Voyage 1 Limited

Rakelands

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection visit took place on 9 January 2015 and was unannounced.

The service has been registered under the current provider, Voyage 1 Limited, since 3 June 2014. This was the first inspection of the service under this provider.

The home provides accommodation and nursing care for up to 16 people who have a disability. There were 13 people using the service at the time of this inspection. People were predominantly younger people and all had nursing needs.

There was no registered manager in post at the time of this inspection. A new manager had been in post since December 2014 and had submitted an application to register with the commission. 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.

Medicines were not always managed safely, as there were omissions in relation to security, stock control, the use of topical medicines and controlled drug recording.

Risks associated with the delivery of care and treatment were not always assessed or managed safely.

Summary of findings

Staff induction, training and supervision required improvement. The manager had identified this as part of her on-going improvement plan.

Where people lacked the mental capacity to make decisions, records showed that decisions were made in their best interests. However, it was not always clear from the records how people's mental capacity had been assessed.

People felt comfortable about approaching staff to speak with them. When they did so staff greeted them in a warm manner and stopped what they were doing to give the person attention. This showed respect. However, we observed some instances where people were not always treated with dignity or with respect.

Each person had a care and support plan that included key information about them. However, some care plan information was missing or incomplete. This meant that staff did not have the most up to date information on people's care. The manager's audit had identified areas for improvement in relation to support planning and person centred reviews.

Staffing levels were sufficient to meet people's needs. Staff understood their roles and responsibilities in relation to protecting people from harm.

People received on-going support to meet their health needs. Parents we spoke with told us the service supported their relatives to maintain their health. Staff we spoke with knew the people they were supporting well.

Staff had detailed guidance, which they followed, to ensure people had the appropriate support when eating and drinking.

There was a good rapport between staff and the people they supported. Staff were able to describe people's likes and dislikes and were patient and caring when supporting people.

Relatives and health and social care professionals told us communication had been an issue but this had recently improved. The service had worked on and improved relationships with local clinicians and specialists.

Changes in management had led to inconsistencies in the delivery of high quality care and sustaining service improvements. However, people said they had confidence in the new manager.

The manager was working on promoting a positive and open culture, which included developing a more personalised service for people.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of this service were not safe.

People received their medicines but the service did not consistently follow safe practice around the storage and management of medicines.

Assessments of risk were carried out, however it was not clear from the records if and how risks were being managed.

Staff were aware of their responsibilities to keep people safe and were confident to use relevant policies and procedures to raise any concerns.

Staffing levels at the time of the inspection matched those recorded on the rota and were sufficient to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff induction, training and supervision required improvement. The manager had identified this as part of her on-going improvement plan.

People received on-going support to meet their health needs. Staff we spoke with knew the people they were supporting well.

Where people lacked the mental capacity to make decisions, records showed that decisions were made in their best interests. However, it was not always clear from the records how people's mental capacity had been assessed.

People were supported effectively to make sure they had enough to eat and drink.

Is the service caring?

Requires Improvement

We saw positive, caring relationships between staff and people using the service. There was a lack of evidence in relation to people's involvement in their care.

Staff mostly supported people in a warm and respectful manner. However, there were some issues in relation to privacy and dignity that we found needed improvement.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Each person had a care and support plan that included key information about them. However, some care plan information was missing or incomplete. This meant that staff may not have the most up to date information on people's care. The manager had identified this as part of her on-going improvement plan.

Summary of findings

Records showed that complaints were recorded and responded to in a timely manner in line with the company policy.

Is the service well-led?

Requires Improvement

The service had not always been well led.

Changes in management had led to inconsistencies in the delivery of high quality care and sustaining service improvements. However, people said they had confidence in the new manager.

Relatives and health and social care professionals told us communication had been an issue but this had recently improved. The service had worked on and improved relationships with local clinicians and specialists.

The new manager was working on promoting a positive and open culture, which included developing a more personalised service for people.

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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 visit took place on 9 January 2015 and was unannounced.

The inspection was undertaken by two inspectors and a specialist advisor. The specialist advisor had experience and knowledge of working with people who require nursing care.

