a wrench to leave my bungalow, but I made the right decision to come here."

Visitors were confident that staff had the necessary skills and knowledge to provide a good standard of care for their relatives. One visitor told us, "I don't have to worry because I know she will be looked after. If there was an emergency they would be able to deal with it and let me know."

Reinbek was undergoing extensive refurbishment when we inspected, but this was unobtrusive and caused little obvious inconvenience to the people who lived there. The people who used the service had been consulted and had agreed with the proposed plans

Staff understood their role and were competent. There was an induction programme: new staff were assigned to work with a more experienced member of staff with whom they worked alongside to develop competence and confidence over a 4-5 week period. In addition further training was made available to staff in areas such as moving and handling; safe food handling; fire safety; safeguarding adults and person centred care.

We looked at the training records which showed that 13 of the 33 care workers had a National Vocational Qualification (NVQ) in health and social care. One staff member told us that they had received some further specialist training, along with other members of staff, for example, in delivering safe catheter care, and had attended a dementia course which they enjoyed and thought was of benefit. Senior staff had received updated medication training.

There were three waking night staff and rotas we looked at showed that there were between nine or ten care staff deployed each day, working two to a unit, with two senior carers working across units; one on each floor. There had been six new care staff employed since the beginning of the year and the home was now fully staffed. We were told by the registered manager that the number of agency staff being used by the home had reduced. This was partly due to the recruitment of bank care workers who could be called to cover shifts and help maintain greater consistency for people who used the service. Their shifts were also marked in rota sheets.

Care workers worked on any of the four units. A member of staff told us that this was so they got to know all the people who lived at the home so they were better able to respond to their needs. We observed good interaction and response to the needs of people who used the service, and a staff member told us, "I like working here; we can have a laugh together, staff and residents. We all muck in to do the work". Another care worker told us, "I've never worked as well in a team. We all work together. That way we get more done."

We observed the morning handover, which was attended by all the day staff, and included typed handover sheets to update them on any concerns or other events. Staff were also given verbal information and informed about what was happening throughout the day, for example the admission of a new resident.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation is in place to ensure people's rights are protected. When we inspected Reinbek none of the people who used the service required, or were subject to a DoLS. The registered manager was able to demonstrate a good understanding of the DoLS procedure and Mental Capacity Act MCA (2005) and the staff we spoke to also had an understanding of capacity and consent issues.

People's health was monitored and staff would contact the general practitioner (GP) if people were feeling unwell. On the first day of our inspection the district nurse and a doctor were visiting to attend to people who were ill, and another person was taken to hospital for a routine appointment. Care records showed that eye checks and foot care were regularly completed by appropriate professionals, and dental appointments were made for people.

Good

Is the service caring?

Our findings

One person told us "I am really happy here, I'd give it 100%." Other people told us that they felt they knew the staff well, that they were "really nice" and that they had made good friends.

Care staff also believed that it was important to know the people who lived at Reinbek, one member of staff told us that she felt getting to know them and their ways was one of the best parts of the job, especially knowing when they have good days or off days, and being able to support them. People told us that they were involved in planning their care, and supported to make their own decisions on a daily basis, and one visitor told us "[my relative] has a voice here. She knows what she wants and the staff will always listen to her."

Reinbek had a comfortable calm and relaxed atmosphere and we observed good interaction between the people who lived in the home and the staff supporting them. People were addressed by their preferred names and spoken to in a friendly manner making eye contact and touch where appropriate.

Feedback from visitors was positive, and the relatives we spoke with had no issues about the quality of care. There were no restrictions on visiting and those visitors we spoke with told us that they were always welcomed and supported when they visit.

Personal information held on people was kept safely and either remained in their rooms or was stored in a lockable cupboard in the office.

When we arrived at the care home at 6.30a.m people were still in their rooms and the night staff were starting to support those people who wanted to get up. There were no set rising times, and people were being assisted to get up in their own time. A care worker told us that most people did not like to get up early. We observed tea and toast taken to one person in their room.

