Visitation of Our Lady

Visitation of Our Lady Residential Care Home

Inspection report

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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

The inspection took place on 4 October 2016 and was unannounced. The service was last inspected on 20 and 23 October 2015 when we found five breaches of the Health and Social Care Act 2008 and associated regulations relating to the management of medicines, the Mental Capacity Act 2005, supervision, appraisal and good governance. Following the inspection, the provider sent us an action plan detailing how they would make improvements. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified and some improvements were made.

Visitation of Our Lady Residential Care Home offers personal care for up to nine older people. At the time of our inspection, five people were living at the service. The service is a care home for people predominantly from the Roman Catholic Polish Community. The staff lived at the home and were a community of nuns from Poland.

There was a registered manager in post at the time of our inspection. 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 provider had taken action to address some of the concerns identified at the inspection of 20 and 23 October 2015 and had put systems in place for the safe storage of received medicines. However, staff did not always follow the procedure for the recording and safe administration of medicines. This meant that people were still at risk of not receiving their medicines safely.

The registered manager did not undertake medicines audits and had not received training in the administration of medicines since 2014, therefore they failed to identify and rectify medicines errors.

Staff had received training identified by the provider as mandatory, however, some courses were not refreshed regularly.

The provider had made improvements and had acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's capacity was assessed and they consented to their care and support. Processes had been followed to ensure a person had been deprived of their liberty lawfully.

The provider had made improvements to the supervision of staff and regular one to one meetings were taking place. Staff appraisals were scheduled for the end of the year.

The risks to people's safety were identified and managed appropriately and people were cared for safely.

There was a daily health and safety audit which indicated that all areas of the home were checked for safety

and any areas requiring maintenance were identified.

All staff were nuns who were appointed by the Order's Sister General in Poland, and had been working at the service for many years. All staff had a Disclosure and Barring Service (DBS) check carried out.

There were enough staff on duty to keep people safe and meet their needs in a timely manner.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Staff treated people with kindness and dignity and took into account their human rights and diverse needs. People and relatives told us that people were safe and happy at the service.

People and staff lived together as a community. People were cared for in a relaxed and unrushed atmosphere. People were complimentary about the staff and indicated that the religious ethos of the home contributed to the good care and support they received.

People's nutritional and healthcare needs had been assessed and were met.

Assessments were carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed. Relatives were sent questionnaires to gain their feedback about the quality of the care provided.

Daily events and activities were recorded in a diary for all people rather than in their individual care records.

People, relatives and professionals we spoke with thought the home was well-led. The staff told us they felt supported by the registered manager and there was a family atmosphere and a culture of openness and transparency within the service.

We have made recommendations in relation of the management of incidents and accidents and training.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment and quality assurance. You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Staff did not always follow the procedure for the recording and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

There were enough staff on duty to keep people safe and meet their needs in a timely manner.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were cared for by staff who received training and were supervised. However, training was not always regular and some courses had not been refreshed.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly and caring way. People said they were well cared for and had good and caring relationships with all the staff. Relatives and professionals felt that people using the service were well cared for.

Care plans contained people's likes and dislikes and identified the activities they enjoyed, people who were important to them, their cultural and religious needs, and needs relating to their identity. People were supported by caring staff who respected their dignity, human rights and diverse needs.

Is the service responsive?

Good

The service was responsive.

Assessments were carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly. These were signed by people.

People and relatives were sent questionnaires to ask their views in relation to the quality of the care provided.

Activities took place at the home and in the community and people were able to choose what they wanted to do.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The registered manager did not undertake medicines audits and had not received training in the administration of medicines since 2014, therefore they failed to identify and rectify medicines errors.

People, relatives and professionals we spoke with thought the home was well-led and that the staff and management team were approachable and worked well as a team.

The staff told us they felt supported by the registered manager and there was a culture of openness and transparency within the service.

Visitation of Our Lady Residential 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 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 4 October 2016 and was unannounced.

The inspection team consisted of one inspector, a pharmacy inspector who looked at the way in which medicines were being managed at the home, and an expert- by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications of significant events, safeguarding alerts and the findings of previous inspections.