Before we visited the home we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of care records for eight people, including nutritional assessments and daily health monitoring records. We looked at the medication administration records for thirteen people. We also reviewed records about how the service was managed, including risk assessments and quality audits.

We met and spoke with the twelve people who were present in the home and day service facility. We also spoke with the manager, the nurse on duty, three care staff, physiotherapy assistant, chef and housekeeper.

Following the inspection we contacted four health and social care professionals who were, or had been, involved with the service. Two responded by giving us their views about the service. We also contacted the relatives of four people who used the service by telephone to obtain their feedback.

The service has been registered under the current provider, Voyage 1 Limited, since 3 June 2014. This was the first inspection of the service under this provider.

Requires Improvement

Is the service safe?

Our findings

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their complex needs. We therefore spend time observing the care provided and spoke with relatives after the inspection.

The relatives we spoke with said they felt their relatives received safe care and treatment. However through our observations and discussions with people and staff, we found the management of medicines and risks were not safe.

There were omissions in the way medicines were managed and administered, relating to security, stock control, the use of topical medicines and controlled drug recording. The door to the medicines room was open throughout the day of the inspection and the medicines trolley was not secured to the wall. This meant that medicines were not kept securely.

Medicines were not disposed of in a timely manner. In the stock cupboard there were two large yellow bags full of medicines from October 2014, which were waiting to be returned to the pharmacy for disposal. We spoke with the manager about this who arranged for their collection the following day.

One person's care records contained contradictory information about when staff should administer their emergency medicines. A care plan dated 27 October 2014 stated that staff should call 999 after administering the second dose of the person's emergency medicines. A second care plan dated . 18 November 2014, stated 999 should be called at the first administration of the medicine. We discussed this with the manager, who telephoned the hospital. The manager then informed us that this had been an error and they corrected it in the care plan immediately.

One person's records contained a letter from an epilepsy specialist regarding the reduction of an ant-seizure medicine. The instructions had not been transferred to the prescription section of the person's medicines administration record (MAR). This meant that staff did not have the new instructions and there was a risk this could have resulted in errors. We pointed out this out to the manager who told us they would get it altered to improve the clarity.

There was not a clear system for stock control of medicines. There were boxes containing large amounts of some people's medicines. For example, one person had 157 tablets in six boxes of a product, which meant there was six months supply. There were cupboards in the medicines room containing large stocks of topical skin ointment and lotions. A consequence of this was that several tubs of ointment had been opened and because there was no date recorded to show when they were started, it was not known which one was current or how long they had been opened. This is important as some medicines can become less effective after being opened beyond a certain length of time.

We asked the nurse administering medicines about their training. They told us they had received training "on line". We asked about an induction training programme relating to medicines. They said "Yes I did quite a bit on this during induction". However, they could not recall receiving a practical competency assessment. A consequence of this was that an opportunity to ensure the quality and safety of medicines administration was lost. NICE guidance on managing medicines in care homes states that providers must ensure that designated staff administer medication only when they have had the necessary training and are assessed as competent.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment.

In the medicines trolley, the medicines for each time of the day were in colour coded blister packs, which was an example of good practice that has been shown to reduce the risk of time related errors.

Assessments of risk were carried out, however it was not clear from the records if and how risks were being managed. The manager was aware of this issue and had plans in place to improve this aspect of the service. Records of bath temperatures were not fully completed. For example, one person's bath temperature record had not been completed since 3 January 2015. The manager told us that the person would have been bathed each day. An action plan from a best interests meeting for one person, held in October 2014, stated that a risk assessment should

Requires Improvement

Is the service safe?

be completed in respect of the use of a lap strap when using a wheelchair. The risk assessment was not in their care file and the manager was unable to locate such a record.

People were being cared for on airflow mattresses in order to protect their skin integrity. The pressure that individual mattresses should be set at was not recorded in people's care plans. Regular checks were not undertaken to ensure that the mattresses remained set at the correct temperature. This meant there was a risk people's pressure area care was not fully effective.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care.

