Pendene House Residential Home Limited

Pendene House

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 13 May 2015 and was unannounced.

Pendene House is a care home that provides residential care for up to 17 people. The home specialises in caring for older people including those people living with dementia. At the time of our inspection there were nine people in residence.

A registered manager was 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.

People were happy and told us that they felt safe. Staff were able to explain how they kept people safe from abuse, and knew what external authorities were available to report concerns on to. Staff were knowledgeable about their responsibilities and were trained to look after people and protect them from harm and abuse.

Summary of findings

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We observed there to be sufficient staff available to meet people's needs and worked in a co-ordinated manner.

People received their medicines when prescribed. The provider assured us that they would make the required improvements were needed to ensure medicines were stored or managed safely.

Staff received an appropriate induction and ongoing training for their job role. Staff had access to people's care records and were knowledgeable about people's needs that were important to them.

Staff communicated people's dietary needs appropriately, which protected them from the risk of losing weight. People were provided with a choice of meals that met their dietary needs. The catering staff were provided with up to date information about people's dietary needs.

People's care and support needs had been assessed and people were involved in the development of their plan of care. People told us they were satisfied with the care provided.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives we spoke with were also complimentary about the staff and the care offered to their relatives.

We observed staff speak to, and assist people in a kind, caring and compassionate way, and people told us that care workers were polite, respectful and protected their privacy. We saw that people's dignity and privacy was respected which promoted their wellbeing.

Staff had a good understanding of people's care needs, though some documents within the care plan document lacked detail and explanation. There was an absence of instruction on how staff should monitor and when necessary adjust pressure relieving equipment.

Relatives and people using the service told us that they had developed good relationships with staff.

People were involved in the review of their care plan, and when appropriate were happy for their relatives to be involved. We observed staff offered people everyday choices and respected their decisions.

People told us that they were able to pursue their hobbies and interests that was important to them. These included the opportunity to maintain contact with family and friends as visitors were welcome without undue restrictions.

Staff told us they had access to information about people's care and support needs and what was important to people. Care staff were supported and trained to ensure their knowledge, skills and practice in the delivery of care was kept up to date. Staff knew they could make comments or raise concerns with the management team about the way the service was run.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals.

Staff sought appropriate medical advice and support from health care professionals. Care plans included the changes to peoples care and treatment, and people had access to regular health checks.

People were confident to raise any issues, concerns or to make complaints. People said they felt staff listened to them and responded appropriately.

People who used the service and their relatives spoke positively about the open culture and communication with the staff. We noted that the provider interacted politely with people and they responded well to him. When we spoke with the provider, it was clear he knew people and their relatives, with the depth of conversational knowledge.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours. Care staff understood their roles and responsibilities and knew how to access support. Staff had access to people's care plans and received regular updates about people's care needs.

Staff were aware of the reporting procedure for faults and repairs and had access to external contractors for maintenance and to manage any emergency repairs.

Summary of findings

There were systems in place for monitoring of the building and equipment which meant people lived in an environment which was regularly maintained.

The provider had quality assurance systems, which included internal audits and monitoring of person centred planning. However, those were not used consistently and any shortfalls identified were not always recorded to help the provider monitor the improvements needed.

We found breaches 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.

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 consistently safe.

People told us that they received the care and support they needed and felt safe with the staff that supported them.

Staff were trained in how to keep people safe and were aware of their responsibilities to report concerns.

People received their medicines when they should. However medicines were not always stored appropriately or managed safely.

Is the service effective?

Good

The service was effective.

People were supported by a trained and informed staff group.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005.

People received appropriate food choices that provided a well-balanced diet and met their nutritional and cultural needs.

Most people received the appropriate support at meal times.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring, and they were treated with kindness and compassion.

We saw positive interactions and relationships between people using the service, their visitors and staff.

Staff were attentive and helped to maintain people's privacy and dignity.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People using the service and where appropriate their relatives were involved in compiling and review of their care plans.