During the inspection, we spoke with all five people who used the service, two relatives, three staff members, including the registered manager, the deputy manager and a care worker. We also met with the nominated individual who was visiting on the day of our inspection.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for all five people, five staff records, staff supervision and training records, medicines records and other records relating to the management of the service.

Following our visit, we spoke with a social care professional and a healthcare professional to obtain their

feedback about the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 20 and 23 October 2015, we found that people were at risk of receiving unsafe and inappropriate care because the service did not have systems and procedures to ensure safe administration, receipt and disposal of medicines. Following our visit, the registered manager submitted an action plan in which they stated that all actions had been completed. However, at this inspection, we found that there were still some concerns in relation to medicines management.

We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies for all five people who used the service. Medicines were supplied by three different community pharmacies on a monthly basis. Medicines for four people were dispensed into blister packs. One person's medicines were dispensed in their original boxes, and staff at the home used this supply to dispense the medicines into a dosette box. This practice is known as 'secondary dispensing' and adds additional risks to the safe management of a person's medicines. Staff were not trained to undertake this activity. In addition, this person's medicines were then dispensed into a medicines pot to be given at a later time. This was despite staff being advised during the last inspection not to do this dangerous practice. We discussed this with the registered manager who was not able to offer a suitable reason for this practice to continue.

Medicines were ordered on a monthly basis for each person. Staff told us that medicines were checked on arrival from the pharmacy, however they were unable to provide any evidence of this.

A domestic fridge was used to store medicines requiring refrigeration; however this fridge was also used to store food. Staff kept records of the current temperature of the fridge where medicines were stored, however there were no records kept of the minimum and maximum fridge temperatures. Staff did not keep records of the ambient temperature of the room where medicines were stored. This meant that there was no assurance that medicines, including those requiring refrigeration were stored at the correct temperature to remain effective.

Medicines were administered by care workers who had received medicines training. Staff used MAR charts to record medicines administration. We looked at all five MAR charts during this inspection. We saw that one resident had their allergy status documented on the MAR; however, we did not see this information for any of the other residents. Some MAR charts were handwritten, and we saw that others were photocopies, and had not been written up at the beginning of the month when the medicines had arrived.

We found a number of discrepancies between the MAR chart records and the medicines people were receiving. In addition, we found a number of medicines that had not been signed for, but were missing from the blister packs. This meant that the MAR charts were not an accurate reflection of the medicines being given. Poor record keeping meant that there was no assurance that people received their medicines safely, consistently and as prescribed.

Where a variable dose of a medicine had been prescribed (e.g. one or two tablets), staff did not record the actual number of dose units administered to the person. Staff did not write the 'date of opening' on any

liquid medicines or eye drops. Staff did not dispose of sharps appropriately. We were told that sharps were placed into a domestic bin.

Alendronic acid is a medicine that is usually taken first thing in the morning, before breakfast or any other medicines, once a week. This is because it can interact with other medicines and with food and cause side effects. The pharmacy had dispensed this medicine in the lunch time slot of the blister pack with another medicine, which was unsafe. Staff told us that they gave the Alendronic acid tablet first thing on a Sunday morning from the lunchtime slot of the blister pack. We advised staff to contact the GP and the dispensing pharmacy to ask for this medicine to be dispensed separately. This would reduce the risk of it being given with other medicines by accident.

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

All medicines were stored securely in a locked wooden cabinet within the communal lounge area. All prescribed medicines were available at the home. We were told that unwanted medicines were returned to a local pharmacy for disposal. We saw records of this activity.

There was a controlled drugs (CD) cabinet stored within the wooden medicines cabinet that complied with the Misuse of Drugs Regulation 1971. We checked the CD registers and the records were satisfactory.

No people were self-administering their medicines at the home. Staff told us that if a person was refusing their medicines, or was having swallowing difficulties, a doctor would be called for advice.

Incidents and accidents were a rare occurrence at the service. We saw that the provider had sent a notification to the Care Quality Commission when a person had fallen and has sustained an injury. However there was no accident record form for this. We raised this with the registered manager who told us they did not have a separate record of this. Although the care records and a healthcare professional confirmed that the person had received the necessary care for the injury sustained, and had made a full recovery, there was no analysis of the accident and measures in place to mitigate the risk of this happening again.

We recommend that the provider seeks relevant guidance for the management of incidents and accidents.

