Cavendish Healthcare (UK) Ltd

Devonshire 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We inspected this service on 06 October 2016 and the inspection was unannounced. We visited again on 17 October 2016 and this inspection day was announced. During our last inspection of this service on 11 September 2013 we found that the service was compliant with the regulations.

Devonshire House can provide accommodation and personal care for up to 65 older people, some living with dementia. At the time of our inspection there were 61 people living at the service.

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

On day one of our inspection we gave feedback to the registered manager and other supporting managers from within Anchor. Feedback was listened to and taken seriously. An action plan was devised and sent straight to the Inspector responsible. On day two of the inspection we found that many of the matters raised at feedback from day one had been addressed. This responsive approach to matters raised gave us confidence in the management and provider.

Example of matters raised initially were in relation to medicines management, safety with moving and handling whilst using equipment such as hoists and windows not being restricted. The plan devised to address these concerns was well on its way to be completed to ensure safety of people was maintained. This open and transparent culture of learning from events so no one else was placed at risk was key to the management approach. Staff said the management were available and responsive to suggestions. The culture that staff spoke of was one of listening and responding to matters raised.

People using the service told us that they loved the environment that they lived in and felt well supported by the staff whom they believed were very caring and knew their needs. We observed a staff group who were caring and compassionate and wanted to do right by people. Staff had sufficient time to spend with people and there were a variety of interests for people to follow. If people had concerns then these were dealt with appropriately and examples shown were that the manager wanted to ensure no repeat events. People's views were sought and in a recent case people were part of staff recruitment.

Staff told us that they were well supported with training and direction from managers and welcomed the changes made by the new provider. Staff were becoming enlightened to new ways of working that they had previously not been fully aware of. Examples included how in practice to implement the Mental Capacity Act and a better understanding of how to support people living with dementia.

We found that medicines could be better managed to ensure that people received their medicines as the prescriber intended. In addition records relating to health monitoring and food and fluid in take could be

better completed to ensure monitoring is consistent. You can see what action we have told the provider to take at the back 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.

The service did not consistently manage medicines well to ensure people received them as intended.

The provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs. Staff had received training in how to recognise abuse and report any concerns.

Risks to individuals were assessed and safeguards were in place. Each person had an individual care plan which identified and assessed risks to their health, welfare and safety. However, there were risks in the environment that meant that people were not always safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood how to provide appropriate support to meet people's health and nutritional needs. Mealtimes were a pleasing experience.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

The Deprivation of Liberty Safeguards (DoLS) were understood by the manager. Staff needed to develop their understanding to ensure decision making was appropriately supported. Where people lacked capacity and their freedom of movement restricted, the correct processes were in place.

People were supported to maintain good health and had access to healthcare services. However records monitoring health were not consistently completed.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way that they provided care and support. Managers showed a caring attitude towards staff that in turn reflected upon people at the service.

People were treated with respect and their privacy and dignity was maintained. .

People were supported to maintain relationships that were important to them and people were able to influence the running of the service.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before coming to the service and formed the basis of care plans. Matters highlighted were responded to so people received a responsive service that met their needs.

People were supported to follow a lifestyle of their choosing.

There were positive approaches to seeking and responding to complaints and concerns to improve the quality of the service and this was closely monitored by the management team.

Is the service well-led?

Good

The service was well-led.

Staff told us the management were supportive and they worked well as a team. Management promoted a positive and open culture.

The manager had systems in place to monitor the quality of the service and took action to improve the standards when necessary.

People and their relatives were consulted on the quality of the service they received.

Devonshire 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.

We inspected this service on 06 October 2016 and the inspection was unannounced. We visited again on 17 October 2016 and this inspection day was announced. The inspection was carried out by one inspector, a specialist adviser and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had the experience of supporting an elderly relative.

Before the inspection, the manager 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.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service and spoke with eight people who used the service, three people's relatives, the registered manager, 11 care staff, two staff in administration and maintenance. We spoke with a regular visitor who provided therapy and two health care professionals during and after the inspection.

We also looked at six people's care records and examined information relating to the management of the service, such as health and safety records, medicines, staff recruitment and training records, quality monitoring audits and information about complaints.

Requires Improvement

Is the service safe?

Our findings

Medicines were not consistently managed safely and people were placed at risk. We found a number of gaps in the medication administration record (MAR) charts. When we looked at the blister packs the medicines were not present. This indicated that medicine had been administered but not signed for. This matter had not been identified on previous weekly audits and when we enquired staff told us that they believed staff signed retrospectively. This lack of contemporaneous records and signing retrospectively was putting people at risk and not in line with the Anchor policy and procedure.

