Care Quality Commission

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Pollard House

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

Pollard House provides accommodation and personal care for up to 28 older people at any one time. On the date of the inspection, 10th December 2014, 23 people were living in the service.

A registered manager was in place. 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 and associated Regulations about how the service is run.

At the last inspection in April 2014, we found breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Regulation 10 - Assessing the quality of the service provision and Regulation 13 - Management of medicines. We found improvements had been made to the quality assurance system with robust audit systems in place which were routinely identifying and rectifying issues found. People's feedback was regularly sought and we saw evidence action was taken based on people's views and feelings.

Summary of findings

Since the last inspection, we found a number of improvements had been made to the medicines management system. However these had not been consistently applied as we found inconsistencies in record keeping and the management of controlled drugs. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we asked the provider to take at the back of the full version of the report.

Staff we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA), for example how to ensure the rights of people with limited mental capacity when making decisions were respected. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People told us they felt safe in the home and staff had a good understanding of how to manage risks to people in order to protect them from harm.

People and their relatives told us care was good or excellent and they were treated well by staff and the management team. We observed staff were kind and caring and demonstrated a good understanding of people's individual needs.

Arrangements were in place to assess people's healthcare needs and care plans were in place for staff to follow to help them meet these needs. There was regular input from a range of health professionals. Health professionals told us the service delivered good care, that staff contacted them if they had any concerns and that staff regularly followed their advice.

Care plans were regularly reviewed to ensure they met people's individual needs. People and /or their relatives were involved in care plan reviews and it was evident their comments in relation to care and support were recorded and acted on .

People spoke positively about the food. We saw people had a choice and had been involved in the development of the menu. People's weights were regularly monitored and action was taken where the service had concerns over people's nutritional intake.

The service was well led. People, staff and visiting health professionals all said the service was well led and the manager was effective in addressing any concerns raised.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Following our last inspection, improvements had been made to the medicine management system. We found most medicines were administered safely by appropriately trained staff. However we found inconsistencies in record keeping.

People told us they felt safe in the home. Procedures were in place to identify and act on allegations of abuse and we saw these had been followed to keep people safe.

Risk assessments were in place to guide staff on how to manage risks to people and staff demonstrated a good understanding of how to keep people safe.

Requires Improvement

Is the service effective?
The service was effective.

Appropriate arrangements were in place to provide staff with a range of training and support .

People's capacity had been assessed under the Mental Capacity Act (MCA). The home was meeting the requirements of the Deprivation of Liberty Safeguards.

People's healthcare needs were assessed in order for staff to provide appropriate care. Arrangements were in place for people to access a range of healthcare services.

Good

Is the service caring?
The service was caring.

People told us staff and management were kind and compassionate to them and treated them well. This was confirmed by the observations we saw on the day of the inspection.

From speaking with staff and observing care, it was clear staff knew people well, for example their likes and dislikes. Detailed information on people's preferences was recorded in people's care plans indicating staff had taken the time to understand people and their individual needs.

Mechanisms were in place to listen to people. For example, people were involved in regular care plan review and their comments recorded.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's needs were assessed in a number of areas to allow staff to deliver appropriate care. Assessments were regularly updated to ensure they were responsive to people's changing needs.

Health and social care professionals we spoke with said the service was good at responding to people's changing needs.

People and/or their relatives were involved in care plan reviews and it was evident their comments in relation to their care were recorded and respected.

Is the service well-led?

Good

The service was well led.

People, staff and visiting health professionals all said the service was well led and the manager was effective in addressing any concerns raised.

People were involved in the running of the service through periodic meetings and their views on the home were regularly sought. We saw changes had been made to the way the home was run based on people's feedback.

Audits were in place to regularly monitor that the home was meeting the required standards. These included cleaning, medication and care plans.

Pollard House

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, and to provide a rating for the service under the Care Act 2014. At the last inspection in April 2014, we found breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the last inspection the provider sent us an action plan detailing the improvements it would make to ensure compliance with these regulations. As part of this inspection we checked whether the provider had made these improvements.

