

Mr Diwan Chand

Belle Green Court Care Home

Inspection report

Belle Green Lane
Cudworth
Barnsley
South Yorkshire
S72 8LU

Tel: 01226718178

Date of inspection visit:
29 February 2016

Date of publication:
28 April 2016

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

Belle Green Court is a care home that provides personal care and accommodation for 40 older people. The home occupies a central position in the village of Cudworth in Barnsley. It is a purpose built two storey building with an accessible garden area. There is a passenger lift. All bedrooms are single with en-suite facilities.

There was a manager at the service who was registered with CQC. 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.

Our last inspection at Belle Green Court took place on 19 December 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 29 February 2016 and was unannounced. This meant the staff who worked at Belle Green Court did not know we were coming. On the day of our inspection there were 38 people living at Belle Green Court.

We found some people's medicines were not managed and administered in a safe and proper way, which meant there was a risk of people not receiving their medicines as required.

People told us they felt safe living in the home and relatives we spoke with told us they thought their family members were safe.

Healthcare professionals spoken with said they had no concerns about the care at Belle Green Court and said, "Overall I think the care here is very good."

Staff told us they received training but some of this training was not up to date, could not all be evidenced by records kept at the home and did not cover the right areas to meet people's needs.

One person was at risk of dehydration because staff had not sufficiently monitored or managed their fluid intake and output.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lack capacity to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health.

People living at the home, and their relatives said they could speak with staff or the registered manager if

they had any worries or concerns and they would be listened to.

There were some systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken by the registered manager to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via some meetings and surveys.

We found three 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.

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 ●

Some areas of the service were not safe.

The service did not have appropriate arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.

Staffing levels were suitable to meet people's needs.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Is the service effective?

Requires Improvement ●

Some areas of the service were not always effective.

Gaps in staff training meant staff had not been provided with relevant training to update and maintain their skills and knowledge to meet people's needs.

Staff told us they received supervisions and appraisals, however not all staff received an annual appraisal of their performance.

People were at risk of dehydration because staff had not always sufficiently monitored or managed fluid intake and output where identified as needed.

People were provided with access to relevant health professionals to support their health needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring

People told us staff were kind and treated them well.

We observed good staff interactions where people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

A range of activities were provided for people which were meaningful and promoted independence.

People were confident in reporting concerns to the registered manager and provider and felt they would be listened to.

Is the service well-led?

Good ●

The service was well led.

Staff we spoke with told us they felt valued and supported by the registered manager.

There were some systems in place to monitor and improve the quality of the service provided. People using the service and their relatives had been asked their opinion via some meetings and surveys.

The service had a range of policies and procedures available to staff.

Belle Green Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 29 February 2016 and was unannounced. This meant the people who lived at Belle Green Court and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection, we spoke with stakeholders, including the local authority joint commissioning unit and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Stakeholders we spoke with told us they had no concerns about Belle Green Court.

At the time of the inspection there were 38 people living at the home. During the inspection we spoke with nine people who used the service, four people's relatives and three health professionals who were visiting people at the home during the inspection.

We spoke with seven members of staff, which included the registered manager, three care staff, activities coordinator, maintenance worker and ancillary staff such as catering and domestic staff.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff personnel records and other records relating to the management of the home, such as training records, policies and procedures and some quality assurance audits and reports.

Is the service safe?

Our findings

We spoke with people who used the service and they all told us they felt safe living at the home. People said, "I feel safe here, if I had a problem I tell staff," "I have no worries about the staff" and "I feel very safe here, they (staff) do a good job."

Relatives we spoke with told us they had no concerns. One relative said, "I'd say Dad is 100% safe, no worries at all."

A professional visitor commented, "I have no worries about the care in the home."

We observed senior members of staff administering medicines in the morning and at lunch time offering people a drink to help them take their medicines and supervising where appropriate. We saw people were routinely asked if they required any pain relief whilst staff were administering their other medicines.

Staff told us they started administering medication about five months ago when the services registration category changed and nursing care was no longer provided at Belle Green Court. This meant there was no longer a requirement for qualified nurses to be employed at the home. Previously nursing staff had always administered medication.

Staff said since October 2015 they had received support and training from the registered and deputy managers when administering medicines and they had been regularly observed to make sure they were safe to carry out this role. However, staff told us they had not received any other formal training in the last three years. There were no training records to confirm staff had the necessary skills to administer medicines safely. One staff, who administered medicines, said, "I don't think I've had any medicines training in the last 18 months, I would like some more."

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines.

Staff could tell us the policies to follow for managing and administering medicines and for the receipt and recording of medicines, however we found that staff were not safely following these policies and procedures.

We found that some medicines were not stored safely and some people were not receiving their medication in a safe way or at the correct times or intervals.

At 10.30am one person told us they had not had their morning medication. We looked at the persons Medication Administration Record (MAR) and saw a member of staff had signed the MAR to state the medicines had been given. The member of staff said they had signed the MAR by mistake and the person's medicines weren't actually available because the pharmacist hadn't delivered them the previous week. The care staff said they had contacted pharmacy and the medicines would be delivered later in the morning. Of

concern was that one medicine that hadn't been administered was to control the person's blood sugar levels because they were a diabetic. The person's blood sugar had been checked by staff and it was within normal limits. Staff told us the medicines for people were delivered 3 to 4 days in advance from the pharmacy, however staff had failed to notice that the person's medication was missing until the day it required administration.