People told us they felt safe living at the home. One person said, "I feel safe here, I could not ask for a better place." One relative told us that their family member was "very safe" and they had no concerns.

Staff had completed training in safeguarding adults and records confirmed this. They were able to give some definitions of abuse/neglect. One member of staff told us, "If someone was being abused, I would talk to the manager, she would do what is needed. She is special." The registered manager told us they had not had any safeguarding concerns, but would contact the local authority's safeguarding team if they needed to. Staff were aware of the whistleblowing policy and knew how to report to external agencies.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified and there were relevant risk management plans in place. We saw that detailed guidance was available for staff to follow on how to mitigate these risks. These included guidelines about the use of mobility equipment for a person who had difficulties walking. We saw the plan was written in a person-specific manner and included recommendations for staff to follow. We noted that this person had not had a fall for the past 12 months. This indicated that the registered manager had put appropriate systems in place to minimise the risk of

harm for people who used the service. We did note, however, that a person who was bedbound did not have a skin risk assessment in place. We mentioned this to the registered manager, who told us that they would put this in place, and added that the person's skin was intact, and had appropriate pressure-relieving equipment in place. Our observations confirmed this. A healthcare professional told us that the care delivered to this person was 'excellent', and they had never had any problems with their skin integrity.

The service employed seven staff plus the registered manager, all of whom were Catholic nuns who lived at the service. We saw there was a Disclosure and Barring Service (DBS) check carried out for every member of staff working at the service.

People and relatives told us there were always enough staff in the home to meet their needs in a timely manner. One relative told us that they had no concerns about the safety of their family member. We saw that people never had to wait when they needed assistance.

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The provider had taken steps to protect people in the event of a fire. The provider carried out regular fire tests and fire drills, and records of these were available. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records contained up to date individual fire risk assessments which took account people's abilities and needs.

All areas of the home were spotlessly clean and tidy and free of any hazards. The bedrooms we saw were spacious and fresh smelling and people had personalised their own rooms with photographs and objects of their choice. The garden was landscaped and the large pond in the middle had been filled with sand to reduce the risk of people falling in it. There was a circular path around the garden for people to walk on, and a ramp for wheelchair access. The staff maintained all aspects of the home, including the cleaning and the gardening.

Good

Is the service effective?

Our findings

During our last inspection on 20 and 23 October 2015, we found that the provider had not always followed the principles of the Mental Capacity Act 2005 (MCA). At the inspection of 4 October 2016, we found that improvements had been made.

The 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 and hospitals are called the Deprivation Of Liberty Safeguards (DoLS).

Following our last visit, the provider introduced systems to ensure they followed the principles of the MCA, and had made an application for a DoLS for a person who was bedbound and for whom bedrails were being used. We saw that this had been authorised and the person was being deprived of their liberty lawfully.

During our inspection of 20 and 23 October 2015, we found that people were not always appropriately supported when decisions about their care were made as there was no attempt to take into account their wishes whenever possible. At the inspection of 4 October 2016, we found that improvements had been made.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout our inspection. Staff had received basic training in the Mental Capacity Act (MCA) 2005, and were able to describe some of its principles. The registered manager told us that all but one of the people using the service had capacity to make decisions., We saw evidence in the care records we checked that people were consulted and consent was obtained. People or their representatives had signed the records indicating their consent to the care being provided.

During our inspection of 20 and 23 October 2015, we found that staff were not effectively supervised and appraised and there was a risk that this may have had a negative impact upon the quality of the care provided. At the inspection of 4 October 2016, we found that improvements had been made.

During the inspection we spoke with members of staff and looked at three staff files to assess how they were supported within their roles. One staff member told us, "We talk all the time, we are like a family. We have supervision regularly." Staff told us and we saw evidence that they received regular formal supervision from the registered manager. The registered manager told us that they had implemented this after the previous inspection and intended to continue as this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff had not yet received an appraisal but the

registered manager told us that this was planned for the end of this year.

