

Anchor Carehomes Limited

Hurst Park Court

Inspection report

Long View Drive
Huyton
Liverpool
Merseyside
L36 6DZ

Date of inspection visit:
03 April 2017
10 April 2017

Date of publication:
12 May 2017

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 

Summary of findings

Overall summary

This inspection took place on the 3 and 10 April 2017 and was unannounced.

Hurst Park Court is a care home which provides accommodation for up to 41 adults. The service is located in the Huyton area of Knowsley and is close to local public transport routes. Accommodation is provided over two floors and the first floor can be accessed via a stair case or passenger lift. There were 41 people using the service at the time of our inspection.

The registered manager for the service had recently resigned from their role. At the time of this inspection the registered provider was in the process of recruiting a new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the service was carried out in July 2015 and we found that the service was not meeting all the requirements of the Health and Social Care Act 2008 and associated Regulations in relation to medicines management. During this inspection we found that some improvements had been made, however, we found that further improvements were needed.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People's medicines were not always managed appropriately. People did not always receive their medication on time and on some occasions people's medicines were not always available. This put people at risk of not receiving their prescribed medicines safely.

Improvements were needed as to how the rights of people were assessed and recorded under the Mental Capacity Act 2005. Records did not always demonstrate that the key principles of the Act had been considered when a person lacked the capacity to make a decision.

Improvements were needed to how some aspects of the quality and safety of the service were monitored. Auditing systems were in place but had not always been effective. They had failed to identify issues relating to the management of people's medicines and improvements needed around the implementation of the Mental Capacity Act for people.

People had access to health care professional to assess and manage their health needs.

Staff had a good awareness of how to safeguard people from harm and they were confident about recognising and reporting any concerns. Staff were aware of who they needed to report any concerns to.

There was sufficient numbers of suitably skilled staff to keep people safe. Training and support was available to staff relevant to their roles and responsibilities.

People were supported by a team of staff who knew them well and offered support in a gentle caring manner.

Procedures were in place for the safe recruitment of staff. Applicants were required to complete an application form and attend an interview. A series of pre-employment checks took place to help ensure that staff were suitable to work with vulnerable people.

People's nutrition and hydration needs were assessed and planned for and staff had a good understanding of them. People's dietary requirements were regularly reviewed and shared with the catering staff to ensure that people were offered a suitable diet to meet their needs.

People had their own individual plans of care which demonstrated their needs and wishes. These plans enabled staff to deliver the care and support that people needed to keep safe and well. Where risks had been identified to people, action had been taken to minimise the risk of harm occurring.

The registered provider had developed an action plan to carry out and monitor improvements needed to further improve the service people received.

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.

People's medicines were not always safely managed. Some people did not receive their medicines as prescribed.

Safe recruitment procedures were in place and the number of staff on duty to meet people's needs was regularly reviewed.

People were safeguarded from abuse and staff knew what action to take if they had concerns about a person's safety.

Regular monitoring of the environment took place to provide a safe place for people to live.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's needs were not always met in line with the Mental Capacity Act 2005.

Areas of the service were equipped to support people living with dementia.

People enjoyed the meals that were available to them.

People were supported by staff that had access to training for their roles.

Is the service caring?

Good ●

The service was caring.

People's rights to privacy and dignity were maintained.,

People were supported by staff that knew them well and understood their needs and wishes.

People had the opportunity to maintain and follow their faith.

Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes were planned for to help ensure they received the support they needed.

Activities were available to offer physical and psychological stimulation to people.

People had the opportunity to comment on the service they received in an annual survey.

People felt comfortable in raising any concerns they had about the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems in place to monitor the safety and quality of the service were not always effective.

The registered provider had developed an action plan which aimed to promote changes and improvements to the service.

People were supported by a staff team who had access to policies and procedures which promoted best practice.

Hurst Park Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 and 10 April 2017 and was unannounced. The inspection was carried out by one adult social care inspector and a pharmacist inspector.