We found that two people had gone without their medicines. One person for five days and another for four days. Staff informed us they had taken up the matter with the pharmacy, but had been told the medicines were out of stock. People were placed at potential harm as the provider had not taken effective action to ensure people had their medicines as intended.

Where MAR charts had required handwritten changes/orders these had not been signed, and in some cases double signed, to ensure they were correct instructions in line with policy and procedure.

One person had their antipsychotic medication reduced over time; however this was not systematically recorded. Staff were not consistently disposing of unwanted medicines or recording accurately to keep this person safe and to ensure their medicine was stored correctly.

Controlled medicines were double signed for when administering, but two signatures were not always in place when booking the medicine in, which is required as these medicines are categorized as high risk. The record for monitoring the fridge temperature was not consistently completed which meant we could not be assured that medicines were stored at a temperature that made them safe and effective for people. The medication trolleys were not clean especially where dispensing pots were stored.

People's medicines were not managed so that they received them safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people at the service and they told us that they felt safe here and if they had concerns would be able to raise matters with staff who supported them. One person did tell us that they wished they could lock their door to stop other people from entering their room. Staff told us they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to internally and also said they would go to the local authority safeguarding team if they needed to report a concern externally. Information was available from the local authority detailing how to report a concern.

One member of staff said, "I would go straight to the team leader and report." Staff were also aware of the whistleblowing policy and said they felt that they would be supported and protected if they used the

process. Staff told us that they had confidence that any concerns they raised would be taken seriously and action taken by the manager.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority, police and, where appropriate, matters had gone through the court system and registered with the Disclosure and Barring Service (DBS) to ensure the safety and welfare of the people involved.

On day one of our inspection we observed unsafe practice of staff transferring a person using a hoist. We fed back our findings to the registered manager that an incorrect sling had been used on a person. The sling used was an access sling, 'agile fit large'. These slings are designed to be used for personal hygiene purposes and not for transfers as we witnessed. Staff using the equipment were not utilising the equipment safely and had positioned the sling incorrectly resulting in the person being hoisted 'hanging' by their shoulders and knees which could have resulted in minor tissue damage in the form of bruising and being uncomfortable.

The sling used had all care instructions washed invisible, which should have resulted in the sling being disposed of and not used. On the first day of our visit individuals did not have their own slings. However, this had been reviewed and individual slings were in use by the second day of our visit.

Following the feedback the manager sent us a comprehensive action plan about this matter to make it safe for this individual and for others who required moving and handling. This included an investigation into the incident, and actions taken, a review of all staff's moving and handling training, staff to have observation of practice and supervision around understanding risk assessments and their practical application. When we returned on day two we found that these actions were well underway. The individual had their own named sling and the care pan had been revised to guide staff and staff we spoke with were aware of the equipment to use.

We saw that care plans contained other risk assessments to guide staff and mitigate the risks relating to falls, skin integrity and weight loss. One person's care plan had guidance around their decision to smoke and drink alcohol. As the person lived with dementia they were encouraged to use a specific apron whilst smoking to reduce the risk of burning themselves.

We asked a visiting therapist about safety and they told us, "I find much evidence that my client's safety is kept in mind. For example, Guard rails and mats have been placed by their bedside as a preventative measure at times when they have been in danger wishing to stand up unaided." They went on to tell us about equipment that had been provided, "Good provision has been made to provide a specialised chair in which they can be more mobile and experience different settings within the home."
On day one of our inspection we found that the windows on the first floor had restrictors that could easily be overridden and therefore posed a risk to people falling from height. This matter was fed back to the registered manager. We were notified of action taken and have been assured that all first floor windows are now restricted in their opening so no person could fall through.

There were policies and procedures in place to manage risks to the service of untoward events or emergencies. For example fire drills were carried out so that staff understood how to respond in the event of a fire. Firefighting equipment was available and emergency lighting was in place. We saw fire escapes were unobstructed. All hot water taps were protected by thermostatic mixer valves to protect people from the risks associated with very hot water.

There were sufficient staff on duty to meet people's needs. People and their relatives told us that there were

enough staff to support them. One person said, "The staff are all lovely ". Most staff said there were the right number of staff available to keep people safe. One member of staff said, "We are told by management that there are enough staff, but we would like more to give that little extra time. It is safe enough though". Management had a dependency tool that they updated weekly that assessed the numbers of people at the service and their dependency levels to determine safe levels of staffing. We examined rosters and found that shifts were consistently covered.

