

Medingate Limited

# Morningside Rest Home

## Inspection report

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Date of inspection visit:  
03 January 2017  
04 January 2017

Date of publication:  
02 May 2017

### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 and 4 January 2017.

The last inspection was undertaken on 7 July 2016. During that inspection we found that the registered provider was not meeting legal requirements. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the management of medication; safety and maintenance of the premises and governance of the service. An action plan was received from the registered provider and they stated they would be compliant by 10 October 2016.

Morningside Rest Home is registered to provide personal care for up to thirty one older people. At the time of this inspection twenty-eight people lived at Morningside. The home is in a residential area of Winsford and is close to shops and other local amenities. There is car parking facilities to the front of the premises.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available during one day of these visits.

We found that medicines were not managed safely. People had not been given their medicines on some days as prescribed and medication administration was not always recorded.

The quality assurance systems in place were not effective and did not identify, assess or monitor the quality of care and facilities provided to people who used the service. Issues we found during our inspection had not been identified or addressed by the registered provider or registered manager.

During the last inspection we raised concerns about the lack of training and awareness of the staff team about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We found that staff had now received this training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and family members told us that the staff were kind, caring and friendly. Comments included "The staff are lovely" and "The staff are very kind". People and family members told us that they saw the registered manager regularly and that she was "Always available" when they needed to speak with her.

We found that there were enough staff members on duty within the home and people and family members confirmed this. Family members told us they were welcomed into the home by the staff and always offered refreshments.

Risk assessments were in place for a range of activities. We saw that these were monitored on a regular basis and were up to date. Care plan information was centred around the person and we saw that these documents had been reviewed and updated on a regular basis. Appropriate referrals to healthcare professionals had been made where concerns had been identified in regard to people's health.

People and family members told us they were happy with the food. They said "The food was lovely" and "We always get a choice". During the mealtime we saw that staff were kind and friendly towards people and that this promoted a positive dining experience for people.

Staff attended regular training sessions in areas such as moving and handling, infection control, health and safety and safeguarding.

Improvements had been made to the environment, décor and the service was clean and free from offensive odours.

The overall rating for this service is 'inadequate' and the service is therefore in 'Special Measures'. Services in special measures will be kept under review, and if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Medication was not safely administered.

Risks to people's safety were identified and assessed appropriately. This meant that people's safety was maintained.

The service was clean and free from offensive odours.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

All staff did not receive formal supervision sessions or annual appraisals.

Staff received training appropriate to their roles, however some training such a medication awareness may not be meeting people's needs.

The registered manager understood of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA 2005 and DoLS.

People told us the food was good and they enjoyed their meals.

### Is the service caring?

**Good** ●

The service was caring.

People were always treated with dignity and respect and their independence was encouraged and maintained.

People had access to a range of information about the service.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans were well written and up to date reflecting people's wishes and needs.

People told us they knew how to make a complaint and were given information about this.

A range of activities were available for people to join in if desired.

**Is the service well-led?**

**Inadequate** 

The service was not well led.

The quality assurance audit systems in place failed to identify, monitor or assess the care and services provided.

Policies and procedures were not up to date which meant that service users and staff could not rely on accurate information being available.

There was a registered manager in place.

People who lived at Morningside and staff had access to regular meetings.

# Morningside Rest 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.

We undertook a comprehensive inspection of Morningside Care Home on 3 and 4 January 2017. The first day was unannounced.

The inspection team consisted of an adult social care inspector and a pharmacist inspector who visited on 3 January 2017.

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 used this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

During the two days we spoke with nine people who used the service, three family members, and one visiting professional. We also spoke with the registered manager and four staff. Staff included senior care assistant, care assistants, domestic assistant, and activities co-ordinator. We looked at a range of records including five care plans; three staff recruitment files and staff training records; and records relating to medication, audits, and quality assurance. We also reviewed other records relating to the running of the service. We undertook observations throughout the inspection.

# Is the service safe?

## Our findings

People and family members told us that they felt safe at the home and in the care of the staff. Comments included "I am safe here", "The staff are always around" and "[Name] is safe and happy here".

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and we found that medicines were not safely stored or managed within the service. A Warning Notice was issued with a date for compliance of 30 October 2016. This had not been fully met which left people at risk of not receiving their medication as prescribed.