We reviewed the information we held about the service prior to our inspection. This included notifications we had received from the registered provider. They are legally obliged to send us notifications of significant events and incidents which occur at the service. We also considered information which we received from the local authority.

Prior to the inspection the registered provider had sent us a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, including what the service does well and any improvements they plan to make.

During our inspection we spoke with 10 people who used the service and spent time with a further 14 people in the communal lounges and dining rooms. In addition we spoke with the cook, the district manager for the registered provider, nine members of staff, the manager, and two visitors to the service.

We reviewed the registered provider's policies and procedures, care planning documents and records of four people, recruitment files of five staff in addition to other records relating to the management of the service. These records related to medicines, staff training, accidents and incidents, safeguarding people and quality monitoring systems.

Is the service safe?

Our findings

People told us that they felt safe living at the service. Their comments included "I'm very safe here as I'm well looked after" and "I'm safe here, If I wasn't I'd talk to the staff and they would give me the reassurances I needed". People told us that there were always staff available to safely meet their needs.

At the previous inspection, in July 2015 we found that there was a breach of Regulation 12 because medicines were not managed safely. At this inspection we looked at medicines and medication administration records (MARs) for nine people who were living at the service. Whilst we found some improvements further improvements were required to ensure medicines were handled safely.

Improvements had been made to the way medicines were stored. All medicines were stored safely and at the correct temperatures. Guidance had been put in place to make sure that staff applying creams knew exactly where and how often to apply them. However the records about the application of creams showed that they were not being applied properly, which meant that people's skin integrity was at risk.

Audits had been implemented to check that medicines were given safely. The audit carried out on 21 February 2017 showed that discrepancies were found for eight people. The discrepancies related to medication stock levels. For example, some people had more medication than anticipated and other people had less. GPs who were contacted advised that the missing doses of these medicines was not life threatening and they advised no medical intervention was needed for the people concerned. A referrals to the local authority safeguarding team was also made in respect of the people who had not received their medicines as prescribed. In addition, staff responsible for administering medicines received further training and further checks were completed. The district manager told us that these measures had decreased the numbers of errors. We looked at some stock levels for people from 27 February to 3 April 2017 and did not find any discrepancies.

People were not always given their medicines safely. Some people were prescribed medicines to be given at specific times, such as before or after food. We saw that care staff did not follow these directions and gave these medicines at the wrong times. If medicines are not given at the correct time with regard to food they may not work properly. One person was prescribed Paracetamol which must have a minimum interval of four hours between doses. The records showed that the person was given doses of their Paracetamol unsafely because the time interval between doses was less than four hours. On some occasions staff did not record the time they gave the dose which meant it was not possible for the next member of staff giving Paracetamol to know if a safe time interval had passed.

The morning medicines round took a long time to complete, finishing after 11am and the lunch time round started at 1pm. This meant that people could be given doses of medicines too close together or antibiotics were not given at regular intervals as directed by the manufacturers.

People were prescribed medicines which had a choice of dose or to be taken when required (PRN). Guidance was in place for some people who were prescribed PRN medication with instructions for staff

about how and when they were to be given. However, for some people this guidance was either not in place or did not contain sufficient information to ensure people were given medicines prescribed in this way safely and consistently.

At the last inspection, we found that the Mental Capacity Act 2005 was not being followed for two people who were administered medication covertly. This is when medicines are, hidden in food or drink without the person's knowledge or consent. During this inspection we found that the practice of administering medication to people covertly was still not in line with the Mental Capacity Act 2005. For example, staff told us they crushed medicines for two people without seeking advice from the pharmacist to check if it was safe to crush the particular medicines. Senior care staff told us that both people were able to take liquid medication without hiding it in food. However there was no information recorded to show that the use of medication in liquid form had been considered for the people concerned.

Arrangements to make sure people could have medicines when away from the service were not in place. We saw one person missed their teatime medicines because they had gone out with their family for the afternoon. Their health was placed at risk because they missed doses of their medicines.

