

Sanctuary Care Limited

Iffley Residential and Nursing Home

Inspection report

Anne Greenwood Close
Iffley
Oxford
Oxfordshire
OX4 4DN
Tel: 01865 718402
Website: www.sanctuary-care.co.uk

Date of inspection visit: 9 and 10 July 2015
Date of publication: 26/08/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Iffley Residential and Nursing Home on 9 and 10 July 2015. Iffley provides residential and nursing care for older people over the age of 65, some of the people living at the home were living with dementia. The home offers a service for up to 76 people. At the time of our visit 69 people were using the service. This was an unannounced inspection.

We last inspected in September 2014 following concerning information we received about the service. At the inspection in September we identified that people's nutritional needs were not always being met and people did not always have access to PRN medicine. The service did not have effective systems to monitor the quality of service people received. Additionally staff did not have

Summary of findings

access to the training and support they needed to meet people's needs. The provider was not ensuring all checks had been made when staff were recruited to ensure they were of good character.

At this inspection in July 2015, we found provider had made significant improvements, however we still had concerns around the management of people's medicines.

There was a registered manager in post on the day of our inspection. 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 did not always receive their medicines as prescribed. Where people were prescribed as required medicine, such as pain relief medicine, they did not always receive this medicine. Staff did not always keep an accurate record of when they had assisted people with their medicines.

People told us they felt safe in the home, staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

There were enough staff deployed to meet the needs of people living within the home. Staff had the training and support they needed to meet people's needs.

People were supported and cared for by kind, caring and compassionate care workers. Care workers knew the people they cared for and what was important to them. Care workers supported people to stay as independent as possible.

People were supported with their healthcare needs. People had access to food and drink and were supported by care staff with appointments.

People spoke positively about their lives in the home. There were activities for people and they were supported to follow their interests and maintain relationships which were important to them.

Care workers had knowledge of the Mental Capacity Act 2005. Where people did not have the capacity to make specific decisions, care workers ensured people's rights were protected. The registered manager had knowledge of Deprivation of Liberty Safeguards and ensured where people were deprived of their liberty this was carried out in the least restrictive way.

People, their visitors and staff spoke positively about the registered manager. The registered manager was responsive to people's needs and concerns and used people's views to make improvements to the service.

The registered manager had support from the provider and had effective systems to monitor and improve the quality of care people at the home received. Care workers and nurses had the information they needed to meet people's needs and were encouraged to suggest improvements to the service. Staff were supported to make decisions and were aware of the caring culture the registered manager and provider was trying to promote.

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.

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?

The service was not always safe. People did not always receive their medicines as prescribed. Staff did not accurately record the assistance they provided people around their medicines.

People felt safe at the home. Care workers knew their responsibilities around reporting allegations of abuse and ensuring people were safe.

There were enough staff deployed to meet the needs of people. Care workers identified the risks of people's care and helped people manage these risks.

Requires improvement



Is the service effective?

The service was effective. Staff had the skills they needed to meet people's needs. Staff had access to training, effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, staff took appropriate action.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. People spoke positively about the care they received from care staff. Care workers knew the people they cared for and what was important to them.

People were treated with dignity and kindness from care workers and were supported to make choices.

Care workers respected people and ensured that their dignity was respected during personal care.

Good



Is the service responsive?

The service was responsive. People had access to a range of activities and were supported by care workers to follow their interests.

Staff ensured when people's needs changed, action was taken to ensure their needs continued to be met.

People and their relatives views were sought. The registered manager used these views to improve the quality of service people received.

Good



Is the service well-led?

The service was well-led. People, their relatives and staff spoke positively about the registered manager.

Good



Summary of findings

The registered manager was supported by the provider and all staff spoke positively about the caring culture in the home and the values of the registered manager and provider.

The manager had a range of effective audits in place which helped improved the quality of the service. The registered manager had ideas about how to improve the service.

Iffley Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 and 10 July 2015. This was an unannounced inspection. The inspection team consisted of three inspectors, a specialist advisor in nursing care 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We also looked at the Provider Information Return for Iffley Residential and Nursing Home. 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.