The inspection took place on 10 December 2014 and was unannounced. The inspection team consisted of an adult social care inspector, a pharmacy inspector 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.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people who used the service, one relative, three care workers, the deputy manager, chef and the registered manager. We spent time observing care and support being delivered. We looked at four people's care records and other records which related to the management of the service such as training records and policies and procedures.

We did not ask the provider to complete 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. Before the inspection, we reviewed all the information held about the provider. As part of the inspection we also spoke with two health and social care professionals who regularly visited the service.

Is the service safe?

Our findings

At the last inspection in April 2014, we found failings in the way medicines were managed. At this inspection we found improvements had been made to the medicines management system and an effective audit system put in place which was regularly identifying and rectifying issues. However further improvements were required to some aspects to ensure medicines were managed safely.

Systems were in place to ensure medicines were ordered safely. Most medicines were stored safely within appropriate cupboards although some people's inhalers were kept unsecured in their bedrooms, increasing the risk they could be misused. Medicines were kept at the correct temperatures; however, the temperature of the medicine refrigerator was not monitored in the correct way which meant there was a risk that unsafe temperatures would not be identified.

We looked at the medicine records for three quarters of the people living at the home. The application of people's prescribed creams was recorded well which showed staff were applying these medicines in the correct way. Records of whether people had received their medicines were mostly complete. There was a total of five 'gaps' in the administration records on three charts, so it was not initially clear whether people had taken these doses. However on checking the stocks of medication it would appear these medicines were given and there was a gap in recording rather than administering. We also found a discrepancy between one person's record and their stock of antibiotic capsules which implied that two doses signed as administered had not been given. These errors had occurred since the last, fortnightly, medicines audit which was routinely picking up these types of issues.

We watched some people being given their medicines and saw that the senior carer administered medicines in a safe, friendly and patient manner. The senior carer recorded the actual time medicines were given to people if substantially different to those printed on the medicine charts. This ensured that people did not receive medicines too close together. People prescribed a mild painkiller 'when required' were asked if they needed this medicine. However, there were no written guidelines (protocols) to help staff assess when a person should be offered this medicine. This meant that 'when required' medicines might not be used in the right way.

Controlled drugs (CDs) were stored securely but the CD cupboard did not meet legal requirements. Although we found all controlled drugs were accounted for and there were no discrepancies between stock and recorded balance, records in the CD register were incomplete and staff did not record regular stock checks. These omissions increased the risk of mishandling or misuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe and comfortable in the home. For example one person told us, "Oh yes, I'm happy here, they are all kind, I get all I need, I'm comfortable, never worried." Another person told us, "It's a very nice place, lovely, can't do better, everybody's nice, nothings too much trouble. Never been anywhere else like this before but there is no need to worry."

Safeguarding of vulnerable adults policies and procedures were in place and we saw evidence they were followed to keep people safe. The registered manager had attended a managers safeguarding course run by the local authority and they demonstrated a good knowledge and understanding safeguarding issues. We saw the home had made safeguarding referrals where they thought people were at risk, for example following medication errors. We looked at an incident from June 2014 and saw it had been managed appropriately, fully investigated and lessons learnt to keep people safe. Staff demonstrated a good understanding of safeguarding and how to act and protect people from abuse.

We looked at people's care plans and found that risk assessments were in place to protect people from harm, these included mobility, nutrition and any specific risks to people, for example diabetes. These included clear instructions for staff to follow to keep people safe. Staff we spoke with had a good understanding of the risks to each person we asked them about and what they needed to do to keep them safe. We saw staff were careful and attentive when caring for people, for example when transferring them using lifting equipment.

Following the last inspection, the service had put in place in a new incident management system which helped ensure that clear outcomes were put in place following all incidents. We looked at the new system and saw incidents such as falls and medication errors were analysed with clear measures put in place to keep people safe.

Is the service safe?