Staff were able to give a clear explanation about what constituted abuse. They were able to describe different forms of abuse and how they might relate to the people they were supporting. They told us they had completed e-learning (training accessed via a computer) and demonstrated a clear insight into their roles and responsibilities to report concerns. Comments from staff included, "If I saw or heard anything that concerned me I would use the company whistle blowing policy and report it to the senior on duty or the manager. If nothing was done I would then take it higher". Another staff member said, " We need to be very observant and look for signs that things are unsafe or watch for mood changes in the people we are supporting. If I was worried about anything I would go straight to the manager and report it". Safeguarding posters were located around the home and staff were aware of the local authority safeguarding number. Safeguarding is the process of ensuring that adults at risk are not being abused, neglected or exploited.

People had personal emergency evacuation plans which detailed the assistance they would require for safe evacuation of their home.

Protective clothing, hand gels and plastic aprons were located all around the home. We saw staff wore protective clothing when offering personal care. Two shower trolleys in bathrooms were rusty at the base, which meant it would not be possible to clean them effectively. The manager said that new replacements had been purchased. Some carpets in communal areas were worn. The manager told us they were to be replaced.

We saw housekeeping staff cleaning the home. They had a system which was recorded and regular audits were carried out. Two staff told us about their infection control training. Both said they had received refresher training in the past 12 months.

Staffing levels were sufficient to meet people's needs. The rota was planned and organised in advance to help ensure there were sufficient numbers of suitable staff to keep people safe and meet their needs. In addition to management and ancillary staff, there were seven care staff and a nurse on duty during the mornings and afternoons, until four pm when the number of care staff reduced to five. Staffing levels at the time of the inspection matched those recorded on the rota and were sufficient to meet people's needs. The manager informed us that agency staff were rarely used during the day but were used at night whilst the service was recruiting new staff.

There was a system for ensuring relevant checks had been completed for all staff prior to recruitment. This included Disclosure and Barring Service (DBS) checks; confirmation that the staff were not on the list of people barred from working in care services. Checks were also undertaken to ensure that nursing staff were correctly registered with the Nursing and Midwifery Council (NMC). All nurses and midwives who practise in the UK must be on the NMC register. We looked at the recruitment records of three nurses and two care staff. The records contained the required information.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with told us the service supported their relatives to maintain their health and access healthcare services when necessary. Staff we spoke with knew the people they were supporting well. We were told that although there had been a large turnover of staff, there was still a core team that had worked in the home for a number of years. This had provided consistency of care for people.

Newly recruited staff were not receiving an appropriate induction to equip them to meet people's needs effectively. Not all staff were receiving a comprehensive induction in line with current Skills for Care common induction standards. These are the standards people working in adult social care should meet before they can safely work unsupervised. One staff who had been in post since the middle of December and another who had been in post for 15 months both told us they had not received a formal induction. The manager had introduced a new induction pack for newly recruited nurses. We saw this included competency assessment and observations for one nurse. However, their probationary period record was completed for one week but was blank for the following seven weeks. They had received only one supervision session.

The manager told us there had been gaps in the regular supervision and appraisal of staff. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. The manager had identified this was an area for improvement and were taking action to address this. They had held a group supervision meeting the day before the inspection to help support staff. There were also plans for senior staff to receive further training about delivering supervision.

Staff received training via a programme of e learning and face to face training. This included subjects to support staff to meet the specific needs of people who used the service. For example, specialist feeding techniques, person centred care, pressure care, communication and understanding behaviour. Staff who had not yet completed training relevant to their roles were new staff starting employment. Staff told us they had received regular training about epilepsy and the use of relevant medicines. A new updated course on epilepsy had been introduced and 18% of staff had also completed this training.

Staff were also supported to undertake further qualifications. Three staff were currently undertaking diploma level vocational courses in health and social care to further enhance their knowledge and skills in this area.

We found there was an area of inconsistency in the application of the Mental Capacity Act 2005 (MCA). Staff demonstrated a good understanding of the meaning of the Mental Capacity Act and had received e learning on this. The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make a specific decision. However, this training did not always translate into practice as records did not show clearly how people's mental capacity had been assessed for particular decisions.