We spoke with 17 of the 69 people who were living at Iffley Residential and Nursing Home. We also spoke to five people's relatives and visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two registered nurses, nine care workers, an activity co-ordinator, a temporary chef, the registered manager, two clinical development managers and a regional manager employed by the provider. We looked around the home and observed the way staff interacted with people.

We looked at 12 people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

At our last inspection in September 2014, we found people did not always receive their medicines as prescribed. Care and nursing staff did not always keep an accurate record of when people had been assisted with their prescribed medicines. Clear protocols were not in place for the use of as required medicines. Additionally the provider had not ensured all checks had been completed to ensure staff were of good character. These concerns were a breach of regulation 13 and 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, In July 2015, we found the provider had taken some action, however we still identified concerns.

People did not always receive their medicines as prescribed. Four people had not always received their prescribed medicines, such as pain relief medicine. Medicine Administration Records (MARs) showed staff had signed to say they had given this medicine, however it was still stored in the service's medicine room.

Care and nursing staff did not always keep an accurate record of when they had supported people to take their medicines. Staff had documented for two people they had not given them their prescribed medicines, or that the people had not required their medicines. These medicines had been administered. Staff had not maintained an accurate record of the support they had provided people around the administration of their medicines.

One person was prescribed a medicine to treat their heartburn. We found this medicine had not been administered to the person since it was prescribed by the person's GP. The home had a stock of this medicine, however there was no MAR for this medicine. We discussed this concern with the registered manager who contacted the person's GP. The GP advised to stop this medicine and was content the person was not put at any harm.

These concerns were a breach of regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People and their relatives told us they felt safe living in the home. Comments included: "I definitely feel supported and

safe", "He is safe and being well looked after. I never heard him complain and he would say to me or to Mum if he was bothered about", "very safe and well looked after" and "I feel safe. I don't worry."

Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "You have to report what you have seen. You report to the manager." Another staff member added that, if they were unhappy with the manager's or provider's response, they "can talk to the local authority or yourselves (CQC)." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the registered manager and provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to stay safe. Each person's care plan contained clear and detailed information on the equipment and support they needed to assist them with their mobility. For example, staff ensured people's pressure relieving mattresses had been set in accordance with their needs. One person's pressure relieving mattress had deflated. A member of staff had identified this and took immediate action to ensure the pressure mattress was reflat but did not set it to the person's needs. We discussed this with a clinical development manager who took action to ensure the equipment was set properly.

Staff knew how people needed their equipment and the support they required. Staff had clear instructions to assist people who were prescribed creams to protect their skin from pressure damage. People's care plans contained body maps, which showed where staff needed to apply cream to ensure people were protected from harm.

Where people were cared for in bed, staff assisted them to reposition to support them from developing pressure area

Is the service safe?

sores. Staff repositioned people in accordance with their care plans, which had been assessed by a nurse. Repositioning charts were completed consistently and showed staff were protecting people from the risk of pressure area damage.

People told us there were enough staff to meet their needs. Comments included: "There appears to be enough of them around", "They are busy, however they do their best" and "They come quickly when I want them." One relative told us, "The day staff are excellent and the continuity has been improved since the manager took over." Another relative told us, "There seem to be enough staff and they seem know what to do." Staff also supported these comments and told us there were enough staff to meet people's needs. One staff member told us, "We are fully staffed." Another member of staff said, "there are times we are busy, however we manage."

There was a calm atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. We observed staff taking time to talk to people throughout the day.

The registered manager had a system for ensuring there were enough care workers deployed to meet people's needs. The provider had a tool which the registered manager used to assess how many staff were needed to meet people's need. The registered manager told us the amount of staff deployed would depend on people's needs. Staff rotas showed the numbers of staff required were on shift.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Is the service effective?

Our findings

At our last inspection in September 2014, we found people did not always receive appropriate support to meet their nutritional needs. Care and nursing staff did not always have the support and training they needed to meet people's needs. These concerns were a breach of regulation 23 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, in July 2015, we found the provider had taken action to ensure they were meeting the fundamental standards.

People and their visitors spoke positively about care staff and told us they were skilled to meet their needs. Comments included: "The staff seem to know what they are doing", "The day staff are excellent and the continuity has been improved since the manager took over" and "the staff are very good. They spend a lot of time with us."

