Mission Care

Greenhill

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

This inspection took place on 21 April 2015 and was unannounced.

At the last inspection, which was carried out on 30 July 2014, we found the service was meeting all the essential standards that were checked at the time.

Greenhill is a care home that provides nursing and personal care for up to 64 older people. The service specialises in supporting people living with dementia. 53 out of the 64 people that were using the service when we visited were living with dementia and two others also had a learning disability. Accommodation was arranged over three floors and most people living with dementia resided on the first and second floors. All the bedrooms were single occupancy and had en-suite shower, wash hand basin and toilet facilities. Communal space included a separate lounge and dining area on each floor, an activities/art room and patio garden on the ground floor. There was a passenger lift that enabled people to move between floors.

The service has not had a registered manager in post since January 2015, although a suitably experienced and qualified acting manager has been in day-to-day charge

Summary of findings

of Greenhill since March 2015. The new acting manager told us they are in the process of applying to the Care Quality Commission (CQC) to become Greenhill's new registered manager, although we have not yet received their application. A registered manager is a person who has registered with the (CQC) 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.

We identified one breach of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. Although people received their medicines as prescribed; we found that failures to always keep medicines securely stored away had placed people at risk.

You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt happy and safe living at Greenhill. They also told us staff looked after them in a way which was kind, caring and respectful. Our observations and discussions with people using the service and their relatives supported this.

People's rights to privacy and dignity were respected by staff. When people were nearing the end of their life they received compassionate and supportive care. People were also supported to maintain social relationships with people who were important to them, such as their relatives.

People had a choice of meals, snacks and drinks throughout the day and staff actively encouraged people to eat healthily. People were encouraged to pursue meaningful social, leisure and recreational activities that interested them. Staff supported people to maintain their independence.

Staff routinely monitored the health and welfare of people using the service. Where any issues had been found appropriate medical advice and care was promptly sought from the relevant healthcare professionals.

Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. The provider assessed, monitored and mitigated the risks relating to the health, safety and welfare of people using the service. Staff were given appropriate guidance to mitigate these identified risks and keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with foreseeable emergencies, for example, fire.

People told us Greenhill was a comfortable place to live. We saw the premises were well maintained and safe.

Sufficient numbers of suitably competent staff were deployed in the home to meet the needs of the people who lived there. The acting manager ensured their skills and knowledge were kept up to date. The service also ensured staff were suitable to work with vulnerable adults by carrying out employment and security checks before they could start work at the care home.

People's consent to care was sought by the service prior to any support being provided. People agreed to the level of support they needed and how they wished to be supported. Where people's needs changed, the service responded by reviewing the care provided.

The acting manager understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The acting manager encouraged an open and transparent culture. People and their relatives felt able to share their views and experiences of the service and how it could be improved. People and their relatives also felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

There were effective systems in place to monitor the safety and quality of the service and the registered provider/manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken.

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?

Requires Improvement

The service was not always safe.

Although people were given their medicines at times they needed them; we found that staff sometimes failed to store medicines safely, which meant people using the service might be at risk of obtaining medicines they were not prescribed.

People told us they felt safe at the home. Staff understood what abuse was and knew how to report it if they witnessed or suspected its occurrence. There were enough staff to care for and support people. Recruitment checks were completed on new staff.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and knowledgeable about the support people required.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The acting manager and her staff team understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care and support. Staff were aware of what mattered to people and ensured their needs were met. People received compassionate and supportive care from staff when they were nearing the end of their life.

Staff supported people to maintain their independent living skills.

Is the service responsive?

Good

The service was responsive.

Summary of findings

The support people received was personalised and focussed on an individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People had enough opportunities to participate in meaningful social activities that reflected their age and interests.

There were systems in place to deal with complaints. People felt comfortable talking to staff if they had a concern and were confident it would be addressed.

Is the service well-led?

Good

The service was well-led.

People spoke positively about the new acting manager and how they ran the care home.

The views of people who lived at the home, their relatives and staff were welcomed and valued by the acting manager.

The provider regularly monitored the care, facilities and support people using the service received.

Greenhill

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by two inspectors on the 21 April 2015 and was unannounced.

During our inspection we spoke with 13 people using the service, five peoples' visiting relatives, the new acting manager, the clinical lead nurse (deputy manager), the services area manager, and the head of catering, three nurses, five carers, and an activities coordinator.

We spent time observing care and support being delivered in two different communal dining areas during lunch. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at various records that related to people's care, the staff and the overall management of the service. This included ten care plans, five medicine administration record sheets, the staff duty rosters for that week, five staff files, and various quality assurance, maintenance and health and safety records.

