Royal Mencap Society

Royal Mencap Society - Woodlands Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 9 February and was unannounced.

Royal Mencap Society - Woodlands Residential Home provides accommodation and personal care for up to eight people with a learning disability who may also have a physical disability. Each person has their own room and all of the facilities are on one level. At the time of our inspection there were eight people living in the home.

At our last inspection in January 2016, the service was in breach of two of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The use of listening devices in people's bedrooms, broadcasted to communal areas, compromised people's privacy and dignity. The principles of the Mental Capacity Act 2005 were not being followed in relation to seeking consent. After that inspection, the registered persons sent us an action plan explaining what they would do to improve. At this inspection, we found that they had taken the necessary action to comply with these regulations and were no longer in breach.

People's capacity to make specific decisions about their care and treatment was assessed properly and, if they were not able to make the decision, their best interests were taken into account. In relation to listening devices, there was better assessment of people's awareness of risks associated with epilepsy and work with a professional to consider essential aspects of people's safety. They were only used for short periods when they were essential and receivers were not used within communal areas. The service was looking at further developments in technology to see if there were alternatives that would further improve the way people were supported.

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

We noted that, during the course of 2016, the registered manager for this home was seconded elsewhere to another of the provider's services. Another manager was allocated to oversee the service but not registered in respect of it. When the registered manager returned to the home, the deputy manager was seconded elsewhere, again to oversee another of the provider's services. This meant that management of the service had not been entirely consistent. Staff were looking forward to a period of more stability and continuity following the registered manager's return to the service, together with the assistant service manager.

Most systems for monitoring the quality and safety of the service were working well. However, monitoring systems associated with the management of medicines had not been sustained during 2016. Processes for monitoring the management of medicines were not robust enough. Thorough checks were not made regularly to ensure that concerns about medicines were identified and followed up promptly. The provider's

quality assurance processes had not addressed this issue to ensure improvements were made.

We found that medicines were not always managed safely and in a way that ensured people received them in the way the prescriber intended. Creams or lotions for external use were not always used as their prescriptions showed they should be. These products were not always dated when they were opened so that staff could be sure they remained free from contamination, safe and effective to use.

There were enough staff who were competent to support people safely and robust recruitment processes contributed to protecting people from the risk of harm or abuse from staff who were not suitable to work in care. Staff understood their responsibilities to report if they had any concerns that people were at risk of harm or abuse and how to go about this. They also understood the risks to which people were exposed in their daily lives and had guidance about promoting each person's safety.

People had access to enough food and drink. Where there were concerns about this aspect of people's welfare, staff followed them up. They also ensured that they sought advice from health professionals to help promote people's health and wellbeing.

Staff had developed warm and caring relationships with people living in the home and treated people with respect for their dignity and privacy. They understood how people communicated and the things that they liked to do so they could support people to live full lives. Staff spoke with enthusiasm about their work and their commitment to the people living at Woodlands.

Most people needed support from either staff or their relatives to raise concerns or complaints. Relatives were confident that the management team would listen to any issues they did raise and take action to make improvements where these were needed. People's relatives and staff were confident in how they were able to express their views about the way the service was running. They valued the approachability of the management team.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks associated with the management of medicines were not always properly managed to ensure people received them safely and as the prescriber intended.

Staff understood how to support people safely with their daily care and were clear about their obligations to report concerns anyone might be at risk of harm or abuse.

There were enough staff to support people safely. Recruitment processes helped to protect people from the appointment of staff who may be unsuitable to work in care services.

Is the service effective?

Good

The service was effective.

People were supported by staff who were skilled and competent to care for them.

The management team ensured that staff understood their obligations to support people in ways that promoted their rights and to act in people's best interests where they could not give informed consent.

People were supported to eat and drink enough to promote their health and welfare.

Staff sought advice about people's health and wellbeing promptly and acted on the advice they were given.

Is the service caring?

Good

The service was caring.

People were treated with respect for their privacy and dignity.