Care workers told us they had the training and skills they needed to meet people's needs. Comments included: "we are offered a lot of training courses", "I definitely think we have the training we need to do our jobs" and "I've had the training I needed." Staff told us they had the training they needed when they started working at the home, and were supported to refresh this training. Staff completed training which included safeguarding, fire safety and moving & handling.

Staff told us they had been supported by the manager and provider to develop professionally. A care worker told us they were supported to complete their Qualifications Credit Framework (QCF) level 2 diploma in health and social care and had proceeded to level 3. Another care worker was currently taking QCF level 2 in health and social care. One staff member told us they had been supported to develop and take a care team leader role, they said, "I feel supported and have access to more training, such as medicine training."

Staff had access to supervision and appraisal from the manager. Staff supervision records showed staff were supported, able to request training and challenged to improve. Supervision records showed the registered manager used supervisions to understand staff concerns and make changes where necessary. Care workers told us

they felt supported by the registered manager, the provider and other senior staff. Comments included: "I definitely feel supported" and "the manager is really good, they encourage and support."

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). They showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, "You've always got to assume that people have capacity unless proved otherwise." Another staff member had information on the MCA with them and showed us this document. They told us that decisions made on a person's behalf should be in their "best interests".

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support. The manager made a Deprivation of liberty safeguard (DoLS) application for this person. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body. These applications included the reason they have made the application, which referred to the individual person's safety. People's care plans also contained mental capacity assessment information for specific decisions such as consent to care and accommodation'.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists.

Two people were supported by care workers with thickened fluids because they were at risk of choking. These people had been assessed as at risk and speech and language therapist (SALT) guidance had been sought and

Is the service effective?

followed. We observed staff prepare people's drinks in line with this guidance. Where care staff had concerns over people losing weight they contacted the person's GP. People were supported with dietary supplements and were given support and encouragement to meet their nutritional needs.

People spoke positively about the food and drink they received in the home. Comments included: "The food is definitely good", "I'm happy with the food. We have two good cooks, everyone seems happy and nothing seems to get left", "Mealtimes seem to be a good selection and they always look and smell good too, makes me hungry." One relative told us, "The food is excellent, she [mother] has put on one and half stone, we think she wasn't eating properly before and they are watching her weight now."

One person told us how they had regular choice over their meals. We observed people were given choice around their lunch. On the day of inspection the chef was unavailable

and so the registered manager arranged a fish and chip lunch. People were supported to make decisions on what meal they wanted, or if they wanted a home cooked alternative provided by a chef who had been supplied to cover the home. People we spoke to enjoyed their lunch. One person said, "it was a change, which is always good." One person was unsure of what they wished to eat, staff ensured this person could see the options when they were available and supported them to make the choice they wanted. This person told us they were happy with the choice.

The home's staff were all aware of people's dietary needs and preferences. We spoke with a chef who had been supplied by the provider to cover for the day, they told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans.

Is the service caring?

Our findings

People and their relatives spoke positively about staff and their caring nature. Comments included: "They're very good", "staff help, they do", "you couldn't get better staff if you tried", "I won't hear a bad word said about them. They really can't do enough for you" and "If I need help I know who I'd go to. They're truthful and honest with us." One relative spoke highly of one staff member, they said, "They have got a wonderful way with him [relative] and helps with his showers."

Care staff showed genuine concern for people and their wellbeing. One person's care plan showed where staff had identified a concern around their wellbeing and engagement within the home. They had raised this concern with the registered manager and advice was sought from local healthcare professionals. A relative told us that staff were caring "You can see the concern." The relative described the "overall caring 99%" and told that domestic staff as well as care and nursing staff were supportive to people.

Two people told us how they were supported to choose and settle into the home. One person said, "I chose to come here, we did a lot of work. It will never be home, but they try very hard. It's a great place." One person's relative told us "He's settled in really well. We had a very good induction to the home. They asked about their likes and dislikes and about hospital."

People were involved in discussing and reviewing their needs. One person told us they discussed their care with staff and were supported to make decisions which were important to them. They told us, "I have full control. I spend my day as I choose and the staff listen to me. They are very good to me."

One person had been supported to make decisions around their on-going health care needs. The person had chosen to keep their own nearby GP. They told us staff were good at contacting the person's GP if they needed a visit.