After our visit we contacted a community health care professional to find out what they thought about the service provided at the home.

Requires Improvement

Is the service safe?

Our findings

People told us they received their prescribed medicines on time. One person said, "Staff give me my medicines before I eat." However, we saw medicines were not always kept securely locked away when they were not being handled. Although we observed medicines were moved around the home safely in a lockable medicines trolley during the lunchtime medicines round we found the medicines/ clinical room had been left unlocked and unattended by staff during this period. There was a risk that people using the service could have gained access to the medicines stored there. This was a breach of Regulation 12 (2) (g) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Medicines records we looked at showed us each person had an individualised administration sheet that included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. In this way the risk of errors occurring was minimised. All the medicines administration record sheets we examined were up to date and contained no recording errors or omissions. The deputy manager told us all the nurses who worked in the home were authorised to handle medicines on behalf of the people using the service. Nursing staff checked the recording of medicines on a daily basis so if errors had been made they could be rectified quickly. We saw the deputy manager completed a monthly internal audit of medicines. Staff records revealed nurses who were authorised to handle medicines on behalf of the people using the service had received medicines training, which was refreshed annually.

The service took appropriate steps to protect people from abuse and neglect. People told us they felt Greenhill was a safe place to live. One person said, "It's a nice here. I feel much safer than I did previously at my old place." Training records showed us all staff had received safeguarding adults training in the past year. It was clear from comments we received from the acting manager and staff that they knew what constituted adult abuse and neglect. They were able to describe the signs that would indicate someone may be at risk of abuse and the action they would take if they had any concerns that people were being abused or neglected. Records held by CQC showed us the provider was working closely with the police and local authority to investigate a safeguarding concern, which remains on-going.

The provider identified and managed risks appropriately. Care plans we looked at contained a comprehensive set of risk assessments that identified hazards people might face. This provided staff with clear guidance as to how they should support people to manage the risks and keep them safe. It was evident from discussions we had with staff that they knew what the risks people might encounter and how to manage them. Three members of staff gave us good examples of the moving and handling of equipment used in the home and how they supported people to transfer safely from place to place.

The service managed accidents and incidents appropriately. We saw staff appropriately maintained records of any accidents and incidents involving people using the service. Risk assessments were regularly reviewed and updated accordingly by staff in response to any accidents and incidents that had occurred at the home. This ensured care plans and associated risk assessments remained current and relevant to the needs of the individual. One member of staff gave us an example of how they had recently amended a care plan to ensure the record accurately reflected the persons changed mobility needs and what action staff were required to take to mitigate the risk of them falling.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had created a range of contingency plans to help staff deal with unforeseen events, such as fire. Records revealed that at least one member of staff on duty of each floor of the home had received basic first aid training, which nurses we spoke with confirmed. The home was also well maintained, which contributed to people's safety. Maintenance and servicing records were kept up to date for the premises, and utilities such as gas and electricity. Maintenance records showed that equipment, including fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting had been regularly checked and serviced in accordance with the manufacturer's guidelines.

We saw a fire risk assessment had been carried out by the provider for the home and that a fire evacuation procedure was in place. Other fire safety records we looked at indicated staff routinely participated in fire evacuation

Requires Improvement

Is the service safe?

drills, which staff we spoke with confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received ongoing fire safety training.

There were sufficient numbers of staff deployed in the home to keep people safe. People said there were enough staff available when they needed them. A relative told us, "I've been here a lot recently and in my experience you can normally get hold of staff when you want one."

On several occasions we observed staff respond to a call within a minute of it being activated. Call bell alarms were located in people's bedrooms and throughout the homes communal areas, which enabled people to summon assistance from staff when they needed it. We saw there was one qualified nurse and at least four carers working on all three floors of the care home, which staff confirmed was the minimum number required for each floor. We saw the staff duty roster that showed us staffing levels were determined according to the number and dependency levels of the people using the service. The area management gave us an example of how the role and responsibilities of staff had recently been reviewed and changes made so at least one carer on each floor with the additional knowledge and skills to coordinate social activities would now work from 9am to 5pm. The acting manager told us this more flexible approach to planning the weekly staff duty rosters would ensure enough staff were available during the day to support the home's full-time activities coordinator and meet the social needs and wishes of people using the service.

The provider had established and operated effective recruitment procedures. We looked at recruitment checks for five members of staff. This showed us that appropriate pre-employment checks had been made carried out on all prospective new staff prior to them starting work at the care home. These included obtaining and verifying evidence of their identity, right to work in the UK, relevant training, references from former employers and security checks to ensure individuals were not barred from working with adults at risk. There were additional checks for those staff that were being recruited as nurses, or for those requiring work permits.