Staff had developed warm and compassionate relationships with people and understood how they communicated. This helped them to involve people in making choices about their care. They

involved people's relatives in supporting them to make these choices.

Is the service responsive?

Good

The service was responsive.

Staff understood people's individual needs and delivered care that was focused on meeting these.

People, or their representatives, could be confident that their concerns or complaints would be listened to and addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Temporary management changes during 2016 compromised the stability and consistency of leadership before the permanent management team resumed their roles. The effectiveness of some systems for monitoring safety and compliance with regulations had declined.

People, with the support of their relatives, were able to express their views about the service and valued the approach of the management team.

Staff had a clear understanding of their roles and what was expected of them.

Royal Mencap Society - Woodlands Residential Home

Detailed findings

Background to this inspection

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

The inspection visit took place on 9 February 2017 and was unannounced. It was completed by one inspector.

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. The registered manager completed this and returned it when they needed to. We reviewed the content of this.

We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law.

During our inspection visit, we observed how staff supported and interacted with people. We spoke with three people who used the service although none was able to clearly communicate their views to us verbally. We spoke with the deputy manager and two members of the care team. We also reviewed records for three members of staff, assessments and care records for four people and medicines for three people. We looked around the service and checked a sample of records to do with the quality and safety of the service.

After our inspection visit, and because people were unable to tell us what they thought about the service, we consulted relatives of six people for their views. We also asked the management team for some additional information about staff meetings, staff training and a notification. They provided this information promptly when we asked.

Requires Improvement

Is the service safe?

Our findings

Staff were trained to administer medicines safely and had their competence assessed. However, we were concerned about the safety of systems for managing medicines. There were risks associated with the storage of medicines and for ensuring people received them as the prescriber intended. Audit systems were not working properly to identify where there were problems.

The assistant service manager and another staff member could not find any recently completed full medicines audits. Computer records contained nothing more recent than 2 August 2016. Written records subsequently found in the management office also contained no completed medicines audits since August 2016. After the inspection, audit reports for September and December 2016 were provided, both of which confirmed some shortfalls in the processes for managing medicines.

Staff kept creams and lotions people needed in cabinets in people's en-suite facilities. Although the cabinets were lockable, the keys remained in the doors so that creams and lotions were not secure. Staff told us that no one had shown any inclination to access these products and most people were not independently mobile. However, there was a potential risk from having the products accessible to people who were able to move around their rooms.

One person had both a tub and tube of creams in their cabinet that did not show when staff had opened them. There was guidance displayed in the medicines room about disposal of these products. Tubs of cream needed to be disposed of one month after opening and tubes after three months. This was because their contents were exposed and so at risk of contamination. Because neither of the items in the person's cabinet was dated when they were opened, staff could not be sure that they remained safe and effective to use.

The same person's medicine administration record (MAR) chart showed one cream prescribed to use twice a day. There were no entries on the MAR chart to show this happened. The assistant service manager said that they believed this was now being used only when the person's skin condition indicated they needed it. This was inconsistent with the doctor's directions on the pharmacy label for using the product. There was nothing on the MAR chart to indicate a change of directions with the doctor's agreement, or as guidance for staff about using the cream. This presented a risk that the person was not receiving treatment as intended.

Medicines for internal use were stored within a locked room. However, cabinets within the room, labelled as to be kept locked, were unlocked. These were not all clean inside, with dust and debris on some shelves and one work surface was sticky. This presented concerns that medicine packs and containers could pick up contamination when they were in use.

MAR charts showed variable practice in the recording of medicines received at the home and carried forward from stock at the beginning of each month. Some people's records showed this and others did not. This compromised the process for auditing medicines to ensure they were properly accounted for and accurately recorded when staff gave them.

One person's MAR chart showed that they were prescribed a medicine for daily use in the morning. The chart showed that the service had received 28 capsules of the medicine. There were none available with the person's other medicines for staff to administer. We asked about this and the assistant service manager found these in another cabinet. Staff said that the medicine was stopped for a trial period and we subsequently found information about this in the communication record. However, no note was made on the MAR chart to avoid confusion in the management of the medicine.