There was an overall inconsistency with the person centred care planning and review process, which lead to an inconsistency with the lack of clear staff instructions.

People said they felt able to approach the manager and staff if they had complaints.

Summary of findings

Is the service well-led?

The service was not consistently well led

The service had a clear management structure and had regular quality assurance visits carried out by the provider.

The provider had a quality assurance system in place. However, this was not used effectively to enable improvements to be made and ensure people received a quality service.

Requires improvement

Pendene House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 13 May 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information received sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted commissioners for health and social care, responsible for funding some of the people that lived at the home and asked them for their views about the service.

During the inspection visit we spoke with five people who used the service. We spoke with two relatives who were visiting their family member. 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 provider, two senior care staff, one care assistant and the cook.

We pathway tracked the care and support for three people, which included looking at their plans of care.

We were contacted by the Registered Manager following our visit and we received additional information following the visit.

Requires improvement

Is the service safe?

Our findings

We spoke with people that used the service and they told us that they felt safe and that staff cared for them safely. One person told us, "In the day there are enough staff, but I am not sure about the night as [named person] wanders." We spoke with staff who were aware of the person and circumstances around them being awake, but were not aware of any negative impact on other people who lived at the home.

One person went on to say, "It's ok here" and "I'm happy here".

People told us that they received their medicines when they should. We looked at how medicines were handled and found that the arrangements at the service were not always efficient or managed safely. For example there was a tub of hand cream in the medicine trolley which had no prescription label. That meant staff did not know who the medicine belonged to. This was removed after we spoke with the provider. We also saw an eye ointment that was prescribed three to four times a day but was only being administered twice a day. Staff were administering this at breakfast and night time rounds, but there were no specific instructions on the prescription label or MAR chart what time it should be administered, or if it was required in one or both eyes. That placed people at risk from not receiving the appropriate dose of eye ointment.

We noted that one person occasionally was given their medicine covertly. This was properly authorised, the person and their relatives were aware and agreed the procedure, which allowed the person to swallow their medicines more easily. The provider had amended the medicines policy and procedure to include instructions on how and when the medicine was given.

The provider had a medicines policy and procedure available for staff to refer to. We observed how the staff undertook the medicine round and saw that staff did this in a secure and methodical way. We saw the staff give people clear instructions when offering them their medicines.

Medicines were stored securely and at the correct temperatures so that they remained effective. We saw there was a record of storage temperatures maintained on a daily basis. Staff were aware of what to do if the storage temperatures were not within those set by good practise. All medicines were administered by appropriately trained staff.

We looked at the medication administration records (also known as MAR charts) these were completed accurately. People that were prescribed 'PRN' or as required medicines did not have detailed information protocols in place. These protocols guide staff as to the frequency and circumstances when these medicines should be administered. That meant staff did not have the appropriate information required to ensure this sedative medicine was administered appropriately. The person was also prescribed half a tablet. We spoke with staff who confirmed that they did not have a tablet splitter which would enable the accurate dose to be administered.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of unsafe care or treatment.

We spoke with four people that used the service and the relatives of another two people. The relatives stated that they felt their family members' were safe and well cared for. One relative told us, "Safety, that's the biggest issue, she is safe and protected." They added that staff had called them when a piece of jewellery was in danger of being misplaced. The staff arranged for this to be stored for safe keeping. That showed staff were pro-active in ensuring people's personal possessions were safe. During our visit were observed there were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. The rota showed the staffing levels we found were consistent with the home's usual staffing levels. Relatives we spoke with confirmed that staffing numbers were consistent when they visited and felt their relatives' needs were dealt with promptly. However we noted there were times during the day that there was only two care staff on duty. That meant if both staff were assisting the same person, that other people in the home were not being observed. We did not find any detrimental impact on people, but discussed this with the registered manager.