We found safe recruitment procedures were in place. We looked at a recently employed staff members file and saw the required checks on the person's backgrounds and identity had been carried out such as a Disclosure and Barring Service (DBS) and references obtained from their last employer. Staff we spoke with confirmed that these checks were conducted before they were permitted to work in the home.

We found staffing levels were sufficient to protect people from harm. It was clear the staffing configuration had been carefully thought about to ensure the correct level of assistance was provided at the right times of day. We looked at rota's which showed these staffing levels were maintained. Staff and people who used the service told us they thought there were enough staff to keep people safe, for example people said they did not have to wait too long for assistance. On the day of our inspection, our observations confirmed that there were enough staff to ensure people's needs were met, for example call bells were answered promptly and communal areas were appropriately supervised. We found an appropriate skill mix was on duty on the day of the inspection, the staff we spoke with demonstrated a good level of knowledge about the home, its systems and processes and the people who lived there.

We looked around the premises. Most people said they were happy with the building describing it as, "Lovely'' and, "Warm and cosy." We found there was adequate communal space for people to be comfortable, for example in participating in activities and eating their meals. Bedrooms were homely, with personal possessions displayed. Adequate bathroom and toilet facilities were present. We found some areas of decoration were tired and required refurbishment. For example, the carpets in the corridors and wallpaper was coming off the wall in some bedrooms. Some furniture in people's bedrooms was also slightly damaged. Some of the chairs in the lounges were ripped and stained. The registered manager told us there was a plan in place to refurbish these areas and we saw evidence people had been consulted about this during a recent resident meeting. We saw plans were in place to make the environment more dementia friendly including more suitable signage and colour patterns. A maintenance man was employed to carry out routine maintenance and we saw they undertook checks such as to the fire and water systems. Equipment such as gas, electric and lifting equipment was serviced in line with legal requirements.

Is the service effective?

Our findings

People spoke positively about staff and said the continuity of staff was good, with the home full of, "Familiar faces". They told us staff knew how to care for them effectively. We found staff had a good level of knowledge about the people they were caring for. For example staff knew of the risks to the people we asked them about and what was needed to ensure effective care.

Staff received a range of training which included manual handling, fire, adult protection and Mental Capacity Act 2005 (MCA) awareness. We looked at the training matrix and found some gaps where people were overdue training updates. However, we saw training updates were scheduled in the coming months to address these shortfalls. We saw staff were encouraged to attain further qualifications for example national qualifications in health and social care and senior staff were in the process of completing an accredited certificate in medicine management to give them a higher level of competency in this subject. Good links were in place with other organisations to provide staff with specialist training; for example, staff had received palliative care, diabetes and pressure area care from local health professionals. Staff we spoke with said training was good and they demonstrated a good knowledge of the subjects we asked them about indicating the training was effective. Health and social care professionals we spoke with said they thought the staff team was particularly effective and had a good skills base.

Arrangements were in place to ensure new staff acquired the required skills and knowledge. We looked at a new staff members file and saw they had undertaken a two weeks shadowing period, local induction to the company's policies and procedures, received in house manual handling training and were booked on the Skills for Care Common Induction Standards training within their first month of employment. This showed appropriate arrangements were in place to train new staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Where people's liberty is restricted or deprived in order to keep them safe this has to be authorised by the local authority or Court of Protection in order to be lawful. The registered manager demonstrated to us a good understand of DoLS and had been on recent training on the subject. We saw they had been in regular conversation with the local authority DoLS team to discuss whether scenarios classified as a deprivation of liberty. Following the recent changes to case law on DoLS, the manager had put in DoLS applications, prioritising those deemed most at risk of being deprived of their liberty. This showed us the registered manager was taking action to ensure measures were in place to ensure people's freedom was not overly restricted.

Staff had a good understanding of how to ensure decisions made for people were in their best interest, in line with the MCA. Most staff had received training on MCA and DoLS which meant they had learnt about how to ensure the right of people without capacity were protected. We saw capacity had been considered in people's care plans, although clearer information on whether people had capacity to make particular decisions was needed in some of care records we looked at.