The same person had a liquid medicine available to staff for administration. The date on the bottle showed that the pharmacy prepared the medicine on 21 January 2017. The medicine did not show on the person's MAR chart at all although it was stored with the person's other medicines in use. We also noted that this medicine bottle showed an expiry of 18 February 2017 meaning it had a very short shelf life after our inspection and may soon not be safe or effective to use. There were no medicines audits identifying that the medicine would shortly expire or why it was not on the MAR chart. This presented the potential for confusion in the use and management of the medicine.

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

People's relatives were happy that their family members received safe care and support. For example, one relative told us, "We are very happy with the care [person] receives." They felt that the person's safety was managed well both when they were inside and out of the home.

People's plans of care contained individual assessments of the risks to which they were exposed. These included for example, risks associated with activities, mobility, with anxiety or distress, and from epilepsy. Staff confirmed they had guidance to follow to ensure they minimised these risks and promoted people's safety. We noted that, in response to one incident, the management team sought prompt advice to explore any underlying causes or concerns about equipment.

Staff told us they had training to help promote people's safety and records supported this. They showed that staff had up to date training in health and safety and for example when assisting people in moving and handling. They also had training in fire safety and first aid so that they understood how to respond in an emergency. Records showed there were regular checks on the safety of equipment, including equipment used to assist people with their mobility and electrical appliances. Fire detection and alarm systems were tested and maintained to ensure they would work properly in an emergency. This contributed to promoting people's safety.

There were systems in place to help protect people from the risk of harm or abuse. Two relatives we spoke with commented specifically that they felt they would know from their family member's behaviour whether they were anxious about the way staff supported them. One told us how their family member had developed good relationships with staff. They said that the person was always happy to return to Woodlands and saw this as their home. Another relative told us that, when they visited they felt, "There is never anything untoward."

Staff records showed that they had training so help them understand how to protect vulnerable people. We found that new staff completed a quiz to help check their understanding of this important area of practice and their role in protecting people. Staff were able to tell us about the kinds of things that would lead them to be concerned that people were at risk of harm or abuse. They were clear in their obligations to report these concerns and confident that the management team would deal with them. Staff knew that they could contact other agencies if they could not raise concerns within the service.

Staff reported that they were very busy at weekends as sometimes there were only three of them on duty. One person needed one-to-one support at all times and staff said this meant they had to organise their roles well. This left two staff to meet the needs of the remaining seven people, the majority of whom needed support from both staff to move safely. Staff also needed to be aware of the safety of people who were living with epilepsy. Our discussions with the assistant service manager indicated that no dependency tool was used to evaluate objectively whether staff levels needed adjustment at such times.

However, staff did not feel that staffing levels placed people's safety at risk and relatives felt there were enough staff to meet people's needs. They felt that staffing was more stable and consistent than it had been during part of 2016. Staff and a member of the management team told us that there had been changes but vacancies had been filled. During our inspection, we saw that staff were available to meet people's needs and to spend time with them without being rushed. Staff and people's relatives confirmed that staffing levels were arranged so that people could attend appointments and engage in activities outside the home.

We reviewed records associated with the recruitment of three members of staff. These showed that relevant and detailed checks were made before staff started work at the home. This included completing enhanced checks for any criminal records. Recruitment processes therefore contributed to protecting people from the risk of the service appointing staff who were not suitable to work in care.

Good

Is the service effective?

Our findings

At our last inspection of this service in January 2016, we found that the service was not always as effective as it should be. People's capacity to make informed decisions was not always properly assessed to determine whether they understood risks and what was in their best interests if they did not. The provider told us what action they would take to address the breach in regulations. At this inspection, we found they had made improvements.

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. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that there were improved assessments of people's abilities to make informed decisions about their care. These showed the processes followed to try and support people to understand information about specific decisions and how decisions about their capacity were arrived at. The assessments showed who was involved in the process, including relatives who knew people well if this was appropriate. They showed how staff had tried to present information to people in a way that would help them to understand. Where people were deemed not to be able to make a particular decision, we could see that actions taken were identified as being in people's best interests.

