HC-One Oval Limited

Sabourn Court Care Home

Inspection report

Oakwood Grove
Leeds
West Yorkshire
LS8 2PA

Tel: 01132658398

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out the inspection of Sabourn Court Care Home on 26 February 2018. This was an unannounced inspection.

Sabourn Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sabourn Court Care Home is registered for 49 places for older people some of whom were living with dementia. The home is comprised of two buildings. Oakwood House dates back to the 19th Century and Park House is a purpose built building. At the time of inspection the service supported 36 people. The service had a new provider since our last inspection and this was the new provider's first inspection.

The home had a registered 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.

At the last inspection in January 2017 we found the service required improvement. At this inspection we found the service had improved but the overall rating remained 'Requires Improvement'.

Medicines were not always stored, recorded or administered in a safe way. Stocks of medicines were sometimes excessive and time sensitive medication could not always be evidenced as to what time it was administered.

People received good quality care from staff who were kind and compassionate. There were enough staff working in the home to meet people's needs and preferences, however the allocation of staff could be improved so people's need could be met promptly. We have made a recommendation about the allocation of staff and use of agency staff.

Staff were polite, thoughtful and treated people with dignity and respect. Staff were recruited in a safe way and supported in their role through meetings and supervision.

The registered manager was not able to evidence up to date training completed by all staff. We have made a recommendation about retaining evidence of the training staff have completed.

There was not a robust system in place to identify and fix short falls in the service, such as the medication practices.

People were able to make choices about their care and they were encouraged to maintain their hobbies and

interests to enhance their wellbeing.

Systems were in place to protect people from the risk of abuse and avoidable harm. Risks to people's safety had been assessed and actions taken to reduce these risks as much as possible.

Accident's and incidents were recorded and monitored to reduce future risks to people. Staff completed health and safety checks on the building and equipment to keep people safe.

Care plans were written in a person centred way and promoted independence. We observed staff promoting people's independence. People were given choice and had their decisions respected. Staff worked in line with the principles of the Mental Capacity Act (2005).

Complaints were recorded and acted on in line with the provider's policy.

People received enough to eat and drink to meet their needs and were supported to maintain their health. Their consent was sought and where people could not consent to their care themselves, any decisions made for them by the staff were done in the person's best interests.

There was an open culture within the home. People and staff were involved in the running of the home and were able to contribute their ideas on how to improve the quality of care people received. These were listened to and implemented. People and staff could raise concerns without hesitation and these were listened to and dealt with quickly for the safety and satisfaction of the people living there.

The registered manager and staff understood their roles and responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed in a safe way.

Systems were in place to reduce the risk of people experiencing abuse or harm.

There were enough staff and they had been recruited using a robust recruitment process. However, staff could be deployed more effectively.

Risks in relation to the premises were managed well.

Is the service effective?

Good

The service was effective.

Staff were knowledge about people's needs and told us they received training, but there was a lack of evidence that staff had received enough training to provide people with effective care.

Consent was sought from people in line with the relevant legislation.

People received enough food and drink to meet their needs.

People were supported with their healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were kind, polite and caring. They treated people with dignity and respect.

People were able to make decisions and choices about their care.

Is the service responsive?

Good

The service was responsive.

People received care based on their individual needs and preferences.

People had the opportunity to take part in activities and maintain their interests and hobbies.

There was a complaints procedure in place and any complaints people raised were fully investigated.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

People were supported to make suggestions to improve the quality of the care they received.

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

Sabourn Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 February 2018 and was unannounced.

The inspection team consisted of one inspector, one expert-by-experience (ExE) and one bank inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the ExE had experience of working with older people and people with disabilities.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams to gather their views about the service and reviewing information received from the service, such as notifications. Notifications are submitted to the Commission to inform us of specific events and incidents that occur at the service, for monitoring purposes. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and four staff files. We spoke with six people and two relatives. We also spoke with one kitchen assistant, the activities coordinator, four care workers as well as the registered manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in January 2017, we found that staffing levels were sometimes low. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection visit we found that the necessary action had been made to improve staffing numbers.

Medicines were not always managed safely. Staff had access to relevant best practice guidance and information. We reviewed the quantity of stored medicines. We found two examples where the stock held by the service was significantly higher than the amount records indicated should be in stock. Audits of each person's Medicines Administration Record (MAR) took place monthly. Stock imbalances had been noted on an audit a few days before our visit. There was no action plan created to remedy this. We mentioned this to the registered manager who agreed to look into the over stock.