We looked at the way medicines were managed and observed staff administer medicines in the morning and at lunchtime on the first day. People who required medicines to be taken 'before food' received these correctly. One staff member told us that one person's medicine had to be given at specific times of day and that they always gave the medicine at these times. However, the times were not recorded on the person's medicine chart or in their care plan. This meant that there was no record to show this was correct or that other staff who administered medicines observed these times.

We reviewed 17 out of 28 medicine administration record sheets (MAR) belonging to people who lived at the home and noticed three unexplained 'gaps' in the recording. We found that a dose of antibiotic had been signed for as given but it was still in its container. The registered manager told us that she checked (audited) medicine records each week, but that audits had lapsed in the 'run up' to Christmas. Failing to identify errors meant that the audits completed were not robust and did not identify areas of concern that were found during this inspection.

Some people's medicine charts were handwritten by the staff. It is good practice for the information to be checked and verified by a second member of staff as this can help to reduce the chance of a mistake. About half the handwritten charts we saw were not signed by two people.

A separate record was used when a topical cream was applied for a person. We found a significant number of 'gaps' in the records on these charts. Some people were prescribed a cream for painful joints (for use three or four times a day when required) but this was only recorded as being applied twice a day. This meant that people were at risk of receiving insufficient pain relief. One person told us "My knees are very painful" and we saw that this person had not been offered their cream as prescribed.

Each person who was prescribed medicines to be taken 'when required' (PRN) had an additional information sheet (protocol) which indicated how each medicine should be administered. This meant that staff had the required information to be able to administer these medicines safely and in the way intended by the person's doctor.

Medicines were kept in a locked room. However, the temperature in the medicines storage room was not recorded every day. We also found that on occasions it was 28 degrees centigrade; this is above the maximum recommended storage temperature for most medicines. If medicines are not kept at the right

temperatures they may become less effective or even harmful. Medicines that are controlled drugs (drugs subject to tighter legal controls because of the risk of misuse) were stored and handled in the way required by law. The stock balances of the three controlled drugs we checked were correct.

The home had a medicine policy that was available for staff to read. The policy was not well written and referred to outdated regulations. Following the inspection the registered manager had updated the medication policy to include reference to current legislation and also information regarding the Proactive Care System (PCS) new medication system being used since 9 January 2017.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have proper and safe management of medicines in place.

People and family members told us that there were sufficient staff on duty. Comments included "Yes there are enough staff", "I usually see enough staff about when I visit" and "There are plenty of staff around". We looked at the staffing levels within the home and reviewed four weeks rosters. We found that sufficient staff were on duty during our inspection. We observed that call bells were answered in a timely manner and people commented that they didn't wait long for assistance. The registered manager told us that they didn't use any agency staff and that regular staff members covered sickness and annual leave. Records confirmed this. This meant that people were supported by staff that were known to them and this helped with the consistency and continuity of care.

People had a range of risk assessments in place which outlined the specific risk and the action to be taken to minimise the risk to the individual. These included safer handling, prevention of falls, malnutrition and skin integrity. One person told us "I have a sensor mat in my bedroom and in the lounge so that staff know when I move to ensure I remain safe and do not fall". A number of people had motion sensors in place to alert staff to their movements. This was so staff could provide supervision and support when required. Risk assessments and care plans indicated when these were in place and the reasons why. Some people required the use of bedrails to ensure that they were safe whilst in bed. There were risk assessments in place which had been regularly updated. For people who used bedrails a "bedrail maintenance record" was kept which showed the date and times bedrails and bumpers were checked throughout the night. This meant that checks were in place to ensure people were kept safe overnight.

We looked at the Personal Emergency Evacuation Plans (PEEPs) for people who lived at the home. These had improved since the last inspection and information about the level of support each person needed in the event of an emergency was clearly documented. Only one person did not have a plan in place but this was rectified following the inspection.

The registered provider had a range of policies and procedures in place with regard to safeguarding people from abuse. The registered manager told us that copies of the local authorities safeguarding policies and procedures were available in the office. She was aware of how to make a referral and had notified CQC as required by law. The registered manager also made low level referrals to the safeguarding team on a monthly basis as needed. Low level referrals are ones which fall below the safeguarding referral level. Staff spoken with had a basic understanding of safeguarding as well as whistleblowing. They described the process they would follow in each of these events.

At the last inspection there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and we found that the registered provider did not properly maintain the premises. A Requirement Notice was made and an action plan was received from the registered provider which stated they would be compliant by 10 October 2016. This had been met and improvements were seen



with the general environment, décor and cleanliness throughout the home.

