

Prime Care (UK) Limited

Sylvan House Residential 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 February 2017 and was unannounced.

This service was last inspected in April 2015. During this inspection we identified a breach of regulation in relation to assessing people's capacity to consent to care and treatment. This was because information in people's care plans relating to the Mental Capacity Act (MCA) was poor quality. The 'effective' domain of our report was rated as 'requires improvement.' Following this inspection the provider wrote to us to tell us what action they were going to take to ensure this breach was met. We checked this as part of this inspection.

During this inspection we found that some improvements had been made and people living at the home had had their capacity re-assessed for individual decisions and applications to the local authority had been made when needed. However, the capacity assessment was not part of the person's care plan. When we queried this, we were told that the service had asked people's psychiatrists to complete the capacity assessments and the service had not been given a copy for their records. The deputy manager had printed off templates of capacity assessments as they had identified this was a problem, and were in the process of completing their own assessments on people.

We saw that the registered manager and the staff team had familiarised themselves with the Mental Capacity Act (MCA) 2005 by attending additional training. The MCA is the legislation that underpins mental capacity and how it is applied in care settings. The provider had improved enough to not be in breach of this regulation, however we have made an recommendation for further good practice .

We identified other areas of concern during this inspection which resulted in two breaches of Regulations in relation to medications and the governance of the home.

A registered manager was in post. 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.

Medication was not always being administered correctly or safely. We observed some poor practice with regards to medication administration, and we saw that medication was not always being stored in the correct packaging. We identified a breach of regulation in relation to this.

The general oversight of the registered manager required improving. There had been very little in the way of auditing since our last inspection in April 2015.

Some audits were taking place in areas such as medication and care planning, however there was a lack of auditing in areas such as infection control, and staff records, such as supervision. The medication audits staff completed, were not completed on a specific day of the month and often five or six weeks would lapse

between audits. There were some months missing.

Some of the areas of the home were not clean. The registered manager had however, completed an infection control audit a few days prior to our inspection and had identified some of these areas of concern. Prior to this audit, there had been no other infection control audits taking place, and there was no documented process for deep cleaning in the home. We identified a breach of regulations in relation to the governance of the home.

Supervision records were not as up to date as they should have been, some supervisions had taken place in July for half of the staff, and the registered manager had a schedule in place to ensure all other staff would be supervised in the next few weeks.

There was a process in place to ensure staff were suitably recruited to enable them to work with vulnerable people. This included a police check, (referred to as a DBS) which standards for disclosing and barring service. Two verified references for staff, and proof of identification.

Risk assessments had recently been updated and completed. Risk assessments were well written and explained the risk posed to people and how the staff should support the person, including any particular strategies for staff to follow.

People told us they received enough to eat and liked the food. We saw that people were given a choice about what they ate, and the chef often reviewed the menus with people to ensure they were happy with the choice of meals.

Overall, we found that staff were kind and caring in their approach to people. Staff we spoke with were able to describe people's individual likes and preferences and explained how they provided diverse and dignified care.

People were able to see external health care professionals to maintain their health and welfare. These appointments were recorded in their care files.

People had care plans in place which were person centred. These contained detailed information about their personal care, needs and choices, information about their nutritional needs, skin integrity and mobility. There was also detailed information about their risks and support management needs.

There was an effective system in place to seek what food and drink people living at the home liked or disliked. A record of people's preferences was made available to us and there was evidence of such records being kept for each person who lived at Sylvan House. Preferences were reviewed on a monthly basis.

Staff were aware of the home's whistleblowing policy and told us how they would report any concerns or bad practice.

You can see what action we told the provider to take at the back 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 ●

The service was not always safe.

Medication was not always administered and stored in line with best practice.

Relevant health and safety checks were taking place in and around the building.

Risk assessments contained up to date and relevant information to ensure risks to people were minimised.

There was a process in place to ensure staff were recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider was mostly working within the guidelines of the Mental Capacity Act, however some of the principles were not always being applied. We have made a recommendation about this.

There were some gaps in staff supervision and training records, however there was a process in place to address these issues.

Menus were flexible and alternatives were made available. People were able to express their choices and a system was in place to ensure that people's likes, dislikes and preferences of food and drink was sought.

Is the service caring?

Good ●

The service was caring.

We observed kind, caring and compassionate care being delivered at the home. Interactions between staff and people using the service was positive.