Homely remedies are medicines for minor ailments that could be bought over the counter, such as paracetamol for headaches or indigestion remedies. The home maintained a stock of homely remedies including paracetamol, senna, and gaviscon. We did not see a protocol for using each medicine or evidence the use had been approved by peoples' GPs. A nurse said they were usually used for staff or if stock ran out. The policy of the service said homely remedies were not for the use of staff.

Some people had been prescribed medicines for use 'when required' (PRN). Protocols did not always contain sufficient detail about when a person might need each PRN medicine. The exact time PRN medicines were given was not always recorded.

Some people were prescribed medicines that need to be given at regular times, including antibiotics, paracetamol and medication for people living with Parkinson's disease. The medication for Parkinson's disease for one person had been prescribed to be given three times daily. Staff competent to administer medicines should know this medicine should be evenly spaced throughout the day to be most effective in relieving symptoms. The day we visited morning medications took from 09.15 to 11.30. Staff said lunchtime medicines were given between 12.00 and 14.30 and tea time medicines between 17.00 and 18.00. A nurse said they would remember when time specific medicines had been given to relevant people and they would give subsequent doses later, but they did not record the actual time. This can be unsafe, in the case of paracetamol which must be given with at least four hour intervals, or less effective for antibiotics or Parkinson's Disease medication.

Secondary dispensing is when medicines are removed from the original dispensed containers and put into pots or compliance aids in advance of the time of administration. This is unsafe as this process has removed a vital safety net to check the medicine, strength and dose with the Medication Administration Record (MAR) chart and label on the medicine. Staff had filled a daily medicine box for seven days. This is secondary dispensing which does not follow best practice guidance about the safe handling of medicines in care homes (issued by NICE, National Institute for Clinical Excellence), and it is unsafe. Following our inspection we spoke with the provider and informed them of the support they could access to ensure they followed best practice guidance about the safe handling of medicines going forward.

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

Most of the time there were sufficient numbers of staff on duty to keep people safe and to meet their needs. All of the people we spoke with told us that this was the case although some said on occasions the staff were very busy. One person told us, "When I ask for help they come and help me. Sometimes they have to finish what they are doing but they always come." Another person said, "There is always someone around. They get busy at times but they help if I need it." We spoke with four staff who all said there were enough staff to care for people safely. In one area of the home there were 17 people, most of whom required two staff to assist with personal care. Some people were still being supported to get out of bed at 11am. Daily personal care records showed some people rarely had a bath or shower. Staff said they usually bathed or showered two or three people each day but had not assisted anyone on the day we visited. Staff indicated the records were not always up to date. They added that they were not always fully staffed and that if staff were absent at short notice, other staff were available to cover for them or often an agency staff member would cover nursing shifts. Agency nurses were not as familiar with people or the service which sometimes slowed support down during the day.

We recommend the provider reviews the allocation of staff during the day and review of the large amount of agency use.

The communal areas of the home were clean. With people's permission we checked some people's rooms, bedding and equipment and found these to be clean. We saw staff followed appropriate practice to protect people from the risk of the spread of infection, such as wearing gloves and aprons when supporting people with personal care.

People were protected from the risk of abuse or avoidable harm. All of the people that we spoke with told us that they felt safe living at Sabourn Court Care Home. In response to us asking if people felt safe, one person told us, "Safe, feels safe." Another person said, "Yes you do." Relatives agreed that their family member was safe. One relative said, "Staff are very careful. Keep coming to check how they're getting on."

The staff were clear about how to protect people from the risk of abuse. They understood what abuse was and the various forms it could take and told us they would report any concerns they had to the registered manager or the nurse on duty. They were also aware that they could report concerns to other appropriate organisations outside of the home if they needed to. Staff had the necessary information to support people safely. They were able to tell us what steps they took to keep people safe and we observed that the identified actions to reduce risks of people experiencing harm had been put in place.

The staff had recorded any accidents or incidents that had occurred and the registered manager had reviewed these to see if changes were required to people's care. Advice from healthcare specialists such as the falls prevention team had been sought when necessary. We saw evidence when accidents and incidents had been recorded the registered manager had investigated to identify changes to make. This ensured lessons were learnt when things went wrong.

The premises were well maintained. Fire exits were clear so that people and staff could leave unhindered in the event of a fire. The registered manager assessed and reviewed risks in relation to fire, legionella and gas safety. They had completed environmental and utilities checks regularly to ensure any actions required to reduce the risk of harm to people were in place. Records showed that lifting equipment such as hoists and slings had been serviced in line with legal requirements. We saw several bedrooms were not currently in use because access to the rooms was not possible or safe for any of the people currently living in the home. This

showed us that where the registered manager had deemed an unacceptable risk to be present they did not put people at risk.