One person had a no resuscitation policy in place in their annual review in January 2013 and their relative had been involved. However, circumstances for the person had changed and there was no record demonstrating that a best interest decision meeting had been held to review the decision. The person had not seen their GP since early 2014 and the manager was not aware of the resuscitation policy. Decisions relating to the person's best interests were therefore not being appropriately reviewed and recorded.

One member of staff told us "Mental capacity means what ability people have to choose what happens to them". Another said "I did a lot of training on this so I know it is about how people make their own decisions for as long as they are able to".

External health and social care professionals said the service worked to people's best interest and considered their consent and mental capacity. One added that this had improved significantly. We were told people's communication styles were noted in their care plans to ensure that wherever possible the person's consent was acknowledged on a day to day basis.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The manager told us that DoLS applications had been completed for all people who used the service and these were being actioned by the local authority

Requires Improvement

Is the service effective?

The people being supported had complex needs and used unique forms of communication. Staff were aware of support plan guidance about how individuals communicated and were able to demonstrate how to interact with each person in an effective manner. An example of this was that a member of staff told us that if one person raised their eyes it meant 'yes' and if they rubbed their nose, they were not happy. This matched with the person's communication profile.

People received on-going support to meet their health needs. People had been assessed for and were provided with specialist equipment to assist with their daily living and mobility. People had specialist beds, hoists, bathing and changing facilities. We saw that some people had electric wheelchairs to assist their independence. Lounges had large padded 'tilt' armchairs to ensure individual people's comfort and support pressure area care. People's private bedrooms were bright and clean and individualised to reflect their personality.

Records showed people had access to a wide range of community services and professionals, which included the GP, physiotherapist, occupational therapist, dentist, opticians, podiatrists and a range of hospital specialists. Health and social care professionals told us the service had improved the process of referral and contacted them and other specialists for advice and support appropriately. This was an area that had improved with the introduction of a more competent nursing team. Health Action Plans contained evidence that people had access to a variety of healthcare professionals. This included dieticians, dentists, physiotherapists, optician services and chiropody. This showed us that people had access to healthcare services outside of the home. People also had a hospital passport in readiness should they require hospital treatment and there was a system for the management and monitoring of epilepsy.

People were offered a variety of menus to suit their choice and were supported to choose by the use of 'sample plates'. Where people had sight impairment staff supported them to smell and taste the food first. The chef told us that they were aware of individual likes and dislikes and there was a plan of who required pureed or soft diets. The chef told us that pictorial menus were also being developed.

We observed the lunch time meal and saw there were sufficient staff to ensure that people were safely supported to eat. There were laminated eating plans for each person detailing how they should be seated, where staff should sit to best support the person, what equipment was to be used and if people needed their food cutting up. We saw staff refer to and act on the guidance and they were patient and kind in their approach. Pureed food had been prepared separately and the presentation looked like a meal. We saw people had been offered a choice. When the meal was served, staff checked that this was what people wanted.

People had nutrition and hydration risk assessments and clear plans to show what food they should have. Records verified staff supported people to have the diet that was appropriate for them. Some people received their nutrition by means of artificial feeding systems. There were nursing plans in place to support this and guidance was received from a dietician. Staff told us they had received specialist training to provide this care.

Requires Improvement

Is the service caring?

Our findings

A person who used the service told us "I like it here, staff are good, nice, I like them". A health and social care professional told us the support workers were caring and had a good understanding of people's needs. A parent told us their relative "is looked after properly and the care has been consistent". They said their relative "always seems happy when I visit". Another parent confirmed their relative was "Very well cared for". Another told us "The staff are a good group of people and the care is good". Two parents informed us that members of staff frequently visited their relatives when in hospital. The parents we spoke with said staff treated their relatives with respect and supported them in ways that upheld their dignity.

However, we found people were not always treated with dignity and respect, for example, we observed one incident during the day when three members of staff were stood up supporting people with their clothing. One member of staff was talking about issues unrelated to the task to the other staff members, effectively talking over people's heads. The people being supported were not included in the discussion.