Staff were familiar with the importance of always preserving privacy and dignity. Staff explained how privacy and dignity was supported on a day to day to basis

People living at the service said they were cared for and well looked after by staff

Is the service responsive?

Good ●

The service was responsive.

Records showed that people were receiving care which was person centred to suit their individual needs and preferences.

The service had appointed a part time activities co-ordinator who supported the service with different creative activities.

There was a process in place to record and address complaints, which was in line with the provider's policy.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We received mixed comments about the registered manager and some people did not know who the manager was.

There was a lack of auditing at the home which is crucial for identifying areas of concern and improvement.

There was no formal process for gathering feedback at the home, other than around the menus. However, people did feedback informally to staff and the deputy manager.

The registered manager was open and honest with us during our inspection about the shortfalls within the home.

Sylvan House Residential 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 24 February 2017, it was an unannounced inspection.

The inspection team consisted of two adult social care inspectors 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 for older people.

We looked at the care records for four people living at the home, one staff recruitment file and records relevant to the quality assurance monitoring of the service. We spoke to three staff, the registered manager, deputy manager and the chef. We spoke to five people who lived at the home, three visiting relatives and a healthcare professional. We looked around the home, including people's bedrooms, bathrooms, kitchen area, dining area, lounge and external grounds.

Is the service safe?

Our findings

We looked at how medications were managed in the home.

Medication was stored in two locked trolleys downstairs. There was a fridge in the room for medications requiring cold storage, and we saw that the temperature of the fridge was taken twice daily. This is important because if medication is stored within the incorrect temperature range it can affect the medication's ability to work.

We saw that there was a process in place for medications called Controlled Drugs (CD's). These are medications with additional safeguards placed on them in accordance with the Misuse of Drugs Act.

We spot checked three of the MAR charts and counted the balance of the medications to see if totals corresponded, which they did. We opened one of the trolleys to check if medication was stored correctly. We saw that there was a loose pot of calcichew in the side of the trolley. This was not in the original packaging, when we queried this, the deputy told us that the blister packet had split, and they were waiting for new ones from the pharmacy, but admitted this should have been actioned straight away and the open calcichew disposed of.

We looked at the process in place for auditing medication. We saw that these were mostly being completed monthly, however during different times of the month. For example, one month the audit would take place at the beginning of the month, the next month, we saw an audit which took place towards the end of the month, which meant that almost six weeks had passed in between audits. This could mean that if there was an error with medication, it would take longer to identify. We saw three months of audits from 2016 were missing; we highlighted this to the deputy manager at the time of our inspection.

On observing the medication round we noticed that the senior carer administered the medication into their hand then transferred the medication into a medication pot, also they signed the MAR (Medication Administration Record) without checking the person had taken their medication first. This did not follow best practice to ensure the person had taken their medication safely.

This is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

We received positive comments in general around the safety of the home from people who lived there and their relatives. Some of the comments we received on the day of our inspection included, "I feel safe because of him, (little house dog). "Staff are always on the alert", "I have seen them run when something has gone wrong". "I am never on my own" and "I can move about the home and know that people are around if I need them." One visiting family member told us, "[Person who lives at the home] likes it here. They have only been here for four weeks and already settled in. We moved them from another home that was dreadful; the change in them is fantastic." One person who could not communicate verbally used hand gestures to signal they liked the staff. We did follow up on one concern raised by a person who lived at the home, but saw this

was well documented already.

We reviewed one file relating to staff employed at the service, as there was only one new starter since our last inspection. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

Rotas showed there were enough suitably qualified staff employed by the service to offer a safe and consistent service. We saw that staff turnover was low, only one new starter had been appointed since our last inspection in April 2015, and most of the other staff had been in post at the home for a number of years. Staff told us they were not rushed or pressured.

Clinical risk assessments for people living at the home were concise and clearly written. We saw that the deputy manager had recently implemented a new care file system, so everyone's risk assessments and care plans had been updated in January in line with this change. We saw that people had risk assessments in place for falls, nutrition, and eating if needed. For example, one person required support to eat their meals, and they had to be positioned in a certain way to ensure they were able to swallow their food. We saw this was detailed in the person's risk assessment, including what the risks were if this did not happen. The same person required support with moving and handling from staff to help them to stand. There was a very detailed procedure in place for staff to follow to enable them to do this safely which included, 'Ensure your hand is placed on [person's] lower back; be encouraging.' There was an 'evaluation' sheet in the care file so staff could review any changes. We saw this had not been completed for February, so we raised this with the deputy manager who actioned this straight away.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks and service agreements were in place for equipment and services such as fire prevention, hot water, legionella, gas and electric installation. Staff told us maintenance work was completed in a timely way to ensure the home was kept in an adequate state of repair. There was a person employed to carry out repairs in the home and they kept their own record of repairs that had been reported to them to the date they were completed.