The registered manager had conducted appropriate recruitment checks prior to staff working in the home. This was to ensure that staff were suitable for working with vulnerable adults within a care environment. Checks included obtaining references from the staff member's previous employers and a Disclosure and Barring Service (DBS) check. The DBS helps employers ensure staff they recruit are of good character and therefore suitable to work with people who use care and support services.

Good

Is the service effective?

Our findings

At our last inspection in January 2017, we rated the service 'Requires Improvement' in this domain. At this inspection visit we found that the necessary action had been made to improve the rating to 'Good'.

Staff had the knowledge and skills to provide people with effective care. All of the people and visiting relatives we spoke with said they felt the staff were well trained and provided them/their family member with good care. One person said, "Staff have had enough training to help me." Another person told us, "I'm sure they had the training, they seem to know what they are doing." A relative told us how the hard work of the staff had improved their family member's wellbeing.

Pre-admission assessments had been carried out before people had come to live in the home. This process ensured the registered manager could determine if the service could provide the care and support people needed.

All of the staff we spoke with told us they received sufficient training to enable them to perform their role effectively. Training was provided in a number of different subjects including, but not limited to; supporting people to move, safeguarding people from the risk of abuse, infection control and dementia. The registered manager told us they sought other training for the staff to help them meet people's individual needs. However, we looked at the training matrix to review how many staff were up to date with their training. The registered manager told us the most recent copy from the last provider was unavailable for us to see. Therefore the evidence presented to us indicated only 54% of staff had completed manual handling training, 55% of staff completed food hygiene training and 80% of staff completed infection control training. The registered manager agreed there were gaps in the training records which meant staff were not up to date with all their training, and told us they would address this.

We recommend the provider reviews staff training requirements and organises training for those staff whose courses are outstanding.

We saw that the provider had systems in place to ensure staff received the induction training they required to carry out their roles. The staff told us this involved new staff shadowing an experienced member of staff for a period of time before they were able to provide care on their own. This was only allowed once the new staff member had been deemed as being competent to provide care to people. New staff were expected to complete training courses in line with the Care Certificate standards. The Care Certificate is a nationally recognised set of standards for people working in care.

Consent was sought from people in line with the relevant legislation. People told us their consent was always sought before staff performed a task. One person told us, "They ask me what I want before they do anything." Another person said, "They listen to what I say." A relative told us, "They ask [person's name] their permission even when I am there."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed people in relation to DoLS and where they felt it was necessary, had made an application to the appropriate organisation for approval. Where one person's DoLS authorisation had expired, the registered manager had reapplied for a new authorisation.

Mental capacity assessments were in place and detailed the extent to which people could make decisions and where they required support. Staff we spoke with had a good understanding of the MCA and we observed them demonstrating the principles of the MCA during the inspection. For example, staff were observed to always seek consent from people prior to completing a task. Where people found it difficult to understand the decision and express their consent, staff supported the person by, for example, showing them the food or drink on offer so they could make the decision themselves. Staff were aware that any decisions they made for people had to be in their best interests and as least restrictive as possible.

People received enough to eat and drink to meet their needs. People told us they liked the food and that they received sufficient food and drink. One person told us, "The food is pretty good." Another person said they, "Always enjoy it. Something different and it's tasty." A relative told us, "The food looks nice. People seem to enjoy it and most of it gets eaten." We observed the lunch time meal in both areas of the home. Both of the dining areas were tastefully furnished and set up with napkins, condiments, tablecloths and menus. A number of people were supported into the dining room to have their lunch, which was a social occasion. We spoke to the catering staff at the service. They had a good knowledge of people's individual dietary preferences and requirements, such as whether people needed to have a soft or pureed diet for their safety due to swallowing difficulties. They told us the care staff communicated this information to them effectively to ensure they had a good understanding of people's dietary needs.

Snacks such as cakes and biscuits were readily available to people between their meals if they wanted them. For people who had lost weight, their food was fortified with extra calories and high protein drinks such as milkshakes. People who were at risk of not eating or drinking were closely monitored and specialist advice was sought and implemented when needed. For example, some people had been prescribed 'build up' drinks and we saw these were regularly offered to people to help them put on weight. However, we saw some weight records were not completed clearly; handwriting could be mistaken for different numbers. We mentioned this to the registered manager who looked into the short falls and fed back to us following the inspection that reminders to staff to write clearly had been relayed to staff.