Recruitment records did not consistently support a robust process of recruitment. Staff we spoke with said that they had been formally interviewed and had references taken along with criminal records checks. We examined the recruitment records for four staff. Records were not consistent in having suitable references in place or exploring gaps in employment records. The registered manager sent us additional evidence and information after our visit in relation to what we had found. The registered manager was keen to address this failing and develop better systems for the future under the new provider following their policies and procedures that had been introduced.

Requires Improvement

Is the service effective?

Our findings

Staff spoken with said that they had received a great deal of training since the new provider had taken over. Staff who had worked for both providers said that they believed they previously offered a good service because they thought they knew what they were doing, but now that they had further training they were more confident in their knowledge and skill. An example that was given was training and understanding of people living with dementia. Staff were having on going training and wanted to move to a position of having staff within the team who were dementia champions, who had additional training. One staff member told us, "The dementia training was the best I've had. We did the e- learning first then did virtual dementia training. It makes you appreciate the condition more".

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. One staff member told us they were one of nine people who had received training in legislation relating to health and safety and the Anchor policies and procedures. A large training matrix was displayed on the office wall. Over 50% of staff held care qualifications. The manager told us that the care staff were supported to gain industry recognised qualifications in care, a National Vocational Qualification (NVQ) in care or more recently a Qualifications and Credit Framework (QCF) award. The PIR told us that 25 staff held care qualifications. This meant people were cared for by skilled staff, trained to meet their care needs.

We found staff to be knowledgeable and skilled in their role. Staff told us that they underwent a full programme of training, one said, "We're trained to take care of these people as we would our own, that's as it should be."

There were regular staff meetings in place to support staff with minutes kept. Senior staff also had meetings with minutes in place. A senior staff member told us, "Anchor do give us timely updates and are very supportive. We are looking forward to the development of dementia and falls champions being in place". Staff received supervision of their practice through observations and meeting with their line managers. One staff member told us, "We work as a team. There is good camaraderie. The management are caring. The staff are therefore kind and caring".

All eleven staff we spoke with confirmed they had received moving and handling training. The incident we observed on day one of poor moving and handling of a person in a sling was effectively dealt with to ensure staff were competent and confident going forward to ensure there was not a repeat event.

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 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. The manager understood both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. They told us that they had made applications for authorisation to deprive some people living in the service of their liberty in order to keep them safe, which assured us that they had taken action to comply with the March 2014 Cheshire West Supreme Court judgement that had widened and clarified the definition of deprivation of liberty. However this understanding and knowledge was not consistent throughout the staff group. Staff were seen to offer choices and respect decisions in day to day matters of daily living, but were unclear about best interest decisions and consent to treatment.

We looked at people's individual records and found that formal capacity assessments for those where capacity was in question could not be evidenced. Consent forms were inconsistent throughout the documentation and were not always consistent in stating where relatives had Lasting Powers of Attorney (LPA). Documentation adopted gave the potential for excellent recording of these processes however this use could not be evidenced on the day of the inspection. Further evidence showed that of two staff interviewed both had poor knowledge of the consent process and MCA 2005 and did not clearly understand LPA and how this could enable best interest decisions to be made.

People were supported to have sufficient to eat and drink. People spoke overwhelmingly positively about the catering and food on offer. One person said, "The food is excellent". A relative told us. "The food is nice and my relative does eat well". We spoke with two people sitting together about the food and one thought there were too many cakes on offer. Their friend who also lived at the service said, "….We do have lots of cakes and biscuits – great isn't it!"

We observed that refreshments were served throughout the day. We saw that one person was eating breakfast at around 11.30am. Staff told us that the person had woken up late, so had a late breakfast. This showed us the flexibility in catering to people's choices. We observed lunch and found that this was well organised and people enjoyed the experience. We saw that staff were attentive, pleasant with people with nice interactions throughout the lunchtime.

We found inconsistencies within care records relating to nutrition and fluid monitoring. Weight charts were not consistently updated and where reduced weight was recorded, monitoring or follow up could not be evidenced. There was insufficient information relating to dietary supplement care plans and referrals to dietetics. This included inconsistent care planning for a person with dietary controlled diabetes. We found that through the action plan and our second visit these issues had been addressed.