Staff we spoke with knew the people they cared for and their needs. We talked to staff about one person who chose to spend most of their time in their own company and enjoyed to eat meals independently. Staff respected this person's choices and knew why they made these choices. We spoke to the person who told us they were planning to

move to a home which is related to their social and work history. They told us they appreciated the support of staff in the home. The person told us, "they know what I like and I am happy here."

We observed that staff spent time with people, talking to them about their day, events or papers. One member of staff took time to sit with a person and discuss their newspaper, ensuring the person was comfortable and had access to everything they needed such as tea and biscuits. We also observed another staff member reading from a book of poetry. The person was happy and enjoyed this interaction. One person said, "I can't fault the carers or the nurses they go that extra step and will sit and chat."

Staff informed us of one person who had chronic anxieties and needed a heavy amount of reassurance which placed a demand on staff time. We observed that staff took time and fully engaged with this person to allow them to express their feelings. This was done in a calm and patient way. All staff treated this person with compassion, dignity and respect. The registered manager and staff had also sought the advice of community psychiatric nurses to ensure people's needs were continuously met.

One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for in the home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure. The person also had recorded their views in an advanced decisions form, this clearly showed how they wished to be cared for and assisted at the end of their life. The person and their family's wishes around their end of life care had clearly been recorded.

People were treated with dignity and respect. We observed staff assisting people throughout the day. One person liked to spend most of their day in their room. Staff checked on this person, knocking on their door and introducing themselves. When staff assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected. People were asked if they preferred a male or female care worker providing their personal care. Their preferences were recorded in care plans and people told us their choices were always respected.

Is the service responsive?

Our findings

People spoke positively about their social lives within the home. Comments included: "I have fun here. It's a great place", "there are things to do, I don't feel bored" and "I'm happy playing games and talking. We go out for coffee which is good."

We observed staff take time to talk and play games with people. Two staff members supported people with a ball game in one of the units. They encouraged people to be involved and all people were happy and enjoying the game. One person was reading their paper, however still wanted to be involved. The staff talked to people to see if they were happy and ensured there was a lively and happy atmosphere which people clearly enjoyed.

Care staff told us they were supported by the registered manager and activity co-ordinator to provide activities which people enjoyed. One staff member told us what individual people enjoyed and how they supported them. They said, "We do what people want, they choose. We went out yesterday and everyone loved it."

The activity co-ordinator told us how they planned activities within the home. They spoke positively, telling us they had an assistant for 12 hours a week, which meant they could provide more one to one support for people who were cared for in bed. They had also used the additional time to arrange weekend events such as a fete.

A list of activities were available on each floor of the home. They included information of outings and any outside entertainment. On the day of our visit a pianist was coming to the home to perform for people on the first floor. People enjoyed this entertainer. The activity co-ordinator provided people with information on church services. They also told us that there is a social service which is open to people of all faiths, and specific services were available, including those for people of the catholic faith.

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends.

The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were changed to reflect the person's needs. Relatives told

us they were involved in planning their relatives care. One relative told us they were involved in discussing and reviewing their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. One relative explained how they were involved in discussing their relatives needs with staff. They told us, "On arrival they had a thorough review of her history and medical records and also noted all her preferences and dislikes and food." They also said staff explained to their relative "this is your home" and the staff do their best to make it like a family.

Staff identified when people's needs had changed and took action to ensure they continued to meet people's needs. Staff had identified one person had lost a large amount of weight and was often refusing to engage with staff or spend time with other people. They raised these concerns with the registered manager who sought support from the local care home support service. They involved the person, their relatives and healthcare professionals in discussing their care. Following this, staff were encouraging the person to be involved in activities and to eat their meals in one of the home's dining rooms. One staff member said, "they are a different person now, they enjoy coming out to activities and their appetite has increased." A healthcare professional told us, "by and large it's a good home, we couldn't fault the residential floors. Guidance is always followed by staff." They also told us staff had worked with them for people who had complex needs and were impressed how staff continued to meet these needs.

People and their relatives told us they knew how to raise concerns if they needed to. Comments included: "I would let the manager know if I'm unhappy, I know who the manager is", "I have no complaints, I would talk to staff if I was concerned", "they've never complained, they would let us know and we would let the manager know" and "If I have any little queries I can always talk to them [staff]."