The premises was separated into two buildings. Both buildings had adaptations to support people in their daily lives. We observed people making use of hoists, stair lifts, grab rails and double handed cups. Other equipment was present for use in an emergency, such as evacuation equipment. Torches were left around the property in case there was a power cut.

People were supported to maintain good health. Everyone we spoke with told us they saw healthcare professionals regularly to help them maintain their health. One person said, "I needed the doctor before and they arranged a home visit for me." Another person told us, "The nurses are around but sometimes they call others if needed." One relative told us, "On the whole they seem very good." A visitor told us that staff acted quickly if they were concerned about people's health and that they were contacted regularly in respect of this. People were able to access appropriate healthcare support such as the GP, dentist, speech and

language therapist and community nurse to meet their health needs.

Good

Is the service caring?

Our findings

At our last inspection in January 2017, we rated the service 'Requires Improvement' in this domain. At this inspection visit we found that the necessary action had been made to improve the rating to 'Good'.

Staff had developed positive and caring relationships with the people they supported. All of the people we spoke with told us the staff were kind and caring. One person said staff were, "Very good, couldn't wish for better." Another person told us, "They treat me very well."

A relative told us the staff knew their family member very well and interacted with them regularly. They said this was important and that they could see this made their family member happy. Another relative said, "They know her by name and always say hello and make a bit of a laugh with her." Our observations showed us staff being kind and caring to people and treating them with dignity and respect.

It was evident from our conversations with staff that they knew the people they supported well. Staff spoke of people in a respectful manner and with kindness and compassion. People's life history had been explored by staff when they moved into the home and the staff told us this helped them to reminisce with people and strike up conversations with them.

During our inspection we listened to and observed staff as they were working. We noted that conversations with people included being given explanations as to what was happening. Staff gave people time to respond to them when they asked a question and got down to people's eye level when speaking with them. Where people struggled with verbal communication, the staff used different techniques such as hand gestures to determine how people felt or if they needed any support. Staff provided comfort when needed through holding people's hands and listening to them when they had a concern. We saw that people were often smiling and looking happy in the presence of staff.

People were supported to express their views and make decisions about their care. One person told us, "They ask us every now and again about things happening here. They have some meetings as well." Throughout the inspection, we heard staff offer people choice so they could make a decision about their care. For instance, we heard people being asked if they were ready for their lunch and where they would like to eat it. This provided people with choices about their meals and their dining experience. People were asked if they wanted to join in with activities or what they wanted to drink or what to wear. Regular meetings were held with people and their relative if required to talk about the care that was being received. All aspects of the person's care were discussed and any changes required were agreed.

The people we spoke with and visiting relatives all told us that they/their family member was treated with dignity and respect. Staff told us how they protected people's dignity and privacy. Examples given included closing curtains and doors when providing personal care, knocking on people's doors before entering their rooms and listening to people and respecting their decisions. We observed that staff put these into practice when providing care and support to people.

Good

Is the service responsive?

Our findings

At our last inspection in January 2017, we rated the service 'Good' in this domain. At this inspection visit we found the service remained 'Good' in this domain.

All of the people we spoke with told us they received personalised care that was responsive to their needs. Visiting relatives agreed with this. One person told us, "I have everything I need." Another person said, "I choose when I get up and choose what I do." A relative told us, "I really don't think there is anything else they need."

Staff we spoke with told us for the most part they were able to meet people's preferences, such as what time they liked to get up in the morning and the gender of care worker supporting them with their care. Staff were knowledgeable about people's individual likes and dislikes and how they liked to be cared for. We observed staff being responsive to people's individual requests for support throughout the inspection. Staff also had time to talk with people and engage them in conversation.

Before people started to use the service, staff made a full assessment of their individual needs and preferences. This was done in conjunction with the person and, if required, a relative also. Following that assessment, staff developed a record of the person's care needs in the form of care plans and risk assessments. This provided clear information for staff to guide them on how the person wanted and needed to be cared for. Areas such as personal care, eating and drinking, communication and social needs and hobbies had been assessed.

Assessments and care plan documentation was in place which also prompted staff to consider people's communication needs, preferences and characteristics protected under the Equality Act such as gender, religion, sexual orientation and disability. One person currently using the service had protected characteristics requiring different or extra care and support. Their religion was of great importance to them and although a priest visited once a month, their most recent care plan review showed the person wanted to go to church. Staff were not aware of any efforts to help the person go to church. English was not the person's first language and their care plan said they enjoyed reading a newspaper in their first language and they did not read English. Staff we spoke with said they had never seen a newspaper in the person's language. They suggested relatives might have once supplied it and did not do so anymore. We saw the person was given an English newspaper. We discussed this with the registered manager who acknowledged the priest came to the service, but agreed more could be done to support this person.