We looked at the registered provider's fire risk assessment which had been completed in July 2016. Not all of the actions identified had been completed. One of the actions required a five year structural report for the outside fire escape to be completed and this was done on 5 October 2016. It drew attention to concerns with the fixtures of the fire escape to the walls of the building. This had not been addressed by the registered provider or registered manager which meant that potentially people could be at risk of harm should a fire break out in the home.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not ensure the safety of people with regards to fire safety equipment.

Regular checks were in place for the fire alarm system and equipment and records confirmed this. Staff had up to date training in fire safety awareness and were involved in six monthly fire drills/evacuations.

We saw certificates which showed there had been routine servicing and annual inspections in respect of the gas and electrical installation. Appropriate checks had been carried out on the hot and cold water systems and Legionella checks were in place and up to date. Equipment such as hoists had been regularly checked. Safety checks had been carried out to the nurse call and emergency lighting systems. This meant that the registered provider had systems in place to ensure that the routine servicing of the utilities and equipment remained safe.

Staff recruitment files were in place and we found that staff had completed an application form and attended an interview. Staff completed a medical questionnaire to show they were fit to work. Two references were taken, one of which was the staff member's current or last employer. Identity checks were completed and a Disclosure and Barring Service (DBS) check was made on each prospective staff member. This check is undertaken by registered providers to ensure that staff are suitable to work in this type of role. The record for one staff member was not within their recruitment file. The registered manager explained that they would have received a DBS check. The registered manager checked to see if the staff member had a copy at home, but the staff member could not find it. The registered manager suspended the staff member until a new DBS could be obtained. Following the inspection the registered manager informed us that a new DBS had been received and that the staff member had returned to work.

We saw that accidents and incidents were reported appropriately and records kept with details noted within care plan documentation. The registered manager told us that she audited accidents, incidents and falls on a monthly basis and records confirmed this.

People and family members told us that the home was clean and during our inspection we found the home to be clean.

## Is the service effective?

### Our findings

People and family members told us "The food looks lovely", "[Name] likes the food here", "The food is good" and "The staff are so friendly and kind".

People told us that they liked the food and that they could have drinks when they wanted to. A family member told us they were always offered refreshments and also a bacon sandwich too.

Staff actively communicated with people and they were friendly, warm in their manner. Some people chatted to others around the table and the general atmosphere was friendly and warm. The dining tables were laid with appropriate cutlery, napkins and condiments. Overall people commented that the meal was nice.

Whilst people were waiting for everyone to be seated and the lunch to arrive they were offered a choice of cold drinks. We saw that people had a choice of meals and staff knew people's preferences with regards to the size of portion of meal they preferred. There was a menu plan in place which was a traditional menu. People had a choice of two meals and the cook told us that the main meal was at lunchtime as people preferred that. Fridge, freezers and hot food temperatures were taken and appropriately recorded. Sheets for recording people's meal preferences were circulated daily. We saw that people's dietary requirements were taken into account as meals were prepared for people with diabetes; people on high calorie diets and people who needed fluids thickened. We saw two people supported to eat their lunchtime meal by a member of staff. Interactions were appropriate and sufficient time was given for the person to eat their food the member of staff sat next to them during this time. Risk assessments were undertaken for malnutrition, which were regularly updated. A previous recommendation stated that food and fluid charts were not fully used to the benefit of the person. We saw that these had improved and now clearly demonstrated the amounts of nutrition and hydration that had been consumed and where this was not sufficient what action had been taken.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the last inspection we raised concerns about the lack of training and awareness of the staff team about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We found that staff had now received this training. Staff were able to talk to us about what they understood by mental capacity, that is related to specific decisions and that it could be variable. Staff also were able to explain how, on occasion, they had to make decisions for someone and ensured that these were in their best interest.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005 and DoLS. The registered manager explained that they had applied for DoLS applications for people whose liberty was being restricted and kept a check on when these would expire to ensure records were kept up to date. Best interest meetings were held as needed and the mental health team usually assessed people's capacity prior to admission. The registered manager also said that people's capacity was also noted during the pre-assessment process.

Family members told us that the registered manager and staff kept them up to date about their relative where appropriate. They said that if someone needed the doctor then they would be notified and following the visit an update would be received. People's health care needs were recorded in their care plans and visits from professionals were recorded. Any changes in a person's condition were reflected within the care plans. Visiting professionals included the GP, audiologist, chiropodist, tissue viability nurse, district nurse and mental health nurse. We spoke with a visiting professional who said that the care and support at the home was good and that staff listened to their advice and were helpful.