The information in the daily notes was also not always recorded in a respectful manner. For example, an unsigned entry on 6 January 2014 stated 'He is a bit moody today'.

During the meal we observed the nurse on duty providing medication to a person via their PEG tube. The nurse carried out this process at the same time as the person was being encouraged and supported to eat their lunch. We fed this back to the manager who agreed that this was not good practice and not an effective way to ensure privacy and dignity for the person.

We did see some positive interactions. For example, in the day care room people were making get well cards for a person in hospital. Staff supporting people were working hand over hand with them and explaining the process. There was a good rapport between staff and the people they supported.

There was a lack of evidence that people were involved in their care plans. Care plans were not 'user friendly' and did not express clearly what steps had been taken to involve people and gain consent for all areas of care being provided. However, staff were able to describe people's likes and dislikes and were very patient when supporting people. Staff were able to describe each person's unique way of communicating. One person's care plan stated that they liked to wear hats. On the day of our visit they were wearing a bright coloured beret. When we spoke with them, the person communicated that they were happy with this. Staff told us they had received training specifically about dignity and respect. They told us "I have had all the training going, the company is very good at that". The manager told us "There is a great deal of work still to do in this area, we have done a lot but there is always more."

Requires Improvement

Is the service responsive?

Our findings

Care planning and activities were not always responsive to people's needs. People did not always have care plans detailing specific and individual needs. All of the records we viewed included a reference to people being referred to the continence service on the same day but there were no care plans detailing the needs of people in relation to their continence. We also found a person with diabetes did not have a specific care plan to support staff with this.

All of the people at the home on the day of our visit were wheelchair users. Some of these people had marked limb contractures. These are commonly painful. The provider had ensured that most people had been prescribed Paracetamol for the treatment of mild pain but did not use care plans or pain assessments. This meant staff did not receive guidance about the individual signs people may exhibit when they had pain. Most people had limited verbal abilities and agency staff were frequently used, which meant there was a risk people may have been in pain without staff knowing what their individual signs were.

People did not always have access to meaningful activities in line with their personal preferences and interests. Each person living in the home had a pictorial daily planner in place. Most people attended The Grove, Voyage education centre, for up to three days a week. Activities such as art and craft were also provided in a well-equipped day care room at Rakelands. When tracking the day care planners we saw that all of them stated that people went shopping on Saturday mornings and on Sunday afternoons watched DVD's. This appeared to be a generic use of the activity plans. Staff told us that people had access to the local community on a regular basis. Daily records did not support this as they indicated that most activities were either at The Grove or in house. We discussed this with the manager who told us that it was sometimes difficult to motivate staff to take people out into the community as they said that 'people did not want to go out'. We were told that as there was only one vehicle in use, this was used to ferry staff to and from work and ensure people went to the Grove. This curtailed the amount of time people could go out during the day and evening. The manager told us a second vehicle was on order and that she would be addressing the issues with the staff team.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care.

Parents told us that staff were responsive to their relatives health needs. One parent said more personalised activity would benefit their relative. For example, being taken for a walk around the garden for some fresh air. They told us things had improved in that the television was not left on all day.

Key information about people's healthcare needs and how these should be met was not always readily accessible. the care plans were very large documents that were difficult to track and were made up of three separate files: the care plan, health action plan and daily records. For example, whilst there were epilepsy care plans in place they were amongst large amounts of other information in care plans.

A health and social care professional told us care plans and risk assessment were areas that despite improvement still required some streamlining to make the documents more accessible to staff. The service had made considerable improvement in the monitoring of the daily recording charts. Another health and social care professional said that there had been inconsistencies in the service moving forward, so that support planning, risk assessments and personalised support for people had not always been achieved.

We spoke with staff and to the manager who agreed that the care plans were over large and needed condensing. The manager told us that there was a plan in place for a new care planning format to be implemented.

A health and social care professional said that during recent visits interactions between staff and residents had improved and there had also been an increase in activities people took part in. Some refurbishment and redecoration of the physical environment had been carried out, which provided a more homely and welcoming service.