We looked at one person who received their medicine covertly. We saw appropriate arrangements had been taken to assess the person's capacity, and ensure the decision was made in their best interest through consultation with relatives, pharmacy and doctor. However because of the way the decision was recorded it was difficult to clearly establish the sequence of events. We raised this with the registered manager who agreed to ensure that a new form was put in place to ensure documentation demonstrating the decision making process was clearer.

We observed people were given choices with regards to their daily lives such as where they wanted to sit, what they watched on the television and what they wanted to eat. We saw staff asked people consent before assisting with personal care.

People spoke positively about the food, for example one person told us, "The food's nice too which is very important." Another person said,"The foods nice, no complaints." We observed the breakfast and lunchtime meals. We saw this was provided in a relaxed and unrushed atmosphere. People were provided with a variety of options at breakfast. At lunch there was one main choice but people were provided with an alternative if they didn't

Is the service effective?

like the food on offer. For example, one person pushed their dinner plate away without eating and was offered a choice of sandwiches instead. Another person who wouldn't eat their meal was offered soup and a sandwich. People were provided with a choice of drinks throughout the day to help ensure they were kept hydrated. We saw people who required assistance with meals were supported appropriately by staff, this was given patiently and reassurance was offered to encourage people.

A chef was present seven days a week to ensure an appropriate standard of food was provided. We saw the menu rotated on a four weekly cycle with a variety of food options available. People had been consulted about the menu through an annual survey and a new menu had been developed based on their preferences. Each person had a dietary care guide in place which detailed any risks and nutritional needs and helped staff to provide appropriate nutritional care. The chef and care staff were aware of people's individual nutritional needs, such as who required a soft diet and who required supplements, showing this system was effective.

People's weights were monitored regularly and where weight loss was identified they were appropriately referred. We saw evidence that where difficulties in eating were identified appropriate referral to Speech and Language Therapy was made, their advice was recorded and staff were aware of what they needed to do to meet these people's needs.

People reported that they had access to healthcare professionals if they felt ill for example one person told us they had a cough so they had sent for the doctor. People's healthcare needs were assessed regularly by staff. This included pressure area and any specific health conditions such as diabetes. We saw the home regularly contacting external health professionals such district nurses where skin tears had been identified. Details of contact with health professionals was recorded in daily notes and summarised within monthly care plan reviews to provide concise and summarised information for staff to follow. We spoke with a visiting health professional who told us that staff followed their advice, contacted them regularly if they were unsure about anything and delivered and good level of care and support to people.

Is the service caring?

Our findings

People and their relatives spoke positively about the way they were treated in the home. For example, one person told us, “They are always courteous but more than that they are jolly, you don’t feel you are a burden.” Another person said, “They are like my daughters to me, very friendly, I tell them what to do and they get on with it.” A third person told us, “They don’t rush you [when getting dressed] but let you do things in your own time.”

During our observations we observed staff regularly checked people were okay in the lounge area and attended to any requests, for example if someone wanted to go to the toilet. We saw staff spoke patiently to people and listened to them. Staff on duty had an appropriate manner when dealing with people; quiet and gentle in their speech and in their approach to providing the care and support. Interactions seemed natural and easy with no signs of anxiety or stress on the part of the people. Staff had conversations with people as well as delivering task based care; for example, discussing the television programme they were watching.

We saw that people’s privacy and dignity was respected; for example, people’s doors were closed during personal care. We did note at lunchtime one area where people’s experience could have been improved; some people’s lunch was interrupted by the administration of medicines; for example, one person was given a tablet in between bites of their sandwich.

Staff we spoke with understood people’s individual needs and preferences such as what they liked to eat and how each person liked to be talked to. Staff appeared to know people very well, calling them by name and knowing what their likes and dislikes were. For example, one person was given their gravy separate from their meal because that was how they liked it.

