

Raj & Knoll Limited

# Ami Court

## Inspection report

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Date of inspection visit:  
05 November 2019  
06 November 2019

Date of publication:  
05 December 2019

### 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

### About the service

Ami Court is a residential care home providing personal and nursing care to 36 older people, some who were living with dementia at the time of the inspection. The service can support up to 38 people in a purpose built unit. Some people were living at the service for up to three weeks for assessment and rehabilitation.

### People's experience of using this service and what we found

People told us they felt safe living at the service, however, medicines were not always managed safely. Medicines that require specific storage, recording and administration had not always been administered following national guidance.

Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to mitigate risks. Accidents and incidents had been recorded, analysed and action taken to reduce the risk of them happening again.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff received training, supervision and appraisal to develop their skills and meet people's needs. Staff monitored people's health and referred them to healthcare professionals when their needs changed. Staff followed the guidance given to keep people as healthy as possible.

People were supported to eat a balanced diet. People had access to activities and were supported to stay as active as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Each person had a care plan containing details about their choices and preferences. People had been involved in developing the care plan and deciding their future care needs. People met with a member of the management team before they moved into the service to check staff would be able to meet their needs. People's end of life wishes were recorded, staff supported people at the end of their lives.

People were treated with dignity and respect. People were supported and encouraged to express their views on the service. Complaints had been recorded and investigated following the provider's policy. People were given information in a way they could understand.

Checks and audits had been completed on the quality of the service and action had been taken when shortfalls had been identified. The registered manager attended local forums to keep up to date with developments in adult social care to continuously develop the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 14 December 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of part of one regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to the management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●



# Ami Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by two inspectors and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ami Court 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We attended meetings with other professional agencies. We reviewed the information we had received about the service since the last inspection. We used all this information to plan the inspection.

During the inspection

We spoke with 17 people who used the service and nine relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, clinical lead, nurse, senior care workers, care workers, lead activities co coordinator and the head chef. We spoke to one healthcare professional. We observed the interaction between people and staff in communal areas.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the registered person had failed manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Some medicines have special requirements in relation to recording and administration, these medicines had not been managed safely. One person had been prescribed Zomorph 10mg tablets twice a day. They had not received the morning tablet on 4/11/19 as there was no stock available. Staff had not ordered additional stock in time. Some people were prescribed analgesic patches these were changed weekly. The records were not accurate, and the clinical lead could not confirm people had received their medicine as prescribed.
- Other records for these medicines were not accurate. When medicines had been administered some had not been signed by two people or recorded at all. The number of tablets in stock were correct, suggesting the medicine had been given.
- Some people had been prescribed medicines on an 'as and when' basis for example pain relief. At the last inspection, there had been no guidance for staff about when to give the medicine, how often and what dosage to give. There was now guidance available, however, it had been filed and was not available for staff during the inspection. This was rectified during the inspection.

The registered person had failed to manage medicines safely. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Since the last inspection, improvements had been made to the overall management of medicines. The temperature of the room where medicines are stored was now maintained within the recommended temperature. When medicine instructions were handwritten, they were now signed by two staff to confirm they were correct. Previously, there had been a large amount of stock including out of date catheters and nutritional supplements. The stock control was now managed and only the stock was minimal.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the registered person had failed to assess the risks to the health and safety of people, doing all that was practicable to mitigate risks. They had not assessed the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the registered person was no longer in breach of this element of regulation 12.

- At this inspection environmental risks had been assessed and action taken to reduce the risk. There were now automatic closers on fire doors, so they would close when the fire alarm activated in communal areas. Fire drills had been completed and there were now records of the staff attending and any issues found. Water temperatures in people's rooms were now at the recommended temperature to reduce the risk of scalding.
- Previously, potential risks to people's health had not always been assessed and guidance for staff to mitigate the risks. Some people displayed behaviour that challenged. There was now guidance in place identifying the triggers for the behaviour and how it should be managed. There had been no incidents recorded since the person had been admitted.
- Some people had a catheter, to drain urine from their bladder. There was detailed guidance for staff including how to keep the catheter clean to help reduce the risk of infection. Also, what action should be taken if the catheter is not draining. When people were living with diabetes, there was clear guidance for staff. This included the signs of low or high blood sugar and the action to take if people became unwell.
- Previously, people had not been protected from the risk of infection. Clean linen was now stored appropriately. Staff now had access to clean linen on all floors of the building. There were now trolleys in place to dispose of soiled linen. The building was now clean, including the kitchen area and equipment. One person told us, "I am safe and very comfortable; this is my home now."