People told us they maintained hobbies and interests with the support of the staff. Records showed people had taken part in different activities in the previous month. Activities were varied and included one-to-one discussions, visits from a therapy dog, physical exercise, music, singing and quizzes. During the morning of our visit eight people sat in a lounge with a television on. The volume was low to moderate but subtitles had been turned on to help some people enjoy programs. We observed several people join in a quiz in the afternoon of our visit.

People and visiting relatives told us they did not have any complaints but that if they did, they felt confident to raise them and that they would be dealt with quickly. One person said, "If there was something I would be straight on to the manager." Another person told us, "I don't think staff get paid enough but I don't have any complaints myself." A relative said, "We have no complaints about the care [family member] gets."

The provider had a system in place to capture and investigate any complaints or concerns that had been raised. We looked at five complaints from the last 12 months and saw that the registered manager had fully investigated the matters and involved the person who had raised the complaints. Details of how to raise a concern were given to people when they first moved into the home and were discussed with them regularly during reviews of their care. This assured us that people were encouraged to raise concerns and that these were dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2017, we rated the service 'Requires Improvement' in this domain. At this inspection visit we found the service remains 'Requires Improvement'.

There was a positive culture in the home which was open and inclusive. All of the people we spoke with told us they were happy living at the home and that they felt it was well-led. Everyone we spoke with said they would recommend it as a place to live. One person told us, "I know the manager [Manager's name], he's always around." Another person said, "I think it's well managed, they do good here." One relative told us, "We have spoken with the manager, all seems well so we don't have any issues."

The provider had systems in place to monitor and improve the quality of the home. The registered manager carried out a number of regular checks including audits of health and safety, infection control and care records. These were reinforced by the additional audits and checks that the regional manager undertook. Meetings were held with senior staff regularly to evaluate that appropriate action was being taken where people were at risk of falls, not eating or drinking or of developing pressure ulcers. However, we found although audits had identified some of the areas of concern raised during our inspection, action had not always been taken to ensure practices were improved. For example, during our last inspection we raised some concerns around the recording of medicines. We found audits had been completed on medicines which identified gaps in recordings of medicines. At this inspection we found continued areas of concern around the recording of medicines, as well as other areas in relation to managing people's medicines.

The training that staff completed was not always monitored to ensure their skills were up to date and relevant. The registered manager told us they knew their training matrix was not up to date so they were unable to show us staff had received all their appropriate training. This showed us although records identified gaps in staff's training records, action had not always been taken to support staff with their training. Improvement was required to ensure that the findings of audits and service monitoring were consistently effective in driving improvement.

The registered manager had an open door policy where people, relatives and staff could go and chat with them if they wished to. We saw the registered manager regularly speaking to people and relatives during the inspection and providing direction to the staff. The registered manager had been working in the home for a number of years and knew the people they provided care for well. They were passionate about providing people with good quality person-centred care. They were continually looking to improve the quality of care provided through the conduct of regular audits but the audits were not always effective in seeking the views of people living in the home, relatives and the staff. For example people did not always feel consulted by the management around improvements that could be made in the service.

This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff we spoke with were happy working at the home. They told us their morale was good, they

received support and direction from the senior staff, understood their roles and responsibilities and felt valued. They said they worked well as a team and worked hard to provide people with good quality care that met their needs. The staff felt the home was led well and that the senior staff were approachable and open. They had confidence that if they raised any concerns about the quality of care being provided, these would be listened to and dealt with appropriately.

The registered manager had established links with the local community. They had involved local community members in supporting people with activities. Hairdressers and other local organisations were invited to the service to work with people.

Regular meetings were held with managers of the provider's other homes. We saw from minutes of these meetings that issues of concern were discussed to encourage learning across the provider's services.

People told us they felt listened to. The provider sent out a 'Service user survey' annually. The results of the last survey, completed in December 2017, were sent to us after the inspection. Twelve people had responded to the survey. Survey results had been summarised and showed us that most people were happy, felt listened to by staff, felt safe, treated with dignity and as individuals. The new provider had not completed any surveys with people yet, however told us this was something they intended to do in the future.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to tell us about. This showed us that the registered manager had an understanding of their role and responsibilities.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always, managed, stored, handled or documented in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have effective systems in place to assess, monitor and improve the quality of the service.