We noted thank-you cards on the noticeboard. A relative had written, "You looked after her with care and compassion and I will always be grateful for what you did for her."

We observed people as they arrived for breakfast. We saw they were well dressed and presentable with their hair combed.

People told us that the staff treated them in a friendly and respectful manner, and we saw examples of this, for instance, in the ground floor dining room. Once the meals had been served care staff were particularly attentive to the needs of all people who used the service and offered choice of drinks, second helpings and asked people if they needed any assistance, for example to cut up their food.

Rooms were furnished in accordance with people's wishes and to individual taste with pictures and photographs on display. There were no restrictions on personal belongings and people had brought some of their own items of furniture with them.

Good

Is the service responsive?

Our findings

People who used the service told us that they were listened to and supported by staff. One person told us that the staff let her make her own breakfast and went on to say, "I can do what I like. It's 100% perfect." During a conversation with another person we were told that they had, "Never looked back [since they came to the home]. The staff are there but don't interfere. I know I can ring my bell and someone will come in a couple of minutes. That is peace of mind."

Care plans and daily notes were written in a person centred way and we noticed that they were subject to review on a monthly basis. We looked at three people's individual care records which were kept in two files. The first file was held in the office and contained information about the person and included, for example, admission information, risk assessments, referrals to other professionals, and archived records. The second was a working support file which was kept in the person's room. This held information about the individual and was person centred with information such as 'how best to support me' and provided a person-centred summary of the individual, their wishes and tastes.

However on the records we saw there was not enough information, for care workers who may be unfamiliar with the person, to follow in order to support the person effectively and safely. We saw that records sometimes lacked attention to detail, for instance, un-dated moving and handling charts, and weights were not always recorded.

There was evidence however of full consultation and involvement of the people who used the service in drawing up their care plans, for example, under the heading 'what is important to me' "for staff to allow me to make my own decisions and to respect my wishes". Advanced decisions, which is a decision made to refuse any type of treatment in the future, and actions to take in an emergency were clearly detailed.

With the exception of mealtimes we saw staff respond promptly to people's needs. Where individuals required assistance staff responded quickly and tactfully. Staff were discreet and asked politely if assistance was required. For example we observed a person wheeling himself slowly down a corridor. A care worker passing him asked if he needed any help, and when he refused, saying that this keeps him fit and healthy, the care worker smiled at him and reinforced his wishes; politely reminding him to call if he changed his mind.

The communal areas had a loop system. This is a system to help people who are hard of hearing and use a hearing aid to better hear what is being said. All rooms had an alarm call which alerts staff to any problems. If a call is not answered within two minutes this then goes into a more urgent pitch. Response times were monitored and if a call goes beyond three minutes the registered manager looked into the cause of delay, and recorded the reasons for the delay and any subsequent action required.

We saw little sign of any organised activities taking place and none had been planned for the time of our inspection. The notice board advertised activities for the previous week but this had not been updated. One person told us that they, "Played bingo now and again, but activities are not as good as [they] used to be." We noted that this issue had also been raised by the local authority commissioners when they visited the home, and consequently the manager had responded by asking two members of staff to take responsibility for organising activities. We were told that there had been an entertainer in at the weekend and people told us that this was really good.

Whilst there were no organised activities, we observed good social interactions amongst the people living in the home and with the care staff. There were no restrictions on access to any communal areas including the well maintained gardens which were accessible through open French windows. The layout of the building allowed for use of space for quiet conversation, relaxation and interaction with others, including quiet area for entertaining and talking to visitors.

On a table in the lounge there was a jigsaw part completed. We were told that one person enjoyed this pastime, and would spend some time each day completing the puzzle.

People appeared happy to find their own stimulation. They told us that they had made new friends in the home and we observed a number of ongoing conversations throughout the day. Newspapers were delivered every morning and there was a wide variety of books and DVDS.

Good

Is the service responsive?