Staff were able to describe how they would raise concerns about people's wellbeing, and who they would speak to. Staff had received training in the principles of safeguarding but also the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's safeguarding policies. Staff also explained the organisation's approach to whistleblowing, and told us they would be encouraged to report any bad practice or concerns. We saw information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide. People we spoke with confirmed they knew how to raise concerns should

they have any. This demonstrated the registered manager had ensured safeguarding principles were understood by staff and people who used the service.

The service was documenting incidents and accidents. These were analysed regularly and any patterns or trends were taken into consideration. Management demonstrated that they knew what to do with this information. For example, we asked the deputy manager what they do if they had noticed a particular person was experiencing more falls, and we were told that a referral would be made to the falls team.

We looked the process in place for infection control in home. On the day of our inspection the registered manager had completed an infection control audit and had noted some areas for improvement which we also found needed to be addressed. For example there was domestic staff employed by the home, however, there was no way of checking and auditing deep clean procedures. We found some areas of the home required attention, such as the laundry room and the sluice, however, this had been picked up on in the registered managers audit. The deputy manager has since spoken with us and informed us that the home has undergone a deep cleaning process, and various areas requiring action, such as the sluice room, had been actioned.

Is the service effective?

Our findings

During our last inspection in April 2015, we found the service was in breach of regulations relating to consent. This was because information in people's care plans relating to the Mental Capacity Act 2005 (MCA) was of poor quality and did not evidence how the person's mental capacity effected their daily lives. The 'effective' domain of our report was rated as 'requires improvement.'

Following this inspection the provider wrote to us to tell us what action they were going to take to ensure this breach was met. We checked this as part of this inspection. We saw that the provider had made some improvement in relation the MCA and associated legislation, however there were still some anomalies which remained. We have made a recommendation regarding this.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met. We saw that applications had been to the local authority to deprive people of their liberty in their best interests and these were being monitored by the registered manager.

We spent time with the registered manager and deputy manager on the day of the inspection discussing the MCA. It was evident that there was a good amount of knowledge in relation to the MCA, and staff had received training around the MCA.

However, when we looked how principals had been applied to individual people, we still found some confusion.

We saw that there was a 'cognitive' support plan in place for people, which gave details around the person's capacity and decision making process. For example, one person's cognitive support plan described how they consented to some decisions, such as what they wore or ate, it also stated that important decisions had to be made in their best interest. We saw this person had a DoLS in place, however there was no accompanying Mental Capacity Assessment, so we could not see what the DoLS was for. When we highlighted this to the registered manager they told us the psychiatrist had kept the Mental capacity assessment, however the home had requested a copy.

From our discussions with the registered manager and deputy manager, it was evident that their understanding and knowledge of MCA was apparent, however there were still improvements needed around the clarity for MCA assessments and then the DoLS referral's if and when needed.

We recommend that the provider further improves their processes and refers to the appropriate MCA guidance.

People and relatives told us they felt the staff were trained and skilled. One relative said, "They seem to know what they are doing. I think they get training, I hope so." We saw that the provider had a new training process in place which included accredited training modules which were completed by staff and then sent away for external assessment. We asked for a copy of the training matrix for all of the staff in the home, as one staff member told us they could not remember if they had had training. The training matrix showed that there were some gaps in relation to infection control; however the majority of the staff had recently attended training. We looked at the records relating to staff supervision, particular the scheduled dates of supervisions. We saw that half of the staff team had last been supervised in July 2016. All staff had had an appraisal in July 2016. The registered manager told us they had a plan in place to ensure this was actioned accordingly, and all staff would be supervised in the next few weeks.

People who lived at Sylvan House care home were supported to attend external healthcare appointments in order to ensure their health and wellbeing was being well supported. Staff supported people with external professional health care appointments as well as appointments being scheduled at the service. Healthcare appointments included appointments with the GP, dentist, phlebotomists, opticians, physiotherapists and chiropodists. Each appointment which was attended then had a corresponding record updated so staff could update themselves with the support which had been provided and any follow up appointments which were needed.