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify patterns and trends. Action had been taken to prevent it from happening again. One person had bedrails and had tried to climb over them. Once identified the bedrails were removed, the bed was lowered, and a crash mat put in place.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff described how they would recognise abuse and the action they would take. Staff were confident the registered manager would take appropriate action if they raised any concerns. Staff were aware they could report concerns to the local safeguarding authority if needed.
- Safeguarding concerns had been raised with the safeguarding authority. The registered manager worked with the local safeguarding authority to keep people safe.

#### Staffing and recruitment

- Staff had been recruited safely. Checks had been recruited to make sure staff were honest, trustworthy and reliable. These checks included full employment history and written references. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff started work at the service.
- Nurses have a personal identification number (PIN) used to confirm they are registered and have met the standard to practice safely. Nurses PIN's had been checked and the date the PIN needed to be renewed was recorded.
- There were sufficient staff on duty to meet people's needs. During the inspection, people's call bells were answered promptly, and we observed staff spending time with people. Staff told us there were enough staff,

any gaps such as sickness and annual leave was covered by permanent staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Previously, the management team did not meet with people before they moved into the service. At this inspection, people met with a member of the management team. The assessment made sure staff were able to meet people's needs, expectations and goals. The pre-admission assessment covered all aspects of people's lives including people's protected characteristics under the Equalities Act 2010 such as sexual orientation.
- People's health needs were assessed using recognised tools such as Waterlow to assess people's skin integrity and nutritional assessments. Care had been planned to follow the guidance of the assessment.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their needs. Staff received online and face to face training. Topics included people's specific health conditions such as diabetes and epilepsy. Staff had regular updates to essential training such as moving and handling, mental capacity and safeguarding. New training had been added when required, staff had received oral health training following a report from the Care Quality Commission. Two people told us, "The staff are great and yes well trained, very well trained."
- New staff received an induction. This included shadow shifts, working with more experienced staff to learn people's choices and preferences. Staff told us they received training before they worked with people and they received feedback about their progress.
- Staff received regular supervision. They met with the registered manager to discuss their practice and development. Staff told us they had been supported to develop their skills including course relating to wound management.
- Nurses received clinical supervision from the registered manager. They were supported to complete the revalidation process, to confirm they had maintained their clinical skills. We reviewed two revalidation folders and this was confirmed.

Supporting people to eat and drink enough to maintain a balanced diet

- Previously, the lunchtime meal had not been a social occasion, when people chose to eat in the communal lounge. At this inspection, the atmosphere in the communal lounge was relaxed and friendly. People now looked forward to their meal and spending time with their friends. Changes had been made to how meals were served. A heated trolley was brought to the lounge and the meals were served individually. People enjoyed sitting together at the table or in chairs and eating together. One person told us, "The meals always looks appetising, I have to say."
- People were given a choice of meals. When people had asked for specific foods such as steak or prawns,

these were prepared for them when they were resident of the day. People and staff told us they enjoyed the meals and many people had a second helping. Snacks including fruit were available in the lounge throughout the day. We observed people helping themselves to bananas and grapes. One person told us, "If I want something to eat they will bring it to me."

- Some people required specialised diets such as pureed, these were provided. We observed people's pureed meals being served and they looked appetising and well presented. When needed people were assisted to eat their meals. Staff spent time with people and supported them to eat at the speed they were comfortable with.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and referred them to healthcare professionals when their needs changed. When people had lost weight, they had been referred to the dietician and staff followed the advice given. We observed being supported to have nutritional supplements as prescribed.

- People had been referred to the Speech and Language Therapist (SALT), when they had developed problems with their swallow. During the inspection SALT assessed one person. They told us, staff identified issues and referred people to them very quickly. People had access to health professionals such as GP, dentist and optician. During the inspection, we observed the GP visiting several people and discussing their care with them. One person told us, "They have called the doctor for me today as they have noticed straight away this morning my asthma is playing up."