Two people ran out of medication which placed their health at risk of harm. One person ran out of their laxative for five days because stock had not been ordered in a timely manner. Another person was given double their prescribed dose of laxative for three days which meant that they ran out of their laxative for three days.

This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that people's medicines were managed safely.

Safeguarding policies and procedures which were available within the service provided staff and others with guidance and information as to what actions needed to be taken in the event of an incident of abuse or suspected abuse. Staff told us that they had completed safeguarding training and they demonstrated a good knowledge of what action they needed to take if they thought a person had experienced or was at risk from harm or abuse. For example, staff were aware that all concerns needed to be reported to the local authority safeguarding team and to the Care Quality Commission (CQC). Two staff gave examples of when they had raised concerns in the past to protect people from harm.

Risks to individuals' had been assessed and formed part of their care plan. At the time of this inspection work was taking place to implement new risk assessment and monitoring paperwork of the registered provider. Systems were in place for identifying risks in relation to people's individual needs and wishes, for example skin condition and moving and handling needs. In addition, assessments had been carried with people who were at risk from falls and where possible, the risk of falls had been minimised.

Accidents and incidents experienced by people were recorded. In addition, a weekly report was completed to consider all accidents, incidents and dangerous occurrences. A new electronic reporting system was being introduced at the time of this inspection. All reports of accidents and incidents were to be recorded on the reporting system for monitoring and analysis by the registered provider to identify any trends of incidents that could be avoided.

A handy person was employed at the service by the registered provider to carry out regular checks and maintenance work to minimise the risk of harm to people around the building. Staff recorded any required maintenance in a log book which was checked daily by the handy person. The service was clean and tidy and people told us that their bedrooms were always kept clean. Regular checks were made of the fire

detectors system, fire equipment, water and the call bell system to help ensure that they remained safe and operational at all times.

Personal emergency evacuation plans (PEEPS) were in place for people who used the service. These documents contained important information as to what support a person needed in the event of needing to be evacuated from the service in an emergency. An 'emergency box' was available which was easily accessible for staff on duty for use in the event of an emergency. This box contained equipment and information to minimise people coming to harm during an emergency at the service. For example, a list of people who used the service, high visibility clothing, torches and portable handsets were available to enable staff to keep in touch during an emergency.

Safe staff recruitment procedures were in place and being followed. Prior to a member of staff commencing their employment an application form had been completed and written references had been applied for and received. Records were maintained of interview questions and responses given by applicants along with proof of their identity. In addition, a check with the Disclosure and Barring Service (DBS) had been carried out. Carrying out these checks minimised the risk of people being employed who were not suitable to work with vulnerable people.

Is the service effective?

Our findings

People told us that they always had a choice of what they wanted to eat and that they had the opportunity to move around the building freely. People also commented positively about the staff team that supported them. These comments included, "They [staff] are very good", "They [staff] know me very well" and "You only need to ask and staff will help you".

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that improvements were needed in relation to best interest decisions made on behalf of people.

The registered provider had a selection of specific forms in place to record people's assessment needs relating to their capacity to make decisions, in addition to recording best interest decisions made on behalf of individuals. Information included in the documents clearly outlined the principles of the MCA. However, we saw that not all of these forms had been completed in full. For example, the name of the person was not recorded and information to demonstrate that the principles of the MCA had been considered was missing. In addition, records on occasion had been signed by others who did not have the legal authority to sign on the person's behalf. A lack of information relating to people's best interest decisions could result in individuals' not having their rights fully adhered to under the Mental Capacity Act 2005.

We recommend that the registered provider reviews their process for the recording of best interest decisions on behalf of people to ensure that records fully demonstrate how a best interest decision had been discussed and the outcome decided.