We saw that people were being supported to choose what they ate for their meals. There was a process in place which involved the chef consulting with people who lived at the home around the menu, to ensure they were still enjoying the food. People we spoke with were complimentary about the food. We did, however, observe that there could be some further improvements with regards to the dining experience for people. For example, we did not see a choice of drinks being offered to people, it was just cold drinks. Also, the menu in the dining room was difficult to read as it was hand written in small letters. We saw that food was plentiful and people received enough to eat. One person told us they did not see a menu on any of the tables. The registered manager and the deputy manager told us they would hold consultations with people with regards to improving the dining experience for them.

We looked at the adaptation and design of the building, as over half of the people who lived at the home were living with dementia, and we wanted to ensure the environment was suitable for people with diverse needs. We saw that rooms were decorated according to people's individual tastes, and some improvement had recently been carried out in the lounge area of the home, making it a 'themed' room. Most people had photographs displayed on their room doors, and we saw signs for some of the toilets but not all of them. The deputy manager and registered manager told us that they were in the process of ensuring that all of the home was more dementia friendly and had plans for decoration and design which had been discussed with people who lived at the home and the provider. Some of the stairs leading from the first floor to ground floor did not have a stair gate, which we raised with the registered manager at the time of inspection, as we were concerned some people may get up during the night and fall. The registered manager explained that only people with low-level mobility needs were offered a room on the first floor. However the registered manager recognised that people's cognitive abilities could change, so would re-access the need for any safety measures such as a gate.

Is the service caring?

Our findings

Some of the comments we received about the staff from people who lived at the home and their relatives included, "The staff are brilliant - very good." Also "All the staff are very caring and kind. We have no concerns about any of the staff" and "All the staff are very good." One person said they liked almost all of the staff.

During the inspection we observed caring, compassionate and supportive interactions taking place between staff and people living at the home. The staff demonstrated a good understanding and familiarity of the specific support needs of people living at the home. It was evident that staff were aware of care plans and person centred approaches which needed to be applied. For example, one staff member was dancing with a person that was in a wheelchair. Another staff member was helping a person to play bingo. In addition we saw two staff were holding a person's hand who appeared to be nervous while walking to the toilet. They praised and encouraged them.

People told us that most care workers were polite and respectful and protected their privacy.

We also saw staff engaging and interacting with people, staff used their first names during conversations and offered a person centred approach to care throughout the course of the inspection.

Relatives told us that the staff were always friendly and always made them welcome. They also said they could visit their loved ones any time they liked, but were asked to avoid lunch times.

Staff were aware of the importance of confidentiality and how this needed to be maintained. Personnel records and care files were securely stored away and it was clear data protection was being effectively managed.

It was evident that staff were aware of the importance of maintaining and preserving people's privacy and dignity; however two people told us staff did not always knock on their doors, but the majority of staff did. Staff explained why they would knock on doors before entering as well as supporting people with their independence. People who lived at the home had their names placed on the front of their doors and well as being encouraged to make sure their rooms were personalised with their own belongings and 'person centred'. One person had a different photograph on the front of their door, when we queried this, the deputy manager told us it was because the person did not recognise themselves and became upset. Therefore, the home had put a photograph of their favourite musical instruments, as they enjoyed music and had chosen this themselves.

When we asked the registered manager about access to advocacy provision at the home we were informed that they had submitted an application to the local advocacy service for someone to come to the home and discuss advocacy services for people. There was no advocacy support in place at the time of the inspection.

Is the service responsive?

Our findings

Care plans demonstrated that the service was providing care which was person centred. This means based around the needs of the person, and not the needs of the organisation. There was highly detailed information available in each person's care plans.

Staff were familiar with aspects of people's care and how people needed to be specifically supported in relation to their risk management and support needs however, there did not appear to be a regular reviews taking place, when we highlighted this to the deputy manager we were told it was because the new paperwork had only been implemented the month before and the 'care plan evaluation' was not due yet.

We saw old style care plans which had been reviewed or 'evaluated' monthly. We saw for one person, that they had a favourite staff member, and this was described in their support plan. For example, '[Person's name] has a really good relationship with [staff member's name] they will look for them when they are on shift, and prefer them to go with them to appointment's.' There was other information included in people's support plans, such as what they liked to do for fun, how they liked to be washed, for example, 'Use a flannel for [person] not a sponge.' The deputy manager explained that this information gets added to every time the home find out something new about a person.