The registered provider had an up to date training matrix which showed the training staff had completed. Training included moving and handling, fire safety, health and safety, emergency first aid, infection control, and hand hygiene. Other training some staff had completed included medication awareness, equality and diversity, cream application and care planning. Copies of certificates were seen on staff files. Some staff had also completed National Vocational Qualification level 2 or 3. This meant that staff had a range of knowledge and understanding to help them within their role.

Staff told us that they had received an induction at the beginning of their employment. This included a range of basic training and four days of induction into their role. Following this they shadowed a more experienced staff member. It was noted that the number of days of induction could be adjusted depending on the knowledge and experience of the staff member. Staff told us that they had a copy of the staff handbook which contained employment and other useful information. Records confirmed staff receipt of this.

Annual appraisals should have taken place once a year in line with the company policy. However only 12 out of 31 staff appraisals were up to date. Supervision sessions were also not up to date and had been completed on an ad-hoc basis. In the last six months only 6 out of 31 staff had received formal supervision. The registered manager told us that she was aware of the lack of supervision that had been undertaken and that from January 2017 a new system would be introduced. She also confirmed that day to day informal supervision was given and that staff were supported by her and the senior team. Also daily handovers were conducted and these sessions enabled the staff to have up to date information about the people they were supporting. Also any changes in people's needs were highlighted at this session.

## Is the service caring?

### Our findings

People and family members told us that the staff were kind, caring and friendly towards them. Comments included "The staff are lovely, very nice", "The staff are very caring" and "The staff are really good, so friendly".

People were shown privacy and dignity in their lives. We saw staff knock on bedroom doors and wait to be invited to enter. Bedroom and bathroom doors were closed when people were undertaking personal care tasks. People were quietly invited to go to the toilet, with staff members close to them so that other people did not overhear their conversation. This meant that staff understood about how to show dignity, privacy and respect to people who lived at Morningside.

We observed that staff promoted people's independence. Staff often walked alongside people who were using a Zimmer frame or walking stick to ensure they were safe and to encourage their mobility and independence. For example a staff member was helping a person move from the table and did not want to use their Zimmer frame. The staff member explained to them why they needed it. The person started to show signs of agitation about this so the staff member sought assistance and both staff walked with the person to ensure their safety.

People had access to information about the home. This included the statement of purpose, service user's guide and welcome to Morningside document. The registered manager said that these were shown to people during their first meeting. These documents included details of the registered provider and registered manager and management team. It also included a wide range of other information including how to make a complaint, information on quality assurance and the management and administration of the home. The noticeboard in the hallway included a copy of the last CQC inspection report with the latest ratings displayed.

People's confidentiality was maintained. Records containing personal information were stored in locked filing cabinets which meant that people's information was kept secure within the home.

A range of compliments had been received from family members about the care and support provided. Comments included "Excellent care", "The staff create a warm and friendly atmosphere", "Thank you for all the care you have shown", "Words cannot express my appreciation" and "Thank you for the care, kindness and love you have shown [name]".

Care records contained the relevant paperwork for those people who did not want to be resuscitated in the event of death. Details of preferred end of life care were also documented within the care plans. Information included people to be contacted, preferred funeral directors and any other special wishes at this time. This meant that people's wishes at the end of life were documented so that the staff could ensure these were met at this time.

## Is the service responsive?

### Our findings

People and family members told us that they knew how to make a complaint and that they would speak to a staff member or the registered manager if they had any concerns. Comments included "I have no concerns" and "I would speak to the manager if there was a problem". People and family members told us that they didn't have any concerns about the service. The registered provider had a complaints policy and procedure. The policy detailed how concerns would be responded to and information on other people that could be contacted in the event the concern was not satisfactorily resolved.

Prior to a person moving into the home the registered manager visited them to complete a pre-assessment document. The purpose of this was to help ensure that they could meet the person's needs. The registered manager also sought relevant information from other professionals already involved in the person's care. Following this the person would be invited to visit the home and spend time with other people who lived there.

Care plans were written in a personalised way and reflected the care people received. People and their families had contributed to the information included within them. Care plans covered a range of assessments and monitoring tools which included all aspects of personal care, food and drink, communication, getting out and about, rest and relaxation and occupying the day. We saw that care plans were reviewed regularly and were up to date.