We asked one person if they could think of any improvements. He replied: “How can you? I can’t think of a thing to improve it, look out of the window (at the garden) it creates an interest.”

We saw that the home had a complaints procedure, with the policy on display in the entrance hall. In addition there was a locked box for people who use the service and their visitors to post any comments, and ‘your views are important’ comment cards available.

We reviewed the complaints log which showed that there had been seven formal complaints in the past year. All had been properly investigated and upheld where appropriate. We were encouraged by the response to complaints and by the action taken to remedy the concerns. However we noticed in the feedback from a resident and relative’s forum that concern was expressed that some staff do not always follow up on requests made. We were told by the registered manager that this issue had been raised with staff in meetings and action had been taken to remedy the situation.

Requires improvement

Is the service well-led?

Our findings

The home had a manager in place that was registered with the Care Quality Commission (CQC). The registered manager had been employed for 17 years with Borough Care and moved to Reinbek in December last year. She told us that Borough Care were supportive and would agree to any reasonable requests for resources, for example, they had supported the ongoing refurbishment of the home.

The nominated individual carried out reviews of the home on a six monthly basis. We looked at the most recent audit carried out in June 2015. This showed no major concerns but recommended improvements around medication, health and safety and storage. Actions required to improve the quality had been implemented in an action plan, however, we found issues around medication which had been overlooked by this audit.

We saw evidence that care files were regularly audited, and spot checks made of care files, case notes, medication and the building. We reviewed support plan audits; building spot check; weight monitoring and call bell response times. Where issues were identified we saw evidence that some action had been taken to improve the service. However, we identified a number of breaches in areas which were covered by these checks. Wefound problems with weight monitoring and nutritional risk, medicine administration and storage and supervision. These had been noted in the most recent audits and the registered manager told us that action had been taken to improve regular monitoring of aspects of service delivery, including addressing issues of concern with individual staff members.

The atmosphere within Reinbek met with the stated aims to provide a 'homely environment'. The staff we spoke with told us they enjoyed working there, and visitors told us that they had chosen the home partly for the calm and unhurried manner in which care was delivered.

The registered manager was respected by the staff we spoke with, who told us that they were confident that she would resolve any issues if they approached her. One staff member told us that she thought morale had improved since the new manager had taken over, and that she looked forward to coming into work. Visitors appeared comfortable in talking to the registered manager, and from our discussions the registered manager demonstrated that they had a good understanding of the needs and wishes of the people who lived in Reinbek.

The people we spoke with who worked in the service were aware of the roles and responsibilities of all the staff, but the care workers believed that it was important to work together as a team. One told us that although she understood the different roles and responsibilities, the first priority was to the people living in Reinbek, and if they identified a need they would follow it up.

There were regular meetings for senior carers, care workers and night staff, which were held at different times of the same day to allow for consistent and effective communication. We noted that the seniors meetings had been scheduled in the evening to allow night staff to attend. We viewed the minutes of the most recent of these meetings from the week of our inspection, which demonstrated that messages were consistent with clear instruction and information delivered. The registered manager had also arranged for relatives forums to allow visitors and residents the opportunity to have a say in how the home was run.

We saw evidence that issues raised were followed up. For example, when the residents forum discussed the poor choice and quality of food the manager arranged a meeting with the catering company for the following week. Minutes from this meeting showed that the people who lived in the home were represented and supported by the manager and that the catering company took on board some of the criticisms levelled But the people who use the service expressed on-going dissatisfaction with the meal arrangements

All safety certificates, for example, fire safety, emergency lighting, gas and electrical safety (PAT tests) were valid and personal evacuation plans were stored in people's rooms with copies in the main office.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable medicines management practices in relation to security, records and administration. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable health and safety risks in relation to the environment and nutrition . Regulation 12 (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable control of infection practices. Regulation 12 (2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service did not receive appropriate supervision and appraisal

This section is primarily information for the provider

Action we have told the provider to take

Regulation 18 (2)(a)