Staff told us that they had received training in recognising abuse and safeguarding procedures, and explained the types of abuse that may occur in residential care. We viewed the training matrix which confirmed the

Requires improvement

Is the service safe?

safeguarding training staff had undertaken. We also saw the provider had a safeguarding policy and procedure in place for staff to refer to. That meant staff had the means to ensure people were protected from harm and abuse.

Staff also said they had attended Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training, and described ways in which they would work with someone who was resistant to personal care. Staff were also aware about the provider's whistle blowing policy and were confident to use it if their concerns were not acted on.

We saw a range of equipment used to maintain people's independence and safety such as walking aids, hoists and wheelchairs which were stored safely and were accessible when required. Staff were aware of how to use this equipment safely. We saw observed staff assisting people where they were hoisted in the lounge before being transferred to other areas of the home. We saw staff using the footrests on wheelchairs appropriately, which meant that people were transferred safely.

We looked at people's plans of care which showed that staff had considered the potential risks associated with people's care and support needs. Risk assessments records showed that measures had been put in place to manage these risks. We saw a variety of risk assessments had been completed within care plans. For example these covered risks of falls, use of bed rails, moving and handling and pressure sore risk assessments.

We also saw that the registered manager had started to review and rewrite the care plans and risk assessments into a new format. This was to ensure that people's support needs were up to date, and the care offered was appropriate for people's current needs. These were reviewed on a monthly basis to ensure that care provided continued to meet people's individual needs.

Staff were able to describe how they supported people safely which reflected the information in the individual plans of care, and were able to describe the different ways in which they keep people safe.

The provider told us accidents and incidents were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences. The provider told us accident and incident audits were undertaken to ensure the appropriate action had been taken and a referral for professional support had been made if required.

Regular fire safety checks were carried out, and each person had an evacuation plan that detailed how to support the person in the event of an emergency. Staff used the provider's procedures for reporting incidents, accidents and injuries. The registered manager had notified us of incidents and significant events that affected people's health and safety in a timely manner, which included the actions taken. The provider was aware of other relevant authorities that require to be informed if a health and safety issue came to light.

We made a number of observations throughout the day and confirmed that there was sufficient staff available to meet people's needs. We saw that staff responded in a timely manner to people's needs.

Staff thought there were enough staff to provide the care and assistance people required, and said agency staff were not used. One staff member told us, "We did have some vacant posts but they are all filled now".

People's safety was supported by the way staff were recruited using the homes' relevant policies and procedures to ensure the staff were safe to work with vulnerable people. Staff described the recruitment process and told us that relevant checks were carried out on their suitability to work with people. We looked at staff recruitment records and found relevant pre-employment checks had been carried out before staff worked unsupervised. One member of staff said, "I was interviewed by the registered manager and had to have a disclosure and barring service check (DBS) in place before they was able to start working in the home". A DBS is a check that employers undertake to ensure people are suitable to work with vulnerable people this also used to be known as a criminal record bureau (CRB) check.

Good

Is the service effective?

Our findings

People told us that they were aware about the choices around their care and found staff were knowledgeable and experienced in meeting their needs.

We spoke with a member of staff, who told us they undertook induction and training whilst they waited for pre-employment checks. They said that included moving and handling, safeguarding and infection control training as well as attending team meetings. They also told us they worked alongside staff for a few weeks before being included in the staff rota. We looked at the training matrix which confirmed the dates that covered the induction period.

However we found that the induction record that was used to record what training the person had done was a 'tick box' system, and there was no confirmatory detailed record in the staff members' training file of the areas they told us about. That meant there was no way to ascertain what training was undertaken at any specific time. We spoke with the provider about this, who said they would look at alternative ways of recording this training.

The training matrix confirmed staff had received training on a range of subjects including safeguarding adults' procedure. Staff also said they had attended mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) training. One staff said they were not always sure what this meant to them in their day to day role.

We saw that staff sought people's consent before assisting them with personal care. This was done by staff who explained what they were about to do, and how they were going to achieve this. We saw people had time to understand this prior to the task beginning.