We saw care plans recorded detailed information on people’s likes/dislikes and preferences within the ‘pen picture’ section of their care plan. These were personalised; for example, about how people preferred their daily routines and any things that were likely to upset them. There was also information present on people’s life histories. Biography and social information on people’s lives helped staff to understand people’s experiences and allowed personalised care to be provided. There was a focus on independence with care plans emphasising the aspects of personal care people could do for themselves.

Mechanisms were in place to listen to people. For example, people were involved in regular care plan reviews and their comments recorded. There were formal and informal ways to raise complaints, and people’s views were regularly sought through various surveys and resident meetings.

We saw evidence the service made reasonable adjustments to meet people’s individual needs and requirements. For example, diabetic desserts were provided for those with diabetes. Reasonable adjustments were put in place to the building; for example, a passenger lift and stair lift and appropriate lifting equipment such as hoists to allow those with physical disabilities to access all areas of the home. During our inspection we saw a member of religious clergy conducted a service for four people. Staff and people confirmed to us this was a regular occurrence. This showed the service made arrangements to ensure people’s religious and spiritual needs were met.

The home operated an open policy on visiting and relatives and friends could visit when they wanted to. This was confirmed by a relative we spoke with who said there were no restrictions on visiting times.

Is the service responsive?

Our findings

Health and social care professionals told us they thought the home provided responsive care. For example, one professional told us staff were "Excellent" at seeking their advice and making changes to care based on that advice. Another professional told us how through effective care and support provided at the home, one person's independence had been increased and they were able to move to more independent living.

Prior to people moving to the home we found pre-admission assessments were carried out by the registered manager or deputy, to ensure the home could meet their needs. We saw these contained a sufficient assessment of people's needs to allow the home to determine whether they could care for people and help them to produce more detailed plans of care. A social care professional we spoke with praised the pre-admission process and said it was very thorough. We looked at four care records and saw appropriate care plans were in place which included mobility, pressure area care and continence which showed people's needs had been assessed. Each care plan also contained a summarised 'pen picture' which provided staff with clear and concise information on people's needs.

We found care plans were reviewed regularly by the management team, and changes made to ensure responsive care was provided. For example, one person's mobility had reduced so a new plan was put in place to assist staff. Monthly care reviews were detailed and looked at falls, hospital admissions, and reviewed health professional input. Regular reviews also took place with people and/or their relatives. We saw their comments regarding the care and support package had been recorded to assist staff in providing responsive care.

Records to assist in the provision of responsive care were in place and were generally completed well. Daily records were maintained which provided evidence people had received care in line with their care plans. Daily handovers and communication books also allowed staff to provide responsive care. For example, we saw how damaged skin had been identified on one person; this had been immediately communicated to senior staff and the district nurses contacted who had come out to review. This showed staff were responding to changes in people's individual needs. The home was monitoring the food and fluid intake of two individuals in the home. However we found the completion of these records was inconsistent with gaps indicating the person had not eaten. We established through conversations with staff and looking at the person's daily records that they had been provided with sufficient quantities of food on these days but staff had not always recorded this. The registered manager agreed to take immediate action to ensure staff recorded this information more consistently.

Care plans considered people's social lives and the activities which were important to them. There was a programme of activities for the month posted in the entrance hall which showed activities were available most days. For example a movie night was taking place on the night of our inspection and quizzes, pampering days and a Christmas party were also planned. An activities co-ordinator was employed and we saw they kept a log of the activities people were involved in to ensure that people did not become social isolated. We saw the provision of activities was discussed at the residents' meeting to ensure people were provided with activities which met their individual preferences.

A system was in place to manage complaints. Information on how to complain was clearly displayed in the home as well as in the service user guide. We saw no formal complaints had been received in 2014. Verbal complaints were logged by staff on a dedicated form; we saw the registered manager had completed an action taken sheet to confirm that appropriate action had been taken following these complaints. Seven out of eight people we spoke with said they had never had the need to complain but they would feel comfortable in doing so if they needed to. They said they would either speak to the staff or the manager if there was a problem and said they were confident it would be sorted out. One person told us their comments and suggestions were not always acknowledged. For example, they told us they had asked repeatedly for their radiator to be turned up as their room was cold but this had still not been done and they said their clothes had kept going missing in the laundry. We raised these issues with the registered manager who agreed to look into these concerns.