- People were supported to live as healthy lives as possible. People were supported to maintain their oral hygiene, there were care plans in place with details of the support people needed. People were supported to mobilise around the service and attend chair exercise classes.

Adapting service, design, decoration to meet people's needs

- The service was purpose built to meet people's needs. People had access to all areas of the service, there was a passenger lift to all floors. People had access to the outside space, we observed people spending time outside.

- There were now some people living at Ami Court who were living with dementia. This had been a recent change to the needs of people. They were able to find their way around the service and to their room. We discussed with the registered manager how they would develop the environment in the future. They told us they were going to put memory boxes by people's rooms and pictorial signs around the building to show communal areas. We will check this at our next inspection.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS authorisations where appropriate and these had been authorised. When conditions had been put in place these had been met. There was a system in place to identify when authorisations were coming to an end and had been in a timely manner.
- People were supported to make their own decisions. Staff told us they offered people choices and used their knowledge of people's previous preferences when offering these.
- Staff attended weekly meetings with social care agencies and the GP, to discuss people's care and future needs. People's views about their future care were considered and if they were unable to express their wishes, family and friends were consulted. People's decisions about their care were respected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. People told us, "They are more caring than you could possibly wish for." and "Without doubt they are wonderful staff." We observed staff supporting people in the way they preferred. When staff were moving people using a hoist, they spent time explaining what was happening and checking that they were happy and felt safe.
- When people were anxious, staff supported them offering them reassurance in a calm way and touching their arm. People responded by thanking staff and touching them back. We observed staff calming people by distracting them by reading to them or offering them fruit and helping them to eat it.
- People's different beliefs were supported. There were regular services within the service, when required visits were arranged for representatives of other religions to visit.

Supporting people to express their views and be involved in making decisions about their care

- When people were able to, they were encouraged to express their views about their care and support. Life histories had been completed by people or their relatives, this helped staff to understand people's choices and preferences. Staff told us how they used people's previous preferences to inform decisions they made in their best interests.
- When deciding about their future care, people were involved as much as possible. People were given the opportunity to discuss their needs with social workers, physiotherapists and the GP. People's decisions and preferences were respected by staff and professionals.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and were not rushed. One person told us, "I am just not rushed at all." Staff told us how they closed people's doors and curtains when providing care, we observed staff ensuring the door was closed when they were in people's rooms. Staff were seen knocking on people's doors and waiting to be invited in.
- People were supported to be independent. One person told us, "They help me to move and try to do things for myself. They put my frame close to me, so I can try to move myself but will always help if I falter." Another told us, "They will help me as much as I need or leave me to help myself if I wish." We observed people moving around the service independently, staff offered advice and assistance if needed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the registered person had failed to maintain accurate, complete and contemporaneous records in respect of each person. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the registered person was no longer in breach of this element of regulation 17.

- Previously, care plans and charts had not been complete or accurate. At this inspection, each person had a care plan containing details about people's choices and preferences. This included when people liked to get up and go to bed, how they liked their drinks and support with their personal hygiene. Care plans were reviewed regularly and were changed to reflect people's needs. One relative told us, "We do discuss her care perhaps too much, but they do welcome our input."
- People told us they were supported in the way they preferred. We observed staff anticipating people's needs and what they liked to do. When people came into the lounge, staff knew what they wanted by their seat and the music they liked. One person told us, "The staff get to know us as people, as individuals and know just what we like and then what we do not like as well."
- Staff now used an electronic system to record people's diet and fluids. Staff told us, this had helped them to maintain accurate records. Staff recorded what people ate and drank immediately. Some people had wounds, these were managed by the nurses. Previously, information had not been recorded accurately. Wounds were now photographed showing a tape measure to show the size of the wound.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in the way they preferred. There were pictorial signs informing people who they should speak to if they needed to complain. There were photos of the registered and deputy manager, to help people recognise them.
- The electronic recording system had pictorial prompts showing elements of care to assist people to understand their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them. Relatives told us they were able to visit when they wanted and were made to feel welcome. Relatives told us, "The food is good, and we have all eaten together as a family which is just perfect."
- Since the last inspection additional staff to provide activities had been employed. People now had access to activities they enjoyed. The activities co-ordinator had spoken to people to identify their interests and hobbies, they then worked with people to decide what they wanted to do. One person told us, "I usually go down for activities, but I am off colour today, so they are visiting me up here in my room."
- We observed people bringing their knitting to the lounge as a group of them were making a blanket. People were supported to paint and draw, read magazines and chat about their past life and memories. People had the opportunity to take part in group activities as bingo, during the inspection, people told us how much they were looking forward to bingo in the afternoon. The activities co-ordinator arranged events such as 'A Day at the Races', where wooden horses took part in races.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. When complaints had been received they were recorded and investigated following the providers policy. The registered manager had met with people to discuss their complaint.
- People told us they knew how to complain. The policy was visible within the service including the main reception and in the lift. One person told us, "I complained about my breakfast toast being cold so today they brought me toast covered in foil and it was hot with melted butter, just how I like it."