People told us they had sufficient amount to eat and drink. We saw that menus were displayed in in the home. The cook told us that they compiled the menu and choices that were centred around what people liked to eat. The menus offered choices of a balanced and varied diet. People said that the food is talked about in meetings and that changes to the menu were made following these.

The cook said the majority of the food was homemade and was aware of how to fortify food for people at risk of weight loss. The cook also had information about people's nutritional needs a list of people's allergies.

We saw from people's care records that an assessment of their nutritional needs and plan of care was completed which took account of their dietary needs and preferences. People's weight was recorded where such monitoring was needed. Staff we spoke with knew how to seek additional assistance for those requiring additional support.

When we observed people eating their lunchtime meal, we saw there was a calm atmosphere and people chatted among themselves. Tables were set appropriately and people were offered a choice of where to sit.

People that needed assistance were provided with the appropriate covering to protect their clothes. Those that needed help to eat their food were given support. However we noticed one person did not have a positive experience. Staff started to assist them to eat, and then moved away from the table, this happened on two occasions, and the person was left waiting for the staff to return before being assisted again. That meant that this person's experience and dignity were not recognised appropriately by staff. We referred this to the provider who said they would follow this up with the staff concerned.

We spoke with three people who told us they enjoyed their lunch. One person said, "I'm happy here and enjoy the meals", while another said, "It's wonderful here – the food is lovely and staff do everything for me."

A person's relative added, "[named person] loves the food and eats well here, needs assistance and is a slow eater, but they [staff] know her, and she has a big appetite, which is well met and a healthy diet."

The same relative added that staff arranged for the GP to speak with them directly. This enabled them to ask guidance about a health issue, which was then added to the plan of care. They added staff kept in contact with them, particularly if their relative needed a GP visit. They also commented they felt this was done as soon as any symptoms became apparent. This had happened recently and they stated, "There was a very, very quick response from the doctor", which resulted in the person responding to the treatment.

Good

Is the service caring?

Our findings

Relatives we spoke with were complimentary about the staff. They told us they were involved in their family member's care and were able to assist with some simple personal care tasks, take them out and join in the activities when visiting.

Another relative told us they had read through the care plan with their family member and sought agreement with them before signing on their behalf. Another told us they were happy that their relative was, "Appropriately dressed" each time they visited.

We spoke with a number of staff that presented with a good knowledge of people's needs. Staff gave us examples of when people were upset or agitated and how they managed this effectively. For example one person likes to go to their room and have a sleep when agitated. We saw this was reflected in the person's care plan.

We observed a number of interactions between people that used the service, their visiting relatives and staff. We saw there were positive relationships between all of these parties, and staff spoke with people in a friendly and respectful manner. The staff appeared genuine in their approach and they seemed to be affection between the people and staff. We saw staff engaged people to participate in activities and had ongoing conversations with people throughout the day.

We also saw staff communicating with people about how they were going to undertake personal care tasks, and saw how they did this without informing others in the same area. That showed staff helped to maintain the person's dignity.

Staff we spoke with had a good understanding of people's individual needs and preferences. This included an understanding of how to communicate with people who had reduced verbal skills and how to read their body language. We observed a member of staff speaking with a person to assist them with personal care. The staff member knelt down and was at the same height as the person, and explained discreetly what they were offering. That showed the staff thought about how to communicate with the people and did so in a dignified manner.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff told us they were given time to read people's care records which contained information about what was important to them. Staff gave us examples of how they retained people's privacy and dignity when providing care and support.

Staff were also aware of the importance of keeping people's information confidentially. Staff explained to us where they were not allowed to discuss confidential information and would refer people on to senior managers.

Staff said they were kept up to date with any changes through the daily meetings before each shift began, through the communication book and information from senior staff and managers.

Requires improvement

Is the service responsive?