Is the service well-led?

Our findings

The home had a registered manager in place. A deputy manager had recently been appointed to ensure a greater level of management presence and oversee care quality. People we spoke knew who the registered manager was and confirmed they regularly helped out with care and support; for example, taking them for hospital appointments or going shopping for them. We observed on the day of the inspection that the registered manager and deputy regularly helped with routine care and support tasks. This meant they could experience care and support issues first hand. People said the management team was kind and friendly and said they felt they could go to them with any sort of problem.

Health and social care professionals we spoke with said the home was well managed and they did not have any concerns and thought the management team were effective in carrying out their role to a high standard. Staff spoke positively about the registered manager and new deputy and said they listened well and were effective in dealing with any concerns raised. We observed the staff team got on well together and interacted well with each other to ensure consistent and co-ordinated care. People also confirmed that staff worked well for example one person said staff were, "Jolly and had fun."

Mechanisms were in place to involve people in the running of the service and drive improvement through seeking their feedback on the quality of the service. Periodic resident meetings took place

. We looked at the minutes from the most recent meeting in November 2014, which achieved a good attendance of 17/23 people. We saw those who did not attend were asked for their views on a one to one basis. People's views had been sought on the decoration of the corridor areas and food and activity preferences. These had been recorded and we saw evidence they were acted on in planning further improvements to the service. Meeting minutes showed people were generally very happy with the quality of the service and this was confirmed by the feedback we received during the inspection.

People and their relatives were also asked to complete regular quality surveys. The registered manager told us a general survey was completed twice a year. We saw the most recent survey undertaken in November/December 2014 was still being collated, but the comments that had been received so far were all positive. We also looked at the results of the February 2014 survey which were overwhelmingly positive. The analysis and a selection of people's comments had been recorded and put on display so people and their relatives were aware of the overall performance of the home. Individual meetings also took place with people to discuss improvements they wanted to see and we saw the actions taken following these meetings had also been recorded. For example, the menu had been changed over summer 2014 following discussions with people about what their preferred options were. A comments and suggestions box was also in place should anyone want to provide anonymous feedback on the service. This showed us the provider was committed to continuously improving the service based on people's feedback.

We found records relating to the management of the service such as training records and policies and procedures to be well ordered and the registered manager promptly located us the documentation we wanted to view on the day of the inspection. Up-to-date policies and procedures were in place; for example, around medication and consent. We found more detail could have been provided in some of these polices, for example, discussing the arrangements for the administration of covert medication.

A programme of audits was undertaken to identify and rectify risks that emerged. A detailed medication management audit was in place conducted every month and we saw this had identified issues and action had been taken through meeting staff to address shortfalls. Monthly care plan reviews contained an audit form which looked at any complaints, falls, hospitals and health professional input to ensure all information had been recorded correctly and used to update care plans. Cleaning audits and night staff audits also took place to help assure the provider that effective care was taking place.

Detailed monthly analysis of incidents also took place to look for themes and trends. This included details of the incident, time of day, and the outcome for the person. The registered manager produced a monthly report where analysis and conclusions were discussed, this helped to ensure trends were identified and action taken.

Staff meetings took place regularly. We reviewed the most recent meetings minutes which showed quality issues had

Is the service well-led?

been identified and discussed with staff to improve performance. We saw some of the issues identified through audit such as medication had been discussed. For example, poor record keeping with regards to topical medication had recently been identified and discussed with staff and we saw record keeping in this area had now improved. Supervision and appraisal processes were also in place to monitor and improve staff performance.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines, as appropriate arrangements were not in place for the recording and safe keeping of medicines.

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.