The service had improved the way they recorded decisions about the use of a lap belt on a wheelchair to ensure one person's safety. They had also reviewed the use of 'baby monitors' to detect the need for staff intervention with an epilepsy nurse. Although they were still in use for some people, this was considered as essential and the least restrictive way to ensure people's safety. The assistant service manager said that the service was considering further research into options for assistive technology to monitor the safety of people with severe and unpredictable epilepsy.

The manager had made applications in accordance with the DoLS, where there were possible restrictions on an individual's freedom, to protect people's rights. We noted that three such applications made and granted in the past had expired. However, the registered manager had made applications for renewal, the outcomes of which were awaited.

People received support from staff who were competent to meet their needs. Relatives confirmed this view. For example, one relative told us, "There has been a changeover of staff but they have good induction. They

are competent. They seem to recruit staff with the right attitudes." Another said, "I have no concerns about the standards of care."

Staff confirmed that they had good access to training, including further qualifications in care. The management team supplied information showing how they monitored training to ensure staff were up to date in their knowledge and skills. This confirmed what the registered manager had told us in the Provider Information Return (PIR) sent to us before our inspection.

Staff said that they felt well supported and could raise issues or seek guidance when they needed to. We noted that there was a schedule in place to ensure staff received formal supervision. Supervision is needed to ensure staff have the opportunity to discuss their performance and development needs. We noted that supervision was used effectively to monitor performance and to set objectives for staff to work towards. We saw that staff received practical assessments of their skills and competence to follow safe working practices.

People using the service had access to enough to eat and drink to meet their needs. Staff had made some efforts to help encourage people to make choices in planning menus, using photographs to help them choose. We found that, on the day of the inspection, the lunch served did not match the menu displayed. However, we observed that people ate well and received support and encouragement with eating and drinking where they needed it.

A relative told us, "Staff have helped [person] to lose weight and maintain a healthy diet." Another relative explained how their family member had some issues with eating. They were concerned about weight loss as a result. They told us, "The only thing that worries me is the difficulty eating but I have been reassured that staff are following that up. They weigh [person] every week." Records showed that staff monitored people's nutrition so that they could support people if they experienced any unintentional weight change. They ensured they sought advice about people's eating from dieticians if they needed to.

Staff told us they were trained to deliver nutrition and fluids using a percutaneous endoscopic gastrostomy (PEG) tube. Such tubes are inserted through people's stomach walls to make sure they are able to receive enough food and drink without serious risks associated with swallowing issues. There was guidance for staff to follow about the appropriate regime. They were also able to tell us how they managed the PEG tube to minimise the risk of complications and ensure they followed up concerns promptly.

People were supported to access advice from health professionals about their welfare. We noted that, during our inspection, staff advocated strongly on behalf of one person who they felt needed to see their doctor and arranged for them to attend the appointment. People's records showed staff also sought advice about people's mobility and any aids and adaptations they needed for their health and welfare.

Relatives confirmed that they felt staff kept them informed about their family member's health and any concerns. For example, one relative told us, "I am confident they let me know about any major concerns or changes." Another said, "All of [person's] health needs like the doctor, dentist and optician are arranged by Woodlands. They follow up as necessary."

Good

Is the service caring?

Our findings

At our last inspection of this service in January 2016, we found that people's privacy was compromised. Staff used listening devices to monitor people with epilepsy in their own rooms with the receiving speakers broadcasting in the communal lounge. The provider told us what they would do to improve and we found that they had taken action to increase people's privacy.

The use of the monitors was under review. Receiving devices were only available in the office area accessible to staff. The assistant service manager told us how they had sought the advice of an epilepsy nurse and were continuing to explore other options. We discussed that technology was developing and there were alternative systems to consider, which would alert staff to people's safety in a different way.

When staff attended to people's care needs, they promoted people's privacy and ensured that they closed people's doors behind them. People's bedrooms were personalised with photographs and pictures or items that people liked. This contributed to developing homely and individual décor for each person.