Daily day and night records documented people's health, welfare and general wellbeing. Records also indicated if diet and fluids had been taken and details of any visitors or outings undertaken. Within the records comments included "[Name] has been out to the shops and garden centre today", "[Name] appears to be generally settled today and has taken nutrition well", "[Name] has had a settled night and appears to have slept well" and "[Name] got herself up and washed this morning. They have eaten and drank well".

We saw some activities being undertaken during the visit which included people visiting the hairdresser at the home and some people enjoying a game of dominoes. We saw that records were kept of activities undertaken and where people preferred to stay in their bedrooms, staff had spent time with them to help alleviate social isolation. Activities available included quizzes, bingo, sing a longs, reminiscence sessions, arts and crafts, games and keep fit. We noted that there were weekly visits from the hairdresser and a programme of monthly entertainers was booked. Molly the dog also visited the home. Regular non-denominational religious services were held at the home where the registered manager said that anyone can join in. External activities included visits to the local shops and garden centres, other local areas of interest and tea and chat at the United Reform Church. This meant that people had access to a range of activities that they could join in with if they wished to do so.

## Is the service well-led?

### Our findings

People and relatives told us that they knew who the registered manager was and that she was approachable. Comments included "I know who the manager is" and "I would speak to the manager if I had any concerns."

A registered manager was in post that had been registered with the Care Quality Commission (CQC) since September 2014. The registered manager was supported by the registered provider and staff team.

People who lived at Morningside and their family members had completed a survey between April and May 2016 and an analysis of this information had been produced. Comments included "Everyone is happy and cheerful", "I have made new friends and don't feel lonely" and "The staff are kind and respectful. The registered manager said they would be due to complete a new survey in April 2017.

The registered manager explained that resident meetings were held every three months. The last meeting was 29 December 2016, however the minutes had not been completed at the time of this inspection. The previous meeting in July 2016 showed that people were asked about the food, leisure activities and the laundry. People commented that they were happy with the food, its presentation and the quantity offered. People said they would like more bingo sessions. We saw that bingo had been increased to fortnightly in line with this request. One person also mentioned that they laundry was better now.

Staff meetings had been completed in June 2016 and September 2016. Specific staff meetings for the night staff and senior team as well as a general staff meeting had been undertaken. The minutes of these meetings were available and demonstrated that areas discussed included medication; needs of service users; issues regarding the building; staffing issues and smoking. For example at one meeting it was noted that the monitoring charts needed to be kept up to date and an improvement in this had been noted at the next meeting.

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and we found that the registered provider had a lack of robust governance of the service and quality assurance systems in place. A Requirement Notice was made and an action plan was received from the registered provider which stated they would be compliant by 10 October 2016. Whilst some improvements had been made these were not sufficient and we raised continued concerns regarding the robustness of the quality assurance audit systems.

The registered manager undertook a range of audits each month on medication, care records and accidents and incidents. However, we found that the medication and care records audits failed to identify or monitor risks to the quality or safety of people who used the service. Audits were not carried out on the environment, infection control or health and safety. Medication audits failed to highlight concerns we raised at this visit such as missed medications and inaccurate medication records. The five year structural report for the outside fire escape which was completed on 5 October 2016 noted concerns. But this had not been addressed by the registered provider or registered manager. This meant that information within these audits

was ineffective, inconsistent and did not identify potential risks to people.

The registered provider had a range of policies and procedures which related to the service provided. These included policies on moving and handling, infection control, medication, safeguarding, confidentiality and data protection. Staff told us that they had access to the policies which were kept in the main office. However we noted that these had not been reviewed following the recommendation made to do so during the last inspection.

These are a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to identify, assess and monitor the safety of the service provided.

Accidents and incidents were recorded and analysed on a monthly basis by the registered manager. We saw that action had been taken to minimise risk to people's safety. For example, one person had several falls and action taken included the use of bed wedges and sensor mats which showed a decrease in falls for this person in the following month.

The registered provider had a business continuity plan in place. This contained information about the type of event or loss and what action to be taken. It also included a list of emergency service contact numbers, a plan of the building and a list of staff contact numbers.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report by law. We saw that notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act (Regulated Activities) Regulations 2014: Regulation 20A.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider did not have proper and safe management of medicines in place.

**The enforcement action we took:**

Impose a condition of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have effective systems in place to identify, assess and monitor the safety of the service provided.

**The enforcement action we took:**

impose a condition within reg 12