Good

Is the service effective?

Our findings

People told us staff who worked at the home had the right mix of knowledge, skills and experience to meet their needs. One person said “the staff know their stuff and work very hard”, while another person told us, “the staff here are beautiful people. No complaints about how they look after me”. Relatives also felt staff were suitably trained and competent to look after their family members.

Training records showed us it was mandatory for all new staff to complete an induction before they were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of ‘shadowing’ experienced members of staff. Staff records revealed that all staff had completed the provider’s mandatory training programme and had regular opportunities to refresh their existing knowledge and skills. Staff confirmed they had attended a professionally recognised dementia awareness course. Staff spoke positively about the training they had received which they said was on-going.

The acting manager told us the service supported two people with learning disabilities. Some staff we spoke with were unclear about the specialist needs of these individuals. However, the homes management told us both individuals' were able to verbally express their needs and wishes. We saw care plans contained information about these individuals' learning disabilities and preferred methods of communication. This provided staff with clear guidance about how they should be meeting these people's needs, which several staff we spoke with confirmed. The new acting manager told us they felt most staff would benefit from attending a learning disabilities awareness course, which they said they were in the process of arranging.

Staff received effective support and supervision. Records showed us all staff attended regular team meetings and individual meetings with the acting manager. The acting manager told us that in line with the provider’s staff appraisal policy she planned to ensure all staffs work performance continued to be appraised annually. Staff we spoke with felt they received all the support they needed from the acting manager and had enough opportunities to review their working practices and discuss their on-going professional development.

People were able to make decisions about their everyday life and were asked for their consent. Throughout our inspection we saw staff always sought people's consent before carrying out any care or support.

Senior staff and managers gave us several good examples of referrals the service had recently made to the local authority regarding Deprivation of Liberty Safeguards (DoLS) because it was felt the restrictive use of bed rails could not be safely removed for some people. Records also showed the service had involved people close to the person who lacked capacity as well as other professionals such as an advocate, care manager and GP in best interests’ decisions about aspects of people’s care.

We saw there were policies and procedures in place regarding the Mental Capacity Act (2005), DoLS and consent. Staff told us these policies and procedures had helped them understand their responsibilities. Staff were clear that they would only deprive someone of their liberty if a person could not make decisions about their care and treatment when it was is in their best interests and there is no other way to look after them safely. Training records showed that all staff had attended Mental Capacity Act (2005) and DoLS training.

Staff supported people to eat and drink sufficient amounts to meet their needs. People told us they liked the food they were offered at Greenhill and that they were always given a choice regarding what they ate and drank at mealtimes. One person said, “the food is marvellous”, while another person commented, “You can chose what you eat here and it is usually pretty good.” Feedback we received from relatives about the meals provided at the home was also complimentary. One relative told us, “I’ve never actually tried it myself, but the food always looks and smells edible to me.” We saw people were offered a choice of two meals at lunch which included liver and bacon and tuna pasta bake. It was clear from discussions we had with people using the service that they had been asked to choose what they wanted to eat at mealtimes the day before, which the new head of catering confirmed. The head of catering acknowledged that people living with dementia may forget what meals they had ordered the previous day and had agreed a plan with the acting manager to give people a greater choice of meals on the actual day they would be eating them. Progress made by the service to achieve this goal will be assessed at the next inspection.

Good

Is the service effective?

People's nutrition and dietary needs had been assessed and reviewed regularly. For example, we saw care plans included information about people's food preferences and the risks associated with eating and drinking. We saw staff recorded and regularly monitored how much people ate and drank, as well as weighed. This gave staff all the information they needed to determine whether or not people were eating and drinking sufficient amounts to remain hydrated and well. Where staff had concerns about a person's weight or food and drink intake we saw appropriate action had been taken to refer people to specialist heath care professionals, such as a dietician. Care plans also contained information where people needed additional support. For example, where people had swallowing difficulties or needed a soft diet.

People were supported to maintain good health. Records showed that people were in regular contact with community based health care professionals, such as GP's, district nurses, podiatrists, opticians, dentists, dieticians and palliative care specialists. Care plans set out in detail how people could remain healthy and which health care professionals they needed to be in regular contact with to achieve this. We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes.

Good

Is the service caring?