People received support from staff who had developed warm relationships with them. We heard staff speaking with people in kindly way and saw that they made eye contact with people. Relatives told us that they felt staff were friendly and kind. A relative told us how they felt their family member was very content in the home and they would know from their behaviour or reactions if they were unhappy. They described staff as being very patient and having, "…a very caring and understanding approach." Another relative told us how they felt that staff had, "…bonded well…" with their family member.

Our observations and discussions with staff showed that they were largely alert to the opportunities they had to spend time engaging with people and made the most of these. We discussed with the assistant service manager our observation that one person had not had much engagement with staff and found that the management team were aware of the way staff interacted with people. Records and discussion showed that they took action to improve people's experiences and staff conduct if necessary.

People's preferences, likes and dislikes were shown in their plans of care. Staff gauged people's reactions to establish what they enjoyed and what worked well for them so that they could build on this. People's records showed how they showed that they were not happy with something. Care records contained pictures and photographs to promote the way that people engaged in choices and decisions. The assistant service manager was keen to explore additional ways of communicating with people to promote this further.

Relatives told us that they felt included in discussions about people's care, and staff took account of their knowledge about their family member. For example, one relative told us, "I do feel involved in [person's] care as much as I can or need to be." Another explained, "They have listened to my ideas and suggestions at review. They've talked to me about the support needed and they keep me up to date."

Relatives told us that they were in regular contact with the service and that they could visit when they

wanted to. All of those spoken with told us that they felt staff were welcoming, friendly and kind. Staff also supported people to stay in touch with their families by arranging to transport them for visits if this was necessary.

Good

Is the service responsive?

Our findings

We found that staff had understood the needs of each person and how they should be supported. This helped to ensure that people received support that focused on them as individuals.

There was some variable practice in recording how people were supported with their individual goals and aspirations. For example, we found that staff had recorded a number of goals for one person but these largely related to activities during the Christmas period. The record did not consistently show how some of the person's other aspirations were followed up. However, staff could tell us what else they had done to support the person with their individual wishes although it was not always clearly recorded.

Staff were able to tell us about people's needs in detail and the information they gave us was consistent with what we had found in people's plans of care. They knew how people would express their discontent or dislike of something if they were not able to express this verbally. For example, one staff member told us that they tried to interpret people's reactions and to try different things. They described how this helped them to develop an understanding of what the person liked and what would work for the individual.

A relative confirmed how staff had supported a person with new routines and activities and had found things that the person liked to do. They felt that this had enabled their family member to develop as a person, including their social skills. Relatives were satisfied that they were consulted and involved where people's needs changed. For example, one relative told us how the person's key worker would give them, "…a good in depth chat about how things are going." Another told us how staff listened to their views and said, "They implement action as needed and keep me involved in decisions."

People had opportunities to engage in activities they would enjoy, both inside and out of the home. During the morning of our inspection visit, one person enjoyed some time in the conservatory, which was being developed as a 'sensory room' with coloured lights, textures and sounds. Another person living in the home explained to us, with the assistance of staff, how they planned a holiday.

Relatives were satisfied that staff supported people with their activities and interests. For example, one relative explained that staff took the person out to lunch, to the zoo and various places they would enjoy. They felt that staff were good at organising things, including an annual holiday. Relatives also told us how they were included in events taking place in the home, such as celebrations for people's birthdays.

Processes for dealing with complaints were effective in resolving issues. The majority of people living in the home would need assistance of staff or their relatives to raise issues affecting their care. People's relatives all expressed to us their confidence that they could raise concerns and that staff or the management team would listen to them. For example, one relative told us, "If we had any concerns we would have no problem in discussing them with the staff and know they would be acted on." Another commented that they had raised minor concerns in the past about the way their family member's needs were met but that these were, "…dealt with in a positive and effective way." One relative told us that, "If I went to [the manager] I know full well it would be put right."