The majority of people chose to have their meals in one of the two communal dining rooms. We joined people for two meals during this inspection. The food was hot, tasty and looked appetising when served. Tables were set with large tumblers, crockery, pots of tea, jugs of juice and condiments. Staff were attentive and showed people the choices of meals available which enabled people to make a choice. We saw that people chose different combinations of the menu available. For example, one person chose to have sandwiches and crisps instead of a hot meal. Another person had initially chosen one hot meal but later changed their mind and chose the other option. Staff were seen to carefully listen to people's requests to ensure that people received what they wanted to eat and drink. A number of people requested a second desert having enjoyed their first serving. People were seen to enjoy their food whilst chatting with others around the table and pouring themselves more drinks. Throughout the day people were offered a selection of hot and cold drinks. People told us that they were able to access drinks at all times from the kitchen area of the dining rooms.

People's specific dietary needs and choices were reviewed on a weekly basis. A list of people's requirements was updated and shared with the catering staff to ensure that people choices and needs relating to food and drink were met. We spoke with the cook who demonstrated a good awareness of people's likes and dislikes. They explained that when a person moved into the service their likes, dislikes and food preferences were sought. To support people's dietary intake fresh cream and honey was used in cooking to provide a fortified diet. In addition, each menu always contained a choice of softer food options to meet the needs of people requiring a diet of a particular consistency. None of people who used the service had any specific dietary needs or wishes in relation to their culture, religion or lifestyle at the time of this inspection.

People told us their health care needs were being met. Records demonstrated that regular visits from the local GP services took place. During this inspection people were visited by an optician to have their eyes tested and a number of community nurses were seen to visit individuals. At the request of a person feeling unwell, paramedics were called to assess their health.

Staff told us that they had received training for their role. Records demonstrated that the majority of staff had received training which included health and safety, safeguarding people, dementia awareness, first aid, food hygiene and the Mental Capacity Act. From April 2017 the registered provider had introduced a schedule of on-line training for all staff to complete to update their knowledge and support current best practice. A lap top computer had been made available for staff to access and complete the new training available to them whilst on duty.

Staff told us they felt supported by the current manager, describing them as approachable. They told us that they received supervision for their role and that there was always someone available to discuss any concerns they may have.

The building was light and airy with wide corridors to aid people's visibility and movements. People were seen to move freely around the building utilising the passenger lift to access both floors. In addition to two communal lounges, people had access to seating areas in the reception area and two quiet lounges. Further seating and a bench were available on the corridors for people to sit and spend time. Corridors had been decorated and furnished with a park bench, hanging baskets and wall art to offer visual and tactile stimulation to people. On one corridor people's bedroom doors were designed as front doors with numbers and memory boxes to assist people with orientation to their room. Staff explained that they listened to people and whenever possible they made improvements to assist people with their orientation. For example, one person was seen to visit the foyer on a regular basis looking for the bus stop. In response to this a bus stop was created in that area along with seating for people. We saw that people often sat chatting in this area.

Is the service caring?

Our findings

People told us that they felt the staff were caring and respectful towards them. People's comments included "They [staff] know me so well", "Staff are wonderful" and "They [staff] are very caring here".

Visitors told us that they felt that the staff team had a good knowledge of the people they supported. One visitor told us that they visited the service often and felt that staff delivered "Dignified care" to people. Another visitor told us that their relative had moved to the service from another care provision and was a lot happier. They told us that they no longer left after visiting worrying about their loved one as they knew they were well looked after and happy.

Throughout this inspection we saw staff were kind, gentle and caring in their approach when supporting people. They spoke to people in a respectful and calming manner, maintaining eye contact at all times. Staff were seen to promote and assist people with maintaining their independence. For example, one person requested to visit their bedroom. Two staff supported the person either side gently offering time and encouragement for them to move their feet slowly and to stop and rest when needed.

Staff demonstrated a good awareness of people's needs. We observed many occasions in which staff were able to offer reassurance to people when they became unsure or anxious. Staff were seen, when invited, to give a hug, offer a reassuring hand and place their arm around a person's shoulder to offer comfort and support. People were relaxed and comfortable amongst staff with lots of laughter heard around the building and it was evident that positive relationships had been formed between them.