Our findings

People were supported by caring staff. People spoke positively about the staff and typically described them as "kind and caring". Comments we received included, "We've been well looked after, they're very kind", "On the whole, care is extremely good" and "I can categorically say, they are looking after me." Feedback we received from relatives was equally complimentary about the standard of care and support provided by staff at the home. Two relatives we spoke with told us they felt staff provided consistently good care and were familiar with their family members needs because staff turnover was so low. One relative said, "I feel lucky to have found the level of care we have." While another relative told us, "it's the staff that make the place so good."

Throughout our inspection the atmosphere in the home remained pleasant and relaxed in the communal areas where a lot of people congregated during the day. We saw conversations between staff and people living at the home were characterised by respect, warmth and compassion. People looked at ease and comfortable in the presence of staff. On several occasions we observed staff were quick to reassure people in a caring and timely way when individuals had become anxious or confused.

People's privacy and dignity was respected. Throughout our inspection we saw staff ensured people's dignity was respected and that personal care was always provided in private behind the closed door of their bedroom, the bathroom or toilet. We also saw staff knocked on people's doors and always waited for the occupants' permission to enter before doing so. For example, on arrival, saw a member of staff discreetly knock on toilet door to check if person needed assistance.

People were supported to maintain relationships with their families and friends. All the relatives we spoke with told us they were able to visit whenever they wished and they were always made to feel welcome. One relative said, "I've been coming everyday lately and always felt able to stay as long as I wanted. The staff are all very friendly."

People had been supported to express their views for how their needs should be met. These were listened to and respected by staff. One person told us they felt able to tell staff what they wanted in terms of their care and support and they were supported by staff to make decisions about what happened to them. A relative told us their family member was supported by staff to make their own decisions about the care they received. Records of meetings with people and their individual keyworkers showed staff enabled people to state their views about the different options of support available to them. Staff used appropriate communication methods, for example Makaton signs and symbols for people who were non-verbal, and to ensure they were able to appropriately state their views about the support they wanted.

Throughout our inspection we saw people used a variety of communication aids and tools to express their wishes and feelings. It was evident from discussions we had with staff, and practices we observed, that they had a good understanding of most people's preferred methods of communication. For example, we observed staff use photographs of various items of food and drink to help people decide what they would like to eat at mealtimes. During lunch we saw staff ensured this person's' meal was served in their room in accordance with their expressed wishes.

People were encouraged and supported to be as independent as they wanted to be. People told us they could move freely around the home. One person said, "It's easy to get around the place." We observed staff on numerous occasions walking with people in an unhurried way along corridors accompanying them to other parts of the building or to the garden. During lunch we also saw people who needed additional support to eat and drink were offered suitably adapted plates, cutlery and cups, which ensured they maintained the ability to eat independently without the assistance of staff.

When people were nearing the end of their life they received compassionate and supportive care. People told us their key-worker had helped them decide how they wanted to be supported with regards their end of life care, which we saw was reflected in care plans we looked at. It was also clear from discussions we had with people using the service and their relatives that palliative care specialists regularly visited the care home. Staff we spoke with confirmed they had received end of life care training. The acting manager told us, and we saw recorded evidence, that the service was in the process of being accredited by the Gold Standards Framework (GSF) in care homes, which is a nationally recognised programme that aims to improve the quality of care for people nearing the end of their life.

Good

Is the service responsive?

Our findings

People were involved in discussions about their care. Two relatives told us they been given the opportunity to visit the home with their family member in order to look around and meet the staff prior to deciding whether the home was right for [my relative]. Senior nurses we spoke with confirmed that before a person moved into the home, they carried out an assessment of their abilities and needs. Staff told us they used this information to develop personalised care plans for each person using the service.

Care plans we looked at reflected people's needs, abilities, preferences and goals and the level of support they should receive from staff to stay safe and have their needs met. Care plans also included people's daily routines and how they liked to spend their time, food preferences, social activities they enjoyed, social relationships that were important to them and how they could stay healthy, well and safe. It was clear from discussions we had with staff that they were familiar with people's life histories and preferences.

The service took account of people's changing needs. Two relatives told us they were "informed immediately" if there were any changes in their relative's condition. Another relative said, "Staff always invite us to attend any meetings about [my relatives] care." We saw care plans were regularly updated to reflect any changes in people's needs which helped to ensure they remained current.

We saw people's wishes and preferences were respected in relation to the care being provided. It was clear from discussions we had with people they could decide what time they got up, went to bed, what they wore, what and where they ate and what they did during the day. One person said, "I am very particular about how I look, and staff always make sure I'm happy with what I'm wearing", while another person told us, "I like to spend my time in my room where I can talk to my visitors and have my meals in private. The staff are fully aware of this and respect my wishes."