We checked another person's MAR and found the member of staff had already signed to state that the morning's medicines had been administered. However the medicines were still in the container in the dosset box. The member of staff said they had not administered the medication because the person was asleep. There was no problem in delaying this particular person's medicine, however, the member of staff had again signed to show the medicines had been administered when they hadn't.

We found concerns around the safe storage of medicines requiring refrigeration. We found an opened bottle of eye drops in the medicines fridge. There was no opening date identified on the bottle. The instruction on the bottle stated that contents should be discarded 28 days after opening. Staff had no way of identifying when the bottle had been opened.

The medicines refrigerator temperature records showed that when the daily temperature was recorded this was within acceptable range to safely store medicine. However, there had been no recording of the fridge temperature in over two months. The last recorded date was 16 December 2015.

Our findings meant medicines were not always being managed in a safe way and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked another two people's MAR and found these had been fully completed. The medicines kept corresponded with the details on MAR charts.

We found medicines were securely stored in locked cupboards.

We checked the records of one person who was receiving controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. The drugs were stored appropriately and administration records were signed by two people. This showed that procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

We saw documented audit checks regarding the safe storage and accurate record keeping of medicines were being completed by the registered manager at the service. The last audit was completed November 2015.

The registered manager said the community pharmacist carried out three-monthly checks of medicines and records. We saw the last community pharmacist's report dated September 2015 which did not highlight any recommendations to improve medicines management.

The registered manager confirmed they liaised regularly with the community pharmacist to help maintain people's safety around medicines management.

During our inspection the registered manager confirmed they had contacted the community pharmacist to organise immediate additional training for staff who administered medication. They were hopeful this training would take place within the next week. The registered manager said they were also looking at

sourcing additional training through either the local council or an approved college via a distant learning course. The registered manager said they would also increase support and supervision for staff who administered medication and increase the monitoring and auditing of medicine records.

We checked the systems in place for how the service protected people from harm and abuse.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable, such as the unsafe storage of chemicals or fire safety risks.

We checked and found that people were protected by the prevention and control of infection. Staff received training in safeguarding vulnerable adults. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and they were confident the manager would take any concerns seriously and report them to relevant bodies.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We checked the systems in place for safeguarding people's money and found this protected people from the risks of financial harm. We spoke with the registered manager about how people's finances were dealt with. We found individual records were in place, with a running balance of the money people had available. Receipts of financial transactions were in place.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw risk assessments had been amended in response to people's needs, for example if the persons mobility decreased and additional support was required from staff.

At the time of this visit 38 people were living at Belle Green Court. We found one member of senior care staff, three members of care staff and the registered manager were on duty. Additional support was provided by an activities coordinator.

We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. They said they felt staffing numbers were safe and the service was able to meet people's needs with the current staffing numbers.

We looked at the homes staffing rota for the week prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. All the staff spoken with said enough staff were provided to support people with their needs.

We asked people if they thought there enough staff to safely meet their needs. People we spoke with thought there were enough staff to deal with their or their friend's/ family member's care needs. Comments included, "They seem to cope OK," "I've no worries about staff numbers" and "Two or three of the girls (care staff) are always around." From our observations during the inspection we found staff did spend time with individuals and did not rush people whilst supporting them.

We looked at three staff files to check how staff had been recruited. Each contained an application form

detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

The home had a fire risk assessment in place which included an emergency evacuation plan. We also found that each person who used the service had a very basic personal emergency evacuation plan (PEEP) which mainly identified the number of staff required to assist the person.

There was a business continuity plan in place for the service. The business continuity plan contained details of risks or failures that would impact on service delivery, what impact each risk would have should it occur, what action would be taken and who was responsible for dealing with this.

Is the service effective?

Our findings

We checked that people were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

People and relatives were positive about the effectiveness of the care they or their family member received. Relatives told us they were always kept up to date about changes to their family member's health.

Relative's comments about their family member's healthcare included, "[Name of family member] has come on leaps and bounds since being here. They(staff) are good at calling the GP if needed, we have no worries," "He is doing well here, he has put on weight and generally looks well," "All the family agree the care is good, I've been In a few but I think it's the best home in Barnsley" and "[Name of family member] was quite unwell recently. I can only say the care provided by the staff at Belle Green Court was fantastic, I cannot thank them enough."

In people's care records we saw entries of involvement from other professionals with people's care, including doctors and specialist nurses. This showed that people were supported with their health needs where required.

We spoke with a visiting health professional. They said, "The care is very good and staff have the skills to meet people's needs."

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, "It's very good here, I do like it."

People told us the food was good and they enjoyed the meals. Comments about the food included, "I enjoy a cooked breakfast some days," "The food is not bad at all," "I'm quite happy with the food here, very good," "I enjoy my food and I get a choice" and "The food is very nice."