People had access to healthcare professionals to enable them to maintain good health. A visiting healthcare professional spoke with us and said that the staff were good at making appropriate referrals to health professionals. "They know their limitations and know when to refer". A GP told us, "I am in and out of Devonshire House quite a lot and have no concerns about safety or the level of care. It is still, in my opinion, the best care home locally. My patients and their families are very happy there". We feedback to the registered manager that staff knowledge and understanding could further be developed about specific health conditions. We can confirm that the manager has acted upon this feedback and this formed part of their action plan sent immediately after our inspection.

Good

Is the service caring?

Our findings

People told us about how kind and compassionate the staff were. One person said, "It's outstanding here, I'm very satisfied and they are really effective carers". Another person said, "I'm very comfortable here, and it's such a nice home". A relative said, "I only live down the road so I get in here at different times of the day, and it's always the same atmosphere, nice and calm. I know we've made a nice choice for Mum". We observed staff who took time to be with people. Staff were friendly, smiling. One staff member lowered themselves to their knees to have eye contact and show their face to the person who was living with dementia to aid their communication.

Interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people's needs. They spoke about people respectfully and behaved with empathy towards people. Any personal care was provided in private to maintain the person's dignity. We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet.

A visiting therapist said that their client was well cared for. They told us, "I have observed the care staff to be affectionate and warm in all interactions with (the person) without exception. I sense they have worked hard to overcome (the persons) limited communication abilities by using well-judged comments and humour, songs and gestures he understands and enjoys." This showed us that genuine warm relationships had developed to the benefit of people living here.

External training from appropriate persons was on-gong and a local hospice was supporting with end of life training so that care plans could be developed further once conversations had been had on people's wishes. Care staff had attended external college courses in equality and diversity to aid them better to understand differences in people and develop empathetic understanding of differences in lifestyle. There were people living at the service from different backgrounds and their lifestyle choices were respected.

We spoke with a staff member who explained how they had recently supported a person to move within the home to the dementia care unit. They explained how they consulted the family about the change and included health professionals. They were keen to explain how they had maintained their independence but tried to keep the person safe and well. We could see that staff knew people well and spoke with them respectfully. A visiting professional told us, "I am impressed by the positive attitude towards residents and visitors that pervades even when situations occur that are stressful and challenging".

Whilst we heard from staff how they involved families in care changes this was not consistently reflected in documentation such as care plans. Care records were kept safe and confidential and only those appropriate had access to the records. There were regular resident meetings and meetings with relatives. The resident meetings were scheduled each month. We saw that 16 people had been invited to attend a recent meeting; Discussions held were reflected in the minutes kept. We saw that exact quotes were used within the minutes to accurately reflect what had been said. Topics covered included staff changes, activities, smoking and the

autumn and winter menus. This showed us that people were supported to express their views and be involved.

Good

Is the service responsive?

Our findings

People were keen to tell us that their needs were met and how much they liked living at Devonshire House. One relative told us, "I know that (my relative) is being looked after well. My relative tends to sleep most of the time now. The staff are really nice though, they tell me how they have been doing and I can see that they care for her a lot". We observed the interactions between staff and people at the service and found them to be responsive. Relatives told us that they were warmly welcomed.

Care plans had been transferred onto new paperwork of the current provider and were standardised and therefore made the navigation of these documents easier for new staff. Care staff told us that they had been supported to understand the care planning process better and felt that the documents gave them the guidance they needed. We found that people had assessments completed before they came to the service and that risk assessments were developed to mitigate the known risks. On day one of our visit the deputy manager was visiting a person in their own home to complete an assessment to determine if the service could meet their needs.

Where we fed back on day one about development needed for specific conditions with care planning, action had been taken by day two of our visits. This had led to more consistency for people in their care as there was more information relating to diabetes. Action had been taken to liaise with the diabetic nurse. Information packs were obtained on conditions such as Parkinson's and chronic obstructive pulmonary disease (COPD) to aid staff understanding and support to people. In relation to a particular care plan we were concerned about, we saw that this had been appropriately updated.

People were supported to lead interesting lives with access to activities. A new development was a new residents' shop, which had been set up utilising a spare room adjacent to the main lounge. Our expert by experience told us, "It was most splendid inside. Lots of day to day items for residents to spend time looking around and purchasing, and there was a till for payment". This along with the hairdressing salon and the regular knitting club provided enjoyable facilities and activities for people.