Daily care notes were not always being completed and signed by staff, which could mean that current information was being missed. The manager said she would address this.

Each person had a care and support plan that included key facts regarding people's choice, communication plans, and

Requires Improvement

Is the service responsive?

a document assessing 'what a good day looks like', 'what a good night looks like' and 'what good leisure time looks like'. In the three files we tracked there were end of life wishes in place.

There were seven people at the home receiving medicines, nutrition and fluids through a percutaneous gastrostomy (PEG). The care plans were well written and detailed and we saw from people's MAR charts and our observations that the procedures closely adhered to that found in people's care plans.

The home had employed a physiotherapy assistant. We saw that the physiotherapy room was well equipped and detailed records were being kept. There was a good use of photographs taken at different stages to guide staff regarding such areas as use of hoists to transfer people. Three people using the physiotherapy room at the time of the visit indicated to us that they were happy there.

Parents did not have any complaints and said they would feel confident in approaching the manager if they wanted to raise any concerns. There was a complaints procedure in place and copies were posted around the home. Records showed that complaints were recorded and responded to in a timely manner in line with the company policy. No recent complaints had been recorded.

Requires Improvement

Is the service well-led?

Our findings

Communication with relatives and external professionals had not always been consistent and effective. All of the parents we spoke with commented on the number of changes that had taken place in terms of the organisation, management and staffing of the service. They described these changes as “disconcerting”, “traumatic” and “chaotic”. They told us communication had been an issue. Their comments indicated this had recently improved. Regular meetings for relatives had recently started with the aim of keeping them informed about the service. There were plans to hold regular meetings with people being supported and their staff team to involve them more in the day to day running of the home.

Health and social care professionals also told us communication had been an issue. They gave us an example of essential training that had to be rescheduled due to communication difficulties. The health and social care professionals acknowledged that the difficulties they experienced due to inconsistent management, significant staff vacancies and poor documentation had started to improve and they had confidence in the new manager.

They added they had found that the management of the service, including the senior operations team, had worked positively in the process of improvement and had been open when discussing any concerns that had arisen, for example with the recruitment of nursing staff. They had worked creatively to try to address recruitment in what was historically a difficult geographical area in which to recruit. Two drivers had been recruited and were providing a collection and drop off service for staff. The manager carried out regular audits on the safety and quality of the service, which were linked to audits by the operations director. A system was in place to monitor complaints, accidents and incidents. The focus for the service at the time of the inspection was working to their action plan following a period of instability within the service. The operations director told us the organisation was focusing on making sure improvements were made in sustainable steps.

An annual audit was completed by the provider’s quality assurance team. However, whilst the manager had a comprehensive action plan for several areas identified, such as supervision and appraisal and care plans issues with the controlled medication and stock of medicines had not been picked up by the audit systems within the service.

Through discussion and records of meetings it was evident the manager was working on promoting a positive and open culture. This included addressing issues with staff and developing a more personalised service for people. The manager appeared to have a good rapport with the staff and was frequently visible around the home during the inspection. Three staff told us they felt things had improved with the recruitment of a new manager. One staff member described the manager as “stern but fair” and said that she was approachable and supportive. Another said that the new manager was “good for the home”.

Staff were aware of their roles and responsibilities. There were clear lines of accountability within the service. We noted that the nurse on duty was mainly engaged in the administration of medicines and the office tasks rather than direct care of people. This was a lost opportunity for effective team work and for staff to learn directly from nursing staff. The management of the service acknowledged that the coordinated working between the different staff roles could be improved and there were plans in place to address this.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the service were not protected against the risks associated with the unsafe use and management of medicines, because of omissions relating to security, stock control, the use of topical medicines and controlled drug recording. Regulation 12 (2) g) People's welfare and safety was not ensured as risk assessments were not always carried out appropriately. Regulation 12 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The planning and delivery of care did not always meet people's individual needs as care plans did not contain specific care needs and activities were not individualised. Regulation 9 (2) (a) and (b)