Staff's files contained training certificates although some were out of date. Subjects included safeguarding, health and safety, medicines administration, moving and handling and infection control. We saw that some training was not up to date. Staff, including the registered manager had not had any refresher medicines training within the last two years, nor had they had any form of medicines competency assessment completed. This meant that staff employed by the service may not be sufficiently trained and qualified to deliver the care to the expected standard. The registered manager told us that they liaised with another Polish service nearby and joined with their staff to undertake training in Polish to ensure that staff understood the content of the courses.

We recommend that the provider seeks relevant resources to ensure that all staff receive appropriate and regular training.

The service had not employed any new staff for many years. All staff were nuns who were appointed by the Order's Sister General in Poland, and had been working at the service for a long time.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's likes and dislikes were recorded in their care plans and menus were devised according to people's choices. People told us that the food was good. Their comments included, "The food is great. Just like home but better", "It's lovely", "It's good Polish food." One relative told us, "I cannot resist the cakes! The sisters always have homemade cakes. I especially like the cheesecake." People and staff ate their meals together at a large table and relatives and guests were encouraged to join. Food was presented in separate dishes to encourage people to help themselves and all meals were cooked using fresh ingredients. Lunch was relaxed and unrushed and people engaged in conversation with staff and each other. A menu was displayed in the dining area. Hot and cold drinks were available throughout the day and a choice of snacks regularly offered.

People were supported to maintain good health and had access to healthcare services. We saw evidence that the provider made a variety of referrals to external health professionals when needed. These included referrals to the district nurses team and the optician. Doctors from three local GP practices provided medical cover to the people at the home. We were told that GPs did not conduct regular medical reviews for people at the home, but visited if a person was unwell. If medical assistance was required out of hours, staff dialled the emergency services. People were supported to attend healthcare appointments when needed. One healthcare professional told us, "They are very caring. I cannot say anything wrong about the service. I have never had a problem and the staff are always very friendly." They added that the service was good at monitoring the health of people who used the service and listened to advice given by healthcare professionals. Healthcare appointments were recorded in a daily diary and planned ahead. The outcome of these were recorded in the daily diary and discussed in staff meetings. Care plans contained details about people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements, lifestyle and general information.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. Some comments included, "The staff here are all very good, you're looked after well", "I think they are very kind", "I appreciate their kindness and I am grateful that they are always polite", "The staff are all very friendly, but they are also courteous to everyone", "The sisters are wonderful", "They look after [family member] wonderfully", "I always have a laugh with the staff when I come. The communication with staff is excellent. There is no hidden agenda", "We work with the staff as a team" and "I am so happy that my final days will be spent at such a nice care home, knowing that my last days, I was looked after so lovingly."

The staff and the registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Their comments included, "People are happy here", "I love my job and love caring for our people." Staff we spoke with knew people well and were able to tell us their likes and dislikes.

All staff displayed a gentle and patient approach to caring throughout the day when caring for people in the home. We observed that staff interacted with people kindly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. People told us that staff respected and valued them and met their physical and emotional needs. Relatives we spoke with echoed this.

Staff were clearly aware of people's needs, routines and behaviour and were able to explain how they supported different people. We saw evidence of kind and empathetic care.

We observed interactions between people and staff during lunchtime. Everyone was eating together around a large table. Staff supported people who needed assistance with eating. There was a relaxed and unrushed atmosphere and staff appeared to have a very good rapport with all the people who used the service.

People told us they liked to spend time in the chapel situated within the home, and felt able to do this anytime they liked. All the people and staff were female and people said they were happy to be in an all-female environment. The staff and people were all Polish and Catholic and shared the same beliefs and cultural needs. One person told us that living at the service was "better than home."

People's last wishes were recorded in their care plans. A priest visited the service regularly to conduct mass and when people needed to see them, this included when people were dying. People told us they were happy to spend their last days at the home.

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. One relative told us that their family member came from hospital and the registered manager had carried out an assessment of their needs while they were still there. They added that since admission, their relative's health had deteriorated and their care needs had changed, however, the staff were able to meet their changing needs with "no difficulty." Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People and relatives told us they had been involved in the initial assessment.

One healthcare professional told us that the service was always responsive to people's needs and said, "They are very responsive. They monitor people's health very well and let us know immediately if they have a concern." Staff told us they were aware of people's healthcare needs and would know if they were unwell. One staff member told us, "We know people very well and would know if there was a problem. We would call the doctor straight away." One relative told us, "The sisters are wonderful. They do their best to adapt to changes."