Staff did interact very well with the people, and spent quality time sitting and chatting with them particularly after lunch. This was not just quick words, but nice quality time spent together, clearly a regular event. We spoke with the activities person who was sitting at a table with a couple of people, helping them with and activity. They told us that they were filling in as the previous activities person had left and a new person recruited specifically for this role. The conservatory was neatly laid out with lovely chairs and tables with lots of activities available, e.g. wordsearch books, dominos, scrabble, knitting wool and needles and jigsaws. Two people were seen to use the conservatory during our visit. We observed one person walking through the conservatory with a staff member supporting them, going for a cigarette in the garden. Surrounding the home was a most beautiful garden, with many different areas for people to walk or sit. There were raised beds, lots of seating and shade. We observed newspapers around the main lounge, and some people sitting quietly reading. There was a book case and some magazines. Nice to see the amount of space people had in the lounge, and easy for visitors to pull up chairs and chat with people. Visitors were made welcome and offered refreshments.

During our visit, the large television in the lounge was turned off, and a staff member told us, "If we see anybody sitting in front of the TV after lunch, we ask if they would like the TV on, or watch a film. We don't automatically turn the TV on". This showed us that staff responded to peoples choices and did not assume that television was always needed to entertain people.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The organisation's complaints procedure was displayed openly throughout the service and we saw that complaints were recorded in line with these procedures. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. Staff we spoke with were aware of how to respond to concerns raised with them. One person said, "If I could not resolve then and there I would write down everything I was told and then hand this over to managers to respond".

People told us that they if they had concerns or a complaint, they knew what to do and who to talk to. A relative told us "If I'm worried I speak to the manager and it's dealt with."

We looked at the last three complaints received by the service and saw that written responses to action taken had been sent out to people. The manager had fulfilled their duty of candour in terms of apology and being open with people about events. We could see that action had been taken to prevent a reoccurrence. In one case we saw that the complainant had met with key people at the service to better understand and resolve their concerns.

Good

Is the service well-led?

Our findings

We saw good leadership and management being demonstrated at Devonshire House. Discussions throughout the inspection demonstrated that there was an open culture with staff being more empowered. Staff spoke of the changes with the new provider and how this had been at times challenging, but the outcomes were positive. Staff felt that the changes brought about had enlightened them to better ways of working that were supported by policy, procedures and training that guided them which were previously not available to them. Staff spoke about a more open culture that was developing with support being available to them from managers within Anchor and not just from the registered manager.

We saw that this was demonstrated at the end of day one of our inspection with managers within Anchor supporting the registered manager. They actively listened and responded appropriately to feedback given. Action plans and action taken were reassuring and demonstrated that the provider wanted to achieve positive outcomes for people.

We sent the registered provider a provider information return (PIR) that required completion and return to the Care Quality Commission (CQC) before the inspection. This was completed and returned within the given timescales. The information in the PIR enabled us to contact health and social care professionals about our inspection to gain their views about the service. External professionals reported they enjoyed a close working relationship with the service and they provided a good service. There was a stable registered manager in place and they understood their responsibilities under the regulations and sent the Commission regular notification of events as required by law.

A member of staff said, "The manager is very supportive here, and we get on with her very well. I like working here. I have over 25 years' experience of working in care and I feel I can take anything to her, which is a nice feeling". Another staff member said, "The management is very approachable. If there are little issues you can have a quite word and they act upon these". This showed that management was responsive to staff input.

We spoke to a person who told us, "I'm very happy here". They went on to say that they had been able to bring their pet that was very meaningful to them and part of their decision to come to the service. The registered manager told us that this person helped with some recent interviews for the new activities staff. This demonstrated that people were able to influence the service in a meaningful way. The manager told us that they were about to send out a new survey to people using the service through Ipsos Mori. (this is a large independent research organisation). This showed us that the service was wanting to understand how people experienced the service and was willing to ensure it was independently processed. The manager was proud to tell us that the home appeared in the top 20 care home awards on Carehome.co.uk and we were able to verify they had a score of 9.3 on their website. The home also participated in the national Care Homes Open Day. A local MP had visited and then written to people living at the home.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. One development that the manager was pleased with was as a result of the falls analysis and action they had taken such as observations and monitoring there

had been a reduction in falls at the service. The provider was visible to staff as they were part of the 'coaching' culture that staff spoke to us about. One staff member said, "It is nice to have someone guide you. Once you attend the training you can ring them because you know who they are". There were also management meetings with the provider and the providers visited the service regularly the check the quality of the service. Action plans and developments were evidenced. The manager spoke of the Anchor Inspires program that focuses on developing service provision for people living with dementia and the development of dementia champions and the journey to becoming accredited within Anchor. This process was underway with the service and they were focusing resources upon developing the programme.

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 Medicines were not safely managed to ensure people received medicine as intended by the prescriber.