We observed breakfast and lunch being served. There were clean table cloths, serviettes, drinks and condiments on the tables. We saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff or the cook served meals and made sure people had what they needed. There was a relaxed atmosphere in the room. People were allowed to eat at their own pace and weren't rushed. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected.

We saw people were offered regular drinks throughout the day. However, we found one person was at risk of dehydration because staff had not sufficiently monitored or managed their fluid intake and output.

The person's care plan identified, due to a potential medical condition, that their fluid balance should be

monitored and recorded and extra fluid intake should be encouraged.

We looked at the persons fluid balance charts over the previous 10 day period. Some records were incomplete, some days contained no details of the person's fluid intake at all and two days had duplicate records.

On two consecutive days it was recorded that the person had only drank 200mls of fluid. (This equates to approximately one mug of tea.) On four days the person's urinary output was not recorded at all. The fluid intake of the person on other days included 500mls, 650mls and 750mls; all these amounts are very low and would increase the risk of somebody becoming dehydrated.

This meant there was a risk to people's health and well-being because the person's hydration needs were not being met.

Our findings meant there was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Meeting nutritional and hydration needs.

During our inspection the registered manager confirmed they would reevaluate the person's care plan and introduce further audit checks to ensure the persons fluid intake was being monitored and to ensure they were being offered regular fluids.

Staff told us they received regular training including mandatory training such as safeguarding vulnerable people, people moving people and fire safety. However some of this training was not up to date, could not be evidenced by records kept at the home and did not cover the right areas to meet people's needs, such as medicines training.

Records we checked did not evidence that staff received the support and training they required to ensure they had the knowledge and skills to carry out their roles and provide high quality care to meet people's needs.

The service recorded staff training using a matrix system. Records identified the last training updates for staff was 21 February 2015 when a number of staff received food hygiene training. Staff told us they generally kept their training certificates at home although some were held in their individual staff files. The registered manager said one member of staff usually monitored all the staff training but that member of staff had not been at work for a couple of months.

One staff member said, "We do have training ,I have just completed training on end of life care, Its more about the records, I know [name of registered manager] is trying to address our training needs."

Staff spoken with and records checked showed that staff were provided with supervision on a regular basis. Some staff had not been provided with an annual appraisal for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

We checked three staff files and found within the last 12 months, all staff had been provided with at least two supervisions but no appraisal.

These examples demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014, Staffing.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 registered manager told us there were two DoLS authorisations in place for people living at the home. We saw evidence of these referrals and associated paperwork.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

Is the service caring?

Our findings

We saw people living at Belle Green Court were well dressed and well groomed.

People we spoke with said they were happy living at Belle Green Court and thought staff were kind and caring. People told us, "They (staff) are caring," "Oh they (staff) are good to you here," "They're (staff) lovely," "I really like [activities coordinator], she is really nice and helps me," and "Staff are kind to you, staff are very nice."

Relatives we spoke with said, "Staff are kind and caring, it feels homely here," and "Staff really seem to care about residents here."

A health professional said, "Residents generally look well when I visit, never unkempt."

People told us they were treated with respect. We saw staff knocking on doors prior to entering. All people we asked told us that when they were in their rooms staff knocked prior to entering.

We observed positive interactions between people living at Belle Green Court and the staff supporting them. Staff were attentive to people's needs and staff talked to people at their pace and did not rush them. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people and their relatives when they passed them in a corridor or entered a communal room. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

It was clear from talking to the staff that they knew people's personal history, their preferences, likes and dislikes. There was a relaxed atmosphere in the home and we heard plenty of laughter while we were there.

People and their visitors told us there was no restrictions on people visiting the home. There was a lively feel to the home and we observed there were regular visitors throughout the day of the inspection.

All of the staff spoken with said they would be happy for their loved one to live at Belle Green Court. One member of staff said, "I go home and I know I've done my best for people. My mum is elderly so I would want her treated like this, with the upmost respect, I treat people here the same."

The three care plans we looked at contained information in relation to the individual person's life history, needs, likes, dislikes and preferences.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. One member of staff told us they had recently attended two day training in end of life care which they found most helpful.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. Leaflets on advocacy services were on display in the reception area.

An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

We asked people about their quality of life at the service and what they liked to do and how they spent their time.

An activity co-ordinator was employed to work at Belle Green Court for five days a week. We observed this member of staff playing skittles with a group of people living there and interacting positively with others. There was a reminiscence quiz for people in the afternoon. We saw there was a timetable of activities on the notice board.

People and their relatives were generally positive about the opportunities at Belle Green Court to undertake activities and socialise. People said, "I am not bothered about joining in group things, I like to walk so I walk to the village every day to get my newspaper," "I can do what I want More or less, I choose what to do," "He likes to join in the activities," "I like the company," "Activities are very good," "Activities are good, I enjoy talking to people," "I see my family and we go out sometimes," "I go shopping into town, go to the market" and "I'm really pleased because staff have supported [name of family member] to start painting again, people are encouraged to keep their hobbies."

We checked that people received personalised care that was responsive to their needs.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink or