Care Homes of Kent Limited

Alma Lodge

Inspection report

15-17 Alma Road
Sheerness
Kent
ME12 2NZ

Tel: 01795669824

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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

Summary of findings

Overall summary

The inspection was carried out on the 9 August 2016 and was unannounced.

Alma Lodge offers accommodation, care and support for up to 11 people with learning disabilities from those that have some degree of independence to those needing more support. At the time of the inspection, seven people lived at the service, all of whom were receiving care and support.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People's medicines had not always been administered as it had been prescribed by their GP to protect people's health and well-being. Staff were not following the provider's medicines policy and published good practice guidance for administration of medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support peoples best interest if they lacked capacity to make certain decisions about their care.

People were protected against the risk of abuse. Staff had had training and recognised the signs of abuse or neglect and what to look out for. Management and staff understood their role and responsibilities to report any concerns and were confident in doing so. Staff told us they knew what to do if they needed to whistle blow, and there was a whistleblowing policy available.

People had varied needs, and the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy by facial expressions for example, a smile to the registered manage, deputy manager and staff who were supporting them. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments had been updated and were individual for each person. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice, such as doctors, speech and language therapist (SALT) and dieticians.

People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

People could easily access food and drink and snacks during the day. People were involved in shopping. Staff knew people that lived in the service well and were engaged in meaningful and fun conversations with people. Staff encouraged people to be as independent as possible.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities. People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People were aware that they could complain and they knew who to talk to if they were worried or concerned about anything. The registered manager said there had been no complaints made in the last twelve months.

The registered manager had sought the views of people living in the service as well as relatives. The results of these surveys were positive.

The provider and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the CQC.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always receive their medicines when they needed them and as prescribed.

People indicated that they felt safe living in the service, and that staff cared for them well.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

We observed that staff understood people's individual needs and staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service caring?

Good

The service was caring.

People were consulted about how they wanted their care

delivered. Staff were caring and spoke with people using the service in a respectful and dignified manner. People's privacy and dignity was respected.

Relatives were able to visit their family members at any reasonable time.

People's confidential information was securely kept.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

Staff encouraged people to be as independent as possible. A range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

There was positive feedback from health and social care professionals about the care provided for people.

Is the service well-led?

Good

The service was well-led.

Staff, people and relatives were positive about the management team and there was an open and caring culture in the service.

Staff told us they found management to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

The provider and registered manager were aware of their role and responsibilities in relation to notifying CQC of any incidents or serious injury to people.

Alma Lodge

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 took place on 9 August 2016, was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

People did not easily verbally communicate their experiences of the service to us. Therefore, we spent time observing how people reacted to their contacts with staff. During our inspection we observed care in communal areas. 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 spoke with the registered manager, the deputy manager, and two staff. We contacted seven health and social care professionals and asked for their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, the staff training programme, three staff records, the staff rota and medicine records.

This was the first inspection since the provider Care Homes of Kent Limited was registered with us in August

2014.

Requires Improvement

Is the service safe?

Our findings

The seven people who lived at Alma Lodge had lived there for many years, and it was their home. People were unable to verbally tell us about their experiences. People used facial expressions to indicate they had positive experiences and felt safe living at Alma Lodge. The atmosphere was relaxed and calm.

A health and social care professional commented, 'I have no concerns with the service, I feel they are very caring and have made great improvements over recent years'.

People's health and well-being was not protected by staff who had not administered medicines as prescribed by people's GP. We found that one of the people using the service did not receive a prescribed medicine for eight days. Staff had not followed the provider's medicines policies to ensure people always received their medicines. The registered manager was in the process of investigating this medicine error, and advice had already been sought from the GP.

Staff were trained to assist people with their medicines and the registered manager carried out regular medicine competency checks. Audits of medicines were carried out and staff signed medicines administration records for any item when they assisted people. Records had been accurately completed except for a couple of instances where medicines had not been signed as given. Staff were informed about action to take if people refused to take their medicines, or if there were any errors.

The examples above showed that medicines had not been properly managed. This was a breach of Regulation 12 (1) (2) (g) Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to care for people safely and meet their needs. We saw that people were well supported. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The staff rotas showed and staff confirmed there were sufficient staff on shift at all times. We were told if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. Management told us staffing levels were regularly assessed depending on the number of people being supported. This showed that arrangements were in place to ensure enough staff were made available at short notice to maintain the levels of service and at times when people's needs changed.

People were protected by safe recruitment practices. The provider had a recruitment policy in place and this was followed by the registered manager. All staff were checked against the Disclosure and Barring Service (DBS) records before they started work at the service and records were kept of these checks. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. Staff told us the policy

was followed when they had been recruited and their records confirmed this. The provider had a disciplinary procedure in place to respond to any poor practice.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff had been trained to recognise and respond to concerns about abuse. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The risk involved in delivering people's care had been assessed to keep people safe. When staff needed to use equipment like a wheelchair to safely move people around, this had been individually risk assessed. Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity and falls risk assessments were in place for staff to refer to and act on.

Staff knew how to report accidents and incidents in the service. The provider would monitor any accidents and incidents to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, people who fell were checked for any underlying health issues that may have caused the fall. We saw there were risk assessments and guidelines for example, for going out into the community which were reviewed on a regular basis. This ensured that risks were minimised and that safe working practices were followed by staff.

People were cared for in a safe environment. The premises looked and smelt clean and had been maintained and suited people's individual needs. Equipment was serviced and staff were trained how to use it. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People were unable to verbally describe their experiences. We observed that people were given choices and were involved in their care and support and people were supported to eat and drink at meal times to ensure they had enough to eat and drink. Staff understood people's needs, followed people's care plan and were trained for their roles. Staff encouraged people and supported them to maintain their independence.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised un the MCA. The application procedures for this in care services and hospitals are 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. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLs.

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted. The registered manager was awaiting approval of the applications that had been made.

We observed that staff sought people's consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's consent, we observed people using a nod of agreement or a smile to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. Consent forms for example for the taking of photographs had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. Management said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed

as competent to do so. New members of staff were required to undertake the care certificate as part of their induction training.

Records seen showed that staff had also completed nationally accredited qualifications in health and social care (NVQs). These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard.

Staff received training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as epilepsy and behaviours that challenge. Staff spoken with were happy with the training they had received and felt that it was sufficient to both do their job and meet people's needs. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. In this small service staff saw and talked to each other every day. Staff were aware that management was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system.

People were involved in the regular monitoring of their health. People were supported to have a health action plan and to attend medical appointments as and when needed. We were shown detailed support and development plans that aimed to help the person and guide the staff. Where people suffered from epilepsy, staff were provided with clear guidance on signs and symptoms to recognise. Details in care records included action staff should take in the event someone suffered from an episode. Where people had different types of epilepsy this was recorded, described and guidance given. Staff identified any concerns about people's health and then contacted their GP, community nurse, mental health team or other health professionals. Records showed that staff worked closely with health professionals such as community nurses in regards to people's health needs. A health and social care professional commented, 'I feel that the management have made improvements and have acted on many suggestions advised and developed a more assertive approach in managing the residents health at the home'.

People were supported to have a balanced diet. People's dietary needs were discussed and the staff were informed. People's likes and dislikes were recorded and staff were aware of what people liked and did not like. The registered manager had for one person who had a swallowing difficulty provided suitably textured meals from an external company to reduce the risk of the person choking when eating food. We observed people eating their lunchtime snack in the dining room. It was a light lunch as people had had a cooked breakfast that morning. Staff were engaged with people while they were eating their meals and there were friendly interactions between staff and the people who lived at the home. People were supported to eat out in the community as well as eating food supplied by the home. The atmosphere was calm and relaxed.

Care plans included eating and drinking assessments and gave clear instructions to staff. People who were at risk of choking had also been assessed. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks.

Good

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences, but were relaxed and interacted with staff using facial expressions and hand movements. We saw that staff encouraged people to make their own decisions where they were able to. Staff asked people when they would like their lunch, how they wanted to spend their time and whether they wanted help with personal care. We saw that the staff were knowledgeable about people's individual preferences, and encouraged them to make their own decisions within their limitations.

Positive caring relationships were developed with people. Throughout the course of our inspection we observed staff interacting with people. People were treated with kindness and understanding. People were comfortable with staff and staff knew people well and what they liked and did not like.

People and their relatives had been involved in discussions and planning how they wanted their care to be delivered. Relatives had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too. We saw that people were supported to go out to their planned activities.

Staff chatted to people when they were supporting them and when giving assistance during the mealtime. The staff knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. We heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed the staff knocking on the doors before entering rooms. This showed that staff had developed positive relationships with people.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

We observed that people were always treated with respect and dignity and valued their relationships with the staff team. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. Staff gave people time to answer questions and respected their decisions. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

There was a relaxed atmosphere in the service and people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People had one to one time, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Support was individual for each person.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. Where possible, people's beds had been positioned where people wanted them.

Records included information about people's social history and family and friends who were important to them. People were supported to maintain relationships. For example, people were supported to visit their relatives on a regular basis. Relatives could visit their family members at any reasonable time. The home had a relaxed and friendly feel.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People were unable to verbally describe their experiences. We observed that people were supported to access activities in the local community. Staff listened to what people wanted and picked up on signs that people wanted to go out such as key words and actions. People's care needs were kept under review and changes were made to improve their experience of the service.

A health and social care professional commented, 'The home manager welcomes input and suggestions from myself and other health professionals'.

People had lived at the service for many years. People's needs were assessed by staff and care and treatment was planned and recorded in people's individual care plan. An individual care plan had been completed for each person. The care plans were both written and pictorial and individual to the person. Care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'I walk very slowly'. The staff knew each person and were able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People and their relatives or representatives had been involved when assessments were carried out. This was an important part of encouraging people to promote independence. People's needs were assessed by staff and care and treatment was planned and recorded in people's individual care plan. Care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'I would like to be supported when out in the community'. The staff knew each person and were able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. They and their relatives as appropriate were involved in any care management reviews about their care. Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.

People were supported to take part in activities they enjoyed. Activities included, dominoes, skittles, arts and crafts, music and singing, baking, going shopping, walk in the community and eating out. Activities had been tailored to meet people's individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time.

People were given information on how to make a complaint in a format that met their communication needs. For examples, there was a pictorial format for people that used the service seen on the noticeboard

that had pictures of happy and sad faces. People knew how to make a complaint and staff gave people the support they needed to do so. Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people. The registered manager told us that there had been no formal complaints made about the service.

Good

Is the service well-led?

Our findings

People were unable to verbally tell us about their experiences. People clearly knew the registered manager because they regularly worked on shift in the home with people. The registered manager was aware what was going on in the home on a day to day basis and fed this back to the provider at regular intervals.

The management team at Alma Lodge included the provider, the registered manager and the deputy manager. An external health and social care advisor provided supervisory support to the registered manager on a regular basis. The registered manager supported the care staff and ancillary staff through regular supervision. Staff understood the management structure of the service, who they were accountable to and their roles and responsibilities in providing care for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. Staff spoke highly of the registered manager and we heard positive comments about how the service was run. They told us the registered manager had an open door policy so they were always available to staff. We observed that staff and management worked well together as a team. The registered manager promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views. Our observations and discussions with staff showed us that there was an open and positive culture which focussed on people who used the service.

Communication within the service was facilitated through regular team meetings. There was a monthly staff meeting held on the day of the inspection visit. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

Relatives of people who used the service had the opportunity to feedback and comment on the delivery of care and were provided with annual satisfaction questionnaires. The recently completed relative's satisfaction questionnaire gave positive results in answer to all the questions asked. Comments from people included, 'A very well managed home, happy service user', 'Capable key staff members. Pleasant working environment whereby any comments and questions I have are addressed immediately', and 'Very pleased with changes (improvements) that have taken place thus far'.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, accidents and incidents, and care planning. There were effective systems in place to manage risks to people's safety and welfare in the

environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when necessary. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager was kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest level so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.

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 The provider had not established proper and safe systems for the management of medicines. Regulation 12 (1)(2)(g)