Our findings

People told us they received the care and support they needed to maintain their daily lives. One person who we spoke with us confirmed they were involved in decisions about their care and we saw that they had signed their care plan and risk assessments. Throughout our visit we saw people looked relaxed and some had visitors.

When we spoke with some relatives, they told us they were able to visit without restrictions, but avoided mealtimes. They added. "It's very good here, you can't fault it. They have good access to health care, and sees (health professionals) regularly."

Another relative commented, "When we visit [person's name] is appropriately dressed, staff seem to know what they like, staff tell us what clothing is wearing out and we replace it." They told us they were sent a copy of their relatives care plan and confirmed the registered manager was changing the care plan to a new format. They added, "We made some suggestions which were taken on board and changes made to the plan." They also told us they regularly take their relative out of the home. They explained that they went out in the car, but more often they went for a walk, where the staff provided a wheelchair to assist their mobility.

We looked at a number of care plans which were updated and had been recently reviewed. We noted in one person's notes, that staff had recorded an injury to a person who used the service. However there was no record of any follow-up action taken by staff to establish what this was, no body mapping, or any record of any health professional being called. Staff could not tell us anything about this person's personal care relating to the injury or whether any action had been taken as a result of the observation. We passed the details onto the provider to follow up.

We noted up to date an emergency grab sheets were in place in peoples care plans, these were used to communicate people's health needs, for example in an admission to hospital.

We looked at a care plan for a person who had been provided with equipment to ensure the integrity of their skin, and had been arranged by a health professional. The equipment was specifically arranged for the person and required to be set for their particular weight. We spoke with the head senior carer who told us the equipment was checked by staff on a daily basis to ensure the setting was correct**.** However when we spoke with staff, they were not clear on how to set the equipment, and confirmed they did not do any checks to ensure it was adjusted appropriately. We also noted there was no written advice for staff to follow about how the equipment should be used. That meant staff could not ensure this person's treatment was being continued which put their skin integrity at risk.

However on looking at another two people's care plans we noted there were detailed and specific instructions about each person's personal care. These were comprehensive, had been updated and informed staff of the individual interventions that were required. That means there was an overall inconsistency through the person centred care planning process, which lead to care planning not being consistent and different plans not being thoroughly reviewed to ensure the inclusion of all necessary instructions. That meant that staff did not have the information to ensure this person's pressure area care was delivered appropriately. We spoke with the provider who agreed to ensure the appropriate instructions were added to the care plan, and monitoring of the equipment would commence and be recorded.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of unsafe care or treatment.

Staff told us they had additional responsibilities as a keyworker for named people who used the service. They met with people once a month to discuss their care plans and involved families in those discussions when appropriate.

Care records showed that people's plans of care were reviewed regularly and relatives were invited to attend review meetings which sometimes involved the health care professionals. This was confirmed when we spoke with relatives.

We observed staff worked well together in a calm and organised way. Staff communicated well with people using the service, spoke clearly and gave specific information about the care being offered.

We spoke with staff who told us they asked what activities people wanted to do during the day. They gave us examples where some people chose to play dominoes, another likes to sing, and another enjoyed watching

Requires improvement

Is the service responsive?

football and other ball games. They explained they had also been involved in running art and craft sessions and said, “We brought residents into the activity session in their wheelchair so all can be involved in the activity and interactions.”

We saw there was an activities plan in place, which offered a range of activities for people to be involved with. However staff told us that they found it difficult to undertake activities regularly, due to the time spent meeting people’s personal care needs. We spoke with the provider about this who said he would make additional staff available when the registered manager returned from leave.

People told us that they would talk to the staff or the registered manager if they had any concerns.

Relatives told us they knew how to raise concerns and had been given a copy of the complaints procedure. One relative said, “We would be comfortable about making a complaint, we have had to do it before at another home.” People told us they found the registered manager and staff were approachable. We saw the provider ensured people had access to the complaints policy and procedure if required. One relative said to us, “If we are not happy we will say something.”