There was a complaints policy which clearly showed how people could make a complaint and how the manager and provider would respond to this complaint. Complaints had been responded to in accordance with the provider's complaints policy. One relative told us they had recently raised a concern about their relatives care. They told us the service had already identified the concern and had taken action. They were satisfied that the registered manager was dealing with the matter. Another person told us they had

Is the service responsive?

complained about waiting a long time for their call bell to be answered. They discussed this with staff who checked how long the person had waited and was happy they were able to view this information.

The registered manager also kept a record of all the compliments they had received from people and their relatives and these were available for people and their visitors to look at.

The registered manager and provider used quality assurance surveys, care reviews and resident and relative meetings to seek and understand people's views on the service. People and their relatives views were recorded at

people's care reviews and in family liaison notes. Where people and their relatives raised concerns or suggested ideas around activities, meals and agency staff these were discussed and if appropriate, action was taken.

The home also had a comments and suggestions book regarding the food people received. People and their relatives were asked for their views, both positive and negative. Every comment was responded to, with a polite thanks or with a response if people had concerns. People had raised concerns about meat being chewy. The chef took this comment on-board and changed their supplier. We observed people's comments showed people were positive about the meat following this change.

Is the service well-led?

Our findings

At our last inspection in September 2014, we found the provider did not always operate effective quality assurance systems. This concern was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Paragraph 1 - Could you add that following the inspection the provider wrote to us and told us what action they would take?

2010.

At this inspection, in July 2015, we found the provider had taken action to ensure they were meeting the fundamental standards.

The registered manager had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as care plan audits, wound audits, monthly monitoring reports and observations within the home. Where audits or observations identified concerns, clear actions were implemented. The registered manager had identified at a meal time audit that condiments were not always available for people, and that there was not always enough pudding. Immediate action was taken and these concerns were not repeated. The manager used medicine audits to identify concerns in medicine administration records and had identified some concerns prior to our inspection.

The registered manager used a monthly monitoring chart which enabled them to monitor incidents and accidents which occurred in the service on a monthly basis. They used this information to identify people who were at risk of falling or whose needs may have changed. The registered manager worked closely with care home support nurses around the risk of people falling. This was done to ensure people were protected from harm and were supported to stay as independent as possible. A local healthcare professional told us the registered manager was doing a good job and was driving improvements within the service.

The registered manager was supported by clinical development managers and a regional manager. They also conducted monthly and quarterly audits around the

performance of the service. These audits covered areas such as the environment, staff performance and infection control. These audits demonstrated the provider had identified a high level of performance within the service.

People and their relatives spoke positively about the registered manager. Comments included: "Things have improved since they've been manager", "they're very approachable and welcoming" and "I think they're brilliant." A relative told us that there were "regular meetings" every two to three months and that the service was "good at explaining to us".

Staff spoke positively about the manager. A staff member told us the manager was "really good at getting stuff done, really good at following up". Another staff member described the manager as "very supportive".

Staff told us they had the information they needed. The registered manager arranged team meeting and "11 at 11" (heads of department handover) meetings to ensure all staff had the information they needed to assist people. These meetings discussed issues, good practice and the responsibilities of staff. At one meeting the registered manager and staff discussed confidentiality and staff's responsibilities in ensuring people's privacy remained respected.

The registered manager had started "meet the manager" sessions, where relatives could come and discuss any issues. Additionally people, their relatives and staff were being asked to nominate a staff member of the month. This award was to celebrate and reward good performance and where staff had gone the extra mile to assist people living in the home. The first reward was being prepared and a certificate and chocolates were awaiting the staff member.

The registered manager had a clear view of the service she wanted to manage, and was supported in this aim by the provider. They had identified key behaviours they wanted to encourage from staff which included, being kind, honest, a shared vision and accountability. Staff were aware of the registered manager's vision and supported this. One staff member said, "everyone is caring and compassionate. I've worked at a lot of homes, however this place is lovely. There are values here, such as kindness and compassion."

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
Treatment of disease, disorder or injury	<p>12.—</p> <p>1. Care and treatment must be provided in a safe way for service users.</p> <p>2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— (f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; (g) the proper and safe management of medicines.</p>