People could engage in social activities that interested them. People told us they could choose whether or not to join in any of the daily social activities arranged by the activities coordinator. Two people said they "really enjoyed the activities" arranged by the activities coordinator. One person told, "I particularly enjoy the quizzes and the art classes." During our inspection we saw a Bible discussion group and a quiz take place in the garden. We also saw a wide range of 'age appropriate' reading material, such as daily newspapers and large print books, board games, cards and art materials were available in the main communal areas. People's wishes about social and leisure activities were detailed in their care plans, which were reflected in the home's weekly activities programme. Examples of activities offered at the home included; reminiscence and music sessions, arts and crafts, gentle exercise classes, aromatherapy, quizzes, paid entertainers and occasional outings to local parks and cafes. Records showed us staff kept a list of all the activities people had participated in so they could monitor who liked the activities they were being offered and who did not and adjust the programme accordingly to reflect everyone social interests. The activities co-ordinator told us they ensured that those people who were confined to their bedrooms also were offered a service, be it music, aromatherapy or a book.

The provider responded to complaints appropriately. People we spoke with told us they felt comfortable talking to any staff if they had a problem. Two people also mentioned they would approach the new manager if they had any concerns. A relative commented, "I've never actually felt the need to complain, but I'm sure the nurse in charge would take me seriously if I did." We saw copies of the provider's complaints procedure were displayed throughout the home in various communal areas. The procedure clearly outlined how people could make a complaint and the process for dealing with this. We noted all the complaints that had been made about the care home in 2015 were appropriately recorded by the acting manager, including the actions taken to try and resolve the concerns raised to the complainants satisfaction.

There was limited signage to help orientate people around the home. Although we saw there were handrails in contrasting colours and some signs to identify some important rooms or areas of the home such toilets and the dining area; we found these were often written in small print and were not always easy for people to read or understand. Furthermore, people's bedroom doors were not always personalised and they lacked visual clues to help make it more recognisable. We discussed this with the acting manager who has agreed to display more easy to understand signs and visual clues to help people identify their bedroom door more easily.

Good

Is the service well-led?

Our findings

The service has not had a registered manager in post since January 2015, although a suitably experienced and qualified acting manager has been in day-to-day charge of Greenhill since March 2015. The acting manager told us they planned to apply to the Care Quality Commission (CQC) to become the new registered manager of Greenhill. This was confirmed by discussions we had with the area manager.

People told us they felt the service was being well run by the acting manager. They spoke positively about the acting manager's inclusive approach to running the home and about how accessible she was. One person said, "I'm a big fan of the new manager. She seems to know what's she's doing and seems nice." Relatives we talked with were equally complimentary about the new acting manager's leadership style. One relative said, "I've got a lot of time for the new manager." It was clear from discussions we had with staff that they also felt the home had an effective management structure in place. One member of staff said, "Staff morale is good here. I think the bosses are fair and treat us well."

People using the service and their relatives were asked for their views about the home and felt involved in helping to make Greenhill a better place for people to live. People described managers and staff as "very approachable". It was also clear from discussions we had with relatives that they felt they had ample opportunities to express their views about the home through regular contact with managers and staff by participating in quarterly relatives meetings and the provider's annual satisfaction survey. A relative told us, "I've never had any problems getting hold of the nurse in charge. They do listen to you here." We saw the feedback received from people using the service and their relatives as part of last year's annual stakeholder satisfaction survey were generally positive about the overall standard of care and support provided at the home.

Staff were asked for their views about the home. They told us there were regular team meetings where they were able discuss their opinions openly and receive feedback about any issues or incidents that had adversely affected the service and the people who lived there. Staff also told us they would speak with the nurses in charge or the manager about any concerns they might have and were confident that they would be listened to. One member of staff said, "I know the new manager has run another care home in the area and clearly has a lot of experience and knowledge in this field."

We saw quality assurance records that indicated the home's area manager visited Greenhill at various times of the day or night on a quarterly basis to carry out a range of internal audits. These audits involved observing staff working practices, speaking with people using the service, their visitors and staff, and checking records. Other records we examined showed us managers and nurses routinely checked the service's arrangements for reviewing care plans, risk assessments, medicines management, infection control, fire safety, food hygiene, staff training and supervision, and record keeping in general. We saw that where any issues had been found an action plan was put in place which stated what the service needed to do to improve and progress against these actions. The acting manager told us any accidents, incidents, complaints and allegations of abuse involving the people using the service were always reviewed and what had happened analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring.

The acting manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regards to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, for example, serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. It was evident from CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People using the service did not always receive care and treatment in a safe way because medicines were not managed properly and safely. Regulation 12 (2) (g).**