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection in January 2016, the registered manager and assistant service manager had been seconded to other services operated by this provider. The registered manager was away from this service during the early summer of 2016. After their return, the assistant service manager went to work in another home, returning to Woodlands the week before our inspection visit. Staff said another manager had provided cover at the home, who they could go to for support or advice. However, they told us they would welcome some stability and consistency from the permanent management team now they had both returned.

We were concerned that that the changes during 2016 had potentially compromised the consistency of leadership. We were particularly concerned about the lack of robust and effective audits for managing people's medicines. These were not available in electronic format after August 2016. Subsequent audits could not be found during the inspection for staff to see what they needed to improve. After the inspection, the provider supplied copies of audits completed in September and December 2016. There were none for October and November.

Audits had not been effective in addressing the concerns we found. The online system for quality monitoring and visits by the service's line manager had not resulted in action to address the gaps. This compromised the ability of the service to identify and address concerns for the management of medicine promptly and thoroughly. We discussed our concerns in some detail with the assistant service manager during our inspection visit. The registered manager contacted us the day after our inspection visit, to confirm that they were reviewing how they could improve in response to our feedback.

Although one staff member had taken on additional, temporary responsibilities and another manager had overseen the service, there were some slippages. We were told that a staff meeting was supposed to take place each month. These were described as a bit, "…up in the air…" because of the changes, the last having taken place in December 2016.

There was a programme of redecoration to improve the quality of the environment for people. One bedroom was being decorated at the time of our inspection visit. However, we noted there were some items at the end of their useful lives, which needed replacement. Action to resolve these should have been easy to organise to maintain a good quality environment. For example, we found a broken pedal bin and some damaged laundry baskets with broken edges in people's rooms. The assistant service manager told us that they were waiting for a repair to a boxed in area under one person's sink. One door was labelled to be kept locked when it was not in use but there was no lock fitted.

Some other systems for assessing and managing the quality and safety of the service were working well. For example, we noted that guidance for staff about supporting people was cross-referenced with specific, relevant risk assessments so they knew how to work safely with people. The management team analysed accidents and incidents. Records showed they took prompt action where necessary, to investigate any underlying causes so risk could be reduced. Where appropriate, they acted to ensure records or guidance for

staff was updated.

The registered manager understood the importance of providing information to the Care Quality Commission (CQC) both when we ask for it and when it is required by law. They ensured that the provider made a notification of absence when they were seconded elsewhere during 2016.

The service was managed in a way that empowered people, their relatives and staff to express their views about the service. All the views we received confirmed that the registered manager or assistant service manager were approachable and listened to suggestions or ideas. For example, one relative told us, "There have been several changes in management but with [registered manager] in charge we know everything possible is being done to ensure that [person] is well looked after in a happy and homely environment." Another relative commented, "They do listen, very much so."

Staff felt that the permanent management team was approachable. They were confident they could blow the whistle on poor practice if they needed to, to ensure people's welfare and that they received a good quality service. We saw that staff took opportunities to engage with people, although we did discuss one prolonged period of limited interaction with one person. The assistant service manager was able to show us how, if staff performance was a concern, they took action to ensure practice improved.

There was a core of long-standing staff members at the service. Those spoken with had a very clear understanding of their roles and what was expected of them, as well as of the day-to-day running of the service. They spoke with enthusiasm about the people they supported and their commitment to their work. One staff member described how they felt there were members of the staff team who would, "...go the extra mile..." to support people.

People's relatives valued the way that the service was led and the way the approach of staff. For example, one relative described the service as, "…well organised…" and the manager as "…efficient in the running of the home." They felt that service management and staff, "…deserve the highest praise at all levels." Another commented to us, "I looked at other places before this one. I am ever so pleased I took up the placement. I don't think I could find a better place."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not fully protected from risks to their health and welfare associated with the way that medicines were managed. Medicines were not always managed in a way that ensured they remained safe for use, that was consistent with the prescriber's intentions and in a way the reduced the risk of error. The process for auditing and checking medicines did not adequately identify concerns for medicines management and the action needed to address risks. Regulation 12(1), (2)(b),(f) and (g)