Care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. This included when people chose to retire to bed and get up, their preferred bedtime drink and how many pillows they required. We saw that person centred guidance was available for staff to follow to ensure they knew the individual needs of each person. This included a detailed guidance for staff to follow where a person using the service needed encouragement and support at mealtimes.

People told us they received the care they needed and their choices were respected. They said that staff encouraged and respected their independence but were always available to assist them if they required assistance. We saw that people using the service were supported to undertake activities of their choice. These included visits to the Polish Cultural Centre to join a group exercise session, going to local parks and cafes, and in-house activities organised by the staff.

There was a weekly activity plan which included daily mass, visits from a priest, reading, knitting, playing games, listening to music and going out for walks. People told us they liked the peace and quiet and there was enough activities organised for them.

The service had a complaints procedure in place and this was available to people who used the service and their relatives, in both English and Polish. People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. However none of the people we spoke with had any complaints. On person told us, "I have never had to complain about anything."

People and their relatives were encouraged to feedback about the service through quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were being met. They also included questions about the quality of the food, the

environment and their social needs. We saw that the results showed an overall satisfaction. Some comments included, "I could not wish for anything more", "For my mother, this is a true home from home", "Wonderful", "Excellent", "Lovely", "The care shown to residents and the interactions of the sisters with residents' families is outstanding", "I am very happy that, at the end of my life, I am staying here" and "Excellent service, atmosphere, care and home feeling."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service who was supported by a deputy manager and a team of care assistants. The registered manager and the staff team had been working at the service for many years and no other staff had been recruited. The registered manager held a recognised management qualification in Health and Social Care.

At our last inspection on 20 and 23 October 2015, we found a number of breaches of regulations in relation to the leadership and governance of the service. At the inspection of 4 October 2016, we found that improvements had been made, although concerns about the management of people's medicines remained.

The medicines management team at Ealing Clinical Commissioning Group (CCG) had asked staff at the home to complete a medicines audit in January 2016. Apart from this, there was no evidence of any internal medicines audit or quality assurance. The nominated individual carried out regular monitoring visits to the service and worked with the registered manager to identify areas of improvement. However, as medicines audits had not been carried out, this had resulted in issues and risks which are documented in the Safe section of this report.

Staff did not report medicines incidents, and said that no medicines incidents had occurred. This was despite the fact that there were a number of problems with the MAR charts. There was a lack of understanding around medicines alerts and how they were dealt with.

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

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These were fairly basic and included environmental checks and health and safety checks. Where issues were identified, we saw evidence of an action plan and outcomes clearly showing that the issues had been resolved. We viewed a range of audits which indicated they were regular.

People and relatives we spoke with were complimentary about the staff and the registered manager. They said they were approachable and provided a culture of openness. People thought that the home was well managed and the staff worked well as a team. Their comments included, "This place is caring, respectful, and treats residents with dignity and privacy", "Could not ask for a better home" and "Managers are doing an excellent job as they are nuns. It is very calming."

Staff commented that they felt supported by the registered manager and were confident that they could raise concerns or queries at any time. Staff were very positive about their jobs and told us they felt supported. One staff member said, "I am not scared to ask anything. We are like a family, like sisters" and another told us, "The manager always ask for our opinion, I am happy."

Staff told us they had regular meetings and records confirmed this. The items discussed included

safeguarding, health and safety and issues concerning people who used the service. The registered manager took part in annual Trustees' meetings. These included discussions about repairs and purchases, staffing and any suggestions for further developments.

There was a board in the entrance hall which displayed information about CQC, the last inspection report and health and safety information.

The service worked closely with healthcare and social care professionals who provided support and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional told us they had "Complete confidence in the staff" and had "Absolutely no concern."

The staff liaised regularly with another local care home which was also predominantly Polish speaking and often attended training with their staff. The registered manager told us that this helped them keep abreast of developments within the social care sector.

The registered manager sent notifications in relation to incidents, accidents or death to the CQC in a timely manner. Checks undertaken before this inspection confirmed this.

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 Medicines were not being properly and safely managed. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to assess, monitor and improve the quality of the service or mitigate against risks to people using the service. Regulation 17 (1) (2) (a) (b)