We saw that staff had a good awareness of people's likes, dislikes and personal preferences. For example, one member of staff alerted one person that their favourite song was playing on the radio. The person was so pleased that they went and sat by the radio and sang along. Many discussions were seen to take place between people and staff about past events around the local area. Several staff had grown up in the same areas as the people they were supporting, and enabled them to reminisce about their past workplaces, previous addresses and the local community.

Throughout the day we saw staff were extremely kind, gentle and caring in their approach when supporting people. They spoke to people in a respectful and calming manner. Staff were seen at all times to respect people's privacy and dignity. For example, when a person requested to visit the bathroom urgently, staff responded quickly and in a manner that maintained the person's dignity.

People had the opportunity to practice their religious preferences whilst living at the service. For example, a Eucharistic minister visited the service on a weekly basis to support people with their faith and offer communion. We spoke with the minister who told us that people of all denominations were welcomed and participated in the services that took place in a quiet lounge.

A number of people had a 'do not attempt resuscitation' (DNACPR) decision in place which had been authorised by a medical professional. These decisions were put in place where people had chosen not to be

resuscitated in the event of their death or in cases where individuals' cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible and easily accessible to staff. This information was also highlighted to staff on a daily information handover record. Having this information available enabled staff to know what action needed to be taken in the event of a person's death.

During one mealtime two staff, not directly offering support to people, were seen to enter the downstairs dining room to prepare themselves a drink. In addition, a visiting healthcare professional was seen to enter the dining to discuss a person's needs with a member of staff. We discussed the impact of people entering the dining room when people were eating and potentially causing disruption to people's mealtime experience and the district manager told us that this would be addressed. During our second visit we found that people experienced a calmer more ambient mealtime experience.

People's confidential and personal written information was stored appropriately. Care planning documents were securely stored in cupboards that were easily accessible to staff who needed the information but not readily available for others to access. Computers in use were password protected to ensure that information was only accessible to authorised staff.

Is the service responsive?

Our findings

People told that they received the care and support they needed. Their comments included "The staff are there for me" and "They [staff] know when I'm down and can always manage to cheer me up". People told us that they always had a choice as to whether they joined in the activities available and that staff respected their choices.

People and their visitors told us that there was always someone to speak to if they were unhappy about something.

Prior to a person moving into the service an assessment of their needs took place and was carried out by a senior member of staff. The purpose of the assessment was to ensure that the service had the facilities and provision to meet the person's individual needs. In addition, whenever possible, other assessments carried out by the person's social worker and local authority were obtained to ensure that all of the individuals' needs were identified. Information gained during this assessment process contributed to the development of people's care plans. A visitor told us that they had recently been involved in their relative's pre admission assessment and they felt that the process was "Very thorough".

Each person had a file that contained their personal information and care planning documents. The service had recently transferred people's care and support needs information onto the registered providers recording format. People's care plans recorded specific information relating to their physical, health and psychological needs and wishes. For example, we saw care plans in place relating to nutrition, mobility, skin, personal care, religion, culture and decision making. In addition, assessments had been carried out to identify risk relating to people's continence, risk from falling and nutrition. In the event of a risk being identified people's care was planned to minimise any risk to the individual. People's care planning documents were reviewed and updated on a regular basis.

Daily handover meetings took place between staff to help ensure that any updates on people's needs were shared. In addition, staff completed a daily handover sheet to communicate important information relating to people needs and wishes. For example, people who had a DNARCP directive in place, people who had a DoLS authorisation in place, changes to people's care needs and medication. In addition, daily records were maintained for each person which summarised the care and support they had received or been offered that day. A record was maintained of all healthcare professional visits made to individuals and the outcomes of them.

Activities to promote and maintain people's physical and psychological wellbeing were taking place. A plan of activities was displayed. However, staff who were responsible for supporting people with activities explained that changes were made to the programme to meet people's preferences on the day. A wellness co-ordinator, employed by the registered provider visited the service on a regular basis to offer support and guidance to staff on the development of activities. For example, staff had received support in introducing the use of iPads in carrying out activities with people. Other activities that took place included film afternoons, reminiscence discussions, quiz and music. People were seen to enjoy general socialising and

chatting over a cup of tea with fellow residents and staff. Books, DVD's and games were available throughout the service for people to access. A number of people told us that they enjoyed attending a monthly local 'café' designed to support people living with dementia. One member of staff had taken the lead on these visits to the café to offer continuity for the people attending.