End of life care and support

- The service supported people at the end of their lives. People were asked their end of lives wishes and these were recorded. Each person had an anticipatory end of life care plan describing how they would be supported.
- When people were becoming frail, their care was discussed with the GP and medicines to keep people comfortable were prescribed. Nurses had received training to use equipment that provided constant medicine to keep people comfortable.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the registered person had failed to assess, monitor and improve the quality of the service and risks relating to health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the registered person was no longer in breach of this element of regulation 17. Though some improvement was still needed.

- Previously, checks and audits had not been effective in identifying shortfalls found at the inspection. Improvements had been made, there were a range of checks and audits covering all aspects of the service. When shortfalls had been identified, an action plan had been put in place and signed off when completed. However, the audit tool to monitor medicines had not included in-depth checks on those requiring special storage and recording. Therefore, the shortfalls had not been identified. Following the inspection, the clinical lead sent us a new audit tool to identify these specific issues should they occur again. We will follow this up at our next inspection.
- Previously, the registered manager had not had effective oversight of the service. Improvements had been made. The registered manager now signed to agree the audits completed and was aware of the action needed to rectify any shortfalls. An oversight folder had been developed to show what had happened within the service including accidents, incidents and wounds. The registered manager told us this helped her to know what was happening within the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture within the service had improved since the last inspection. There was now a positive person-centred culture. We observed a warm, friendly atmosphere in communal areas. Friendships had developed between people, they appeared happy and engaged in what was happening. The management team told us how they were now spending more time with people including meal times. Also, how this had improved their relationship with people and enjoyment of their role. During the inspection, we observed the deputy manager helping to serve meals. There was a relaxed happy atmosphere, people knew who they were and chatted with them.
- The improvement in the oversight of the service had enabled the management team to make sure staff understood the standards that was expected of them. New staff had been employed and they understood what was expected of them. Staff told us how they promoted a person-centred approach to people's care and support. People and their relatives were involved as much as possible in the development of their care and support.
- The registered manager had an 'open door' policy, we observed people and relatives going into the office to speak with them. The registered manager knew people well, and they were comfortable in their company.
- The registered manager kept families informed of any concerns or incidents within the service or with their loved one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were able to attend regular meetings. In the meetings they discussed issues important to people including menus and activities. People were able to make suggestions and were positive about the changes that had been made. People stated how much they enjoyed the food being served in the lounge and how hot it now was. One person told us, "They welcome comments and feedback."
- People were asked to complete regular quality assurance surveys. The results from the September 2019 survey had not been analysed at the time of the inspection. The results from February 2019 had been positive, people felt they could raise concerns, enjoyed the meals and thought the activities were good or excellent.
- Staff had attended regular meetings and completed a survey. The meetings were used to inform staff of changes to the service and their responsibilities. The registered manager had thanked staff for their response to 'difficult and dramatic' changes. Staff had been able to discuss the changes including the use of the electronic recording system, which had been positive.

Continuous learning and improving care; Working in partnership with others

- The management team had acted since the last inspection to improve the service and this had been effective. They had worked with other agencies to learn and improve the standards within the service.
- The registered manager attended local forums to keep up to date with changes. They received updates from national organisations to promote improvements. These updates and changes had been implemented within the service such as oral health care training. The registered manager had developed the supervision process to improve the development of staff and their skills.
- The service had improved their links with the community. People were taking part in community projects and going out more to meet people from outside the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>Medicines were not managed safely.</b>