The provider had systems in place to record complaints. Records showed the service had received no written complaints in the last 12 months. A suggestions box had been introduced by the registered manager and of the three suggestions received so far, none were complaints. The suggestions are recorded and dated, with actions against what was done to satisfy the proposal. To date these covered the start of a relatives group and changes to providing healthier bread, both of which have been introduced.

We also noted a number of compliments and testimonials from people that used the service and their relatives.

We spoke with a visiting health professional, they were happy the way the staff carried out their instructions, to keep the person’s care continuing in between their visits.

Requires improvement

Is the service well-led?

Our findings

People who used the service and their visiting relatives spoke positively about the open culture and communication at the service. Relatives told us the staff contacted them when their family member became unwell or if the doctor had been called.

Staff had high praise for the registered manager. One person said they felt valued and were encouraged to develop the service and themselves, and added, "I feel well supported, (and) everyone is helpful and close." They also confirmed there were regular team meetings and said, "The office door is always open and managers are only a phone call away."

The service had a registered manager in post and there was a clear management structure within the home. The provider was managing the home whilst the registered manager was on leave. That allowed the provider to see first-hand the changes that had been introduced by the registered manager since they came into post.

The registered manager was not at the home when we visited, so we spoke with the head senior carer who was assisting the provider with the day to day running of the home. The head senior carer understood their responsibilities and displayed a commitment to providing quality care in line with the provider's vision and values.

Staff demonstrated a good understanding of their roles and responsibilities and knew how to access support. Staff had access to people's plans of care and received updates about people's care needs at the daily staff handover meetings. There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles, training needs and could discuss how the service was changing. Staff told us there was staff supervision in place, and following the inspection provided a copy of recorded dates of these sessions.

Following our inspection visit the registered manager later informed us that due to her being recently appointed in post, she had not managed to complete all staff supervisions, but she was now working through a list and had more sessions planned through the year.

Staff told us that their knowledge, skills and practice was kept up to date. We viewed the staff training matrix, which showed that staff had updated refresher training for their job role and training on conditions that affected people using the service such as dementia awareness and behaviours that challenge.

There was a system in place for the maintenance of the building and equipment, with an ongoing record of when items had been repaired or replaced. Staff were aware of the process for reporting faults and repairs. Records showed that essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were serviced and regularly maintained. The management team also had access to external contractors for maintenance and any emergency repairs.

The provider visited the service to monitor improvements and provided people with an opportunity to make comments or raise concerns directly. These visits were undertaken on a regular basis and covered areas of quality assurance where the provider looked at an overview of care planning and health and safety. These visits were not documented, nor was there any chronological record of what issues were identified, or a record of improvements. That meant there was no continual monitoring of changes and improvements at the home.

We looked at the quality assurance processes, and found some inconsistencies with the care planning review process and the security around medicine administration. We found that staff failed to identify and include the entire review process which resulted in operating instructions being incomplete.

The provider had quality assurance processes in place but these were not used consistently. For example, we found gaps in the care planning and review process where staff were not monitoring equipment used to relieve pressure effectively. Additionally there was no written instruction to enable staff to check the equipment pressure was correct. Another example of how the quality assurance system was not effective related to management of medicines, where we found medicines were not being stored and administered safely. Because there were no records of shortfalls identified from the quality assurance, improvements could not be monitored by the provider. That meant people could not be assured that safe and effective systems were in place to ensure the quality of care they received as appropriate.

Requires improvement

Is the service well-led?

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of unsafe care or treatment.

There were regular meetings held for the people who used the service and their family or friends where they were also enabled to share their views about the service. These were also used to inform people of changes to the service. That meant people could be involved and influence how the service could be improved.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had failed to ensure the proper and safe management of medicines. This included a failure to store and manage medicines safely.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had failed to ensure the proper and safe instruction for staff using pressure relieving equipment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had failed to the proper and safe review of systems to safeguard people at the location.**