To gather people's views about the service the registered provider engaged a company to carry out an annual survey. The last completed survey demonstrated that eight people who used the service and 15 of their relatives and friends had completed the survey form. People were invited to comment on areas which included the overall quality of service they received, home comforts, choice and having a say, quality of life, staff and care. The results of the most recent survey had just been published. The district manager explained an action plan for improvement would be developed following analysis of the results.

A complaints policy and procedure was in place and clearly displayed in the foyer of the building. A complaints register had been in use to record all complaints made regarding the service and the action and outcome taken in response. As of April 2017 a new electronic recording system was being introduced to record any complaints received by the service. This new system enabled the registered provider to continuously monitor the progress of any complaints received. People and their visitors knew who to speak to if they were not happy or wished to make a complaint.

Is the service well-led?

Our findings

The registered manager for the service had recently left their role. The registered provider was in the process of recruiting a new manager for the service. During this recruitment period a manager from another part of the organisation had been appointed to manage the service on a day to day basis. In addition, the district manager for the registered provider was visiting the service on a regular basis to offer further management support.

Auditing systems were in place to monitor the service that people received. However, these systems were not always effective. For example, the systems in place had failed to identify improvements required in relation to the administration of medicines. In addition, they failed to identify that the Mental Capacity Act 2005 had not been adhered to at all times to protect people's rights. With regards to managing people's medicines, the registered provider had failed to take advice in relation to potential issues relating to crushing medicines for covert administration..

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that effective systems were in place to regularly assess, monitor and improve the quality of service that people received.

People's living environment, food and care planning documents were checked on a regular basis. Through these auditing systems the registered provider had identified some areas of improvement needed as to how people's medicines were managed. Evidence was available to demonstrate that action, including further training and further competency checks had been introduced to manage a number of identified issues relating to people's medicines. The action taken had reduced the number of stock discrepancies.

The registered provider was in the process of implementing a new electronic monitoring system to record and monitor aspects of the service. For example, the system was designed to record all safeguarding concerns, complaints and incidents. Information recorded was shared with senior management to enable regular monitoring and analysis to take place.

Robust systems were in place for the monitoring of the health and safety of the environment and equipment. Detailed records were maintained of all checks and action taken when a repair / maintenance was required. Monthly health and safety review meetings took place which recorded the discussions, any actions required and who was responsible for completing the actions.

A system was in place to monitor and review falls experienced by people. The system gave the opportunity for the registered provider to evaluate the times and dates that people fell and any injuries sustained. The purpose of this monitoring was to identify any reoccurring trends relating to people falling and to, wherever possible, make changes to further minimise the risk of falls.

The registered provider reviewed the number of staff on duty on a regular basis by measuring the dependency of the people using the service. Following a recent review a further member of staff had been

added to the night shift team. This demonstrated that the registered provider had an effective system in place for monitoring and making adjustments, where necessary to the numbers of staff available to meet people's needs.

Policies and procedures were in place which offered direction and best practice guidelines within the service. These procedures were reviewed on a regular basis, or whenever there was a change in best practice guidance or legislation. Staff were able to access these documents at the service. All staff spoken with were aware of where to locate these policies and procedures. In addition, the service had the support of the registered provider's health and safety and human resources department for advice and guidance.

Following an audit of the service the registered provider had developed an action plan to improve the service delivered at Hurst Park Court. Identified areas of improvement were recorded along with actions taken to improve the service. We saw that the action plan was being reviewed and updated on a weekly basis.

By law services are required to notify the Care Quality Commission of significant events. Our records showed that the registered manager had informed the Commission of notifiable events in a timely manner.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that people's medicines were managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that effective systems were in place to regularly assess, monitor and improve the quality of service that people received.</p>