We saw that for people who had a diagnosis of learning disabilities, the home were working closely with a key medical professional to ensure additional support plans were in place around that person. One person had a 'Distress Passport' in place, which described the type of things that could trigger them to become distressed, and how the staff should respond. This included a breakdown of how that particular person communicated. Another example was a person who could not communicate verbally; their body language and facial expression descriptions were recorded to aid communication .

People we spoke with told us they knew how to complain, and we saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide. We saw that there had been two complaints raised since our last inspection. For example, one person who lived at the home had complained that an item of their clothing had been washed incorrectly and had shrunk. We saw that the registered manager had dealt with this complaint by reimbursing the person for the item, apologising and speaking to the staff who washed the item.

There was a part time activities co-ordinator appointed at the home who would support the service with different, creative ideas. They would encourage people to get involved in different activities such as painting, karaoke and bingo and we were also informed that the service would celebrate birthdays, special anniversaries and annual celebrations which people could get involved with at the home. The local school was also invited to the home to sing for people, and we saw that the people who lived at the home had recently been involved in making decorations for the local school for one of their events.

Is the service well-led?

Our findings

There was a registered manager at the home who had been in post for six years.

We asked about the management structure of the home and was told day to day running of the home was the role of the registered manager, supported by the deputy manager. Both supported us during our inspection. In addition, there was a senior care assistant on every shift to support with medications. There was an activities coordinator in post, and administrative support.

As part of our preparation for this inspection, we looked at the last inspection report from April 2015. The domain for well-led and the overall rating for the home was 'requires improvement.'

Our last inspection report had identified areas for improvement such as a robust auditing system to check that cleaning and other tasks were being completed as requested. We were told at our last inspection this would be actioned and was being put into place. However, during this inspection we only saw one thorough audit in place which was a routine infection control audit which had been at the request of the local authority. This audit had picked up on some of the concerns we have commented on under the 'safe' domain of this report.

There was a lack of manager oversight with regards to auditing the care plans. We saw that care plans had recently been updated, however, there was no previous audits which looked at the care plans as a whole to identify any missing information or areas for improvement; for example, the information we highlighted concerning the MCA and the need for more detailed information.. An effective audit may have identified improvements needed. .

We looked at other audits, such as medication audits, which were being completed monthly. We observed that the audits took place on different dates through the months. For example, one audit was completed on the first of the month, the next month it was the middle of the month, and then one date we observed was the beginning of one month, and the end of the next one. This meant that on some occasions audits were being completed six weeks apart. This meant if there were to be a discrepancy with medication it could be a longer period before errors were noticed and acted upon. We also noticed that two months' worth of audits were missing from the medication audit file, which we highlighted to the registered manager at the time of our inspection.

It was evident during this inspection that some of the areas for improvement identified in the last inspection report had not been implemented into the service. The registered manager had clearly made some improvements yet missed opportunities to make others. The registered manager and deputy manager were very open and honest about these shortfalls. The registered manager openly admitted to the inspection team that they had not referenced the last inspection report to help with improvements.

We saw there was no formal process in place to gather the views and experiences of people who lived at the home and their family members. We saw a suggestion box was located in the downstairs hall. We asked how

feedback was gathered and the registered manager and deputy manager told us this was done informally with relatives whenever they had something they wanted to discuss. Relatives that we spoke with did confirm they were able to speak to staff if they required something.

This is a breach of Regulation 17 (2) (a) (f) of the Health and social care act 2008 (Regulated Activities) Regulations 2014.

While we received relatively positive comments about the home and safety of the environment from the people who lived there and their family members, we did receive some mixed comments about the registered manager's presence at the home on a day to day basis. One person told us, "All the staff are very good I don't know the managers name but I know her face." Someone else said, "The manager doesn't chat much." A relative also told us, "I have never met the manager I speak with the staff."

Staff that we spoke with were complementary about the registered manager and deputy manager. Most of the staff had been in post for a long time. One staff member said, "The manager is really nice, supportive." Another member of staff said, "We are a good team, I like that about working here."

The culture of the home was the same as our last inspection, warm, friendly and welcoming.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We asked about provider oversight at the home and how often the provider contacts or visits the home. Both the registered manager and the deputy manager told us that the provider was supportive and visited the home often.

The registered manager was aware of their roles, however required some prompting to be able to describe which incidents, by law, they had to notify the Care Quality Commission of.

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 Medication was not always managed safely. Regulation 12 (2) (g) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was not an effective auditing system in place to drive service improvements. Regulation 17 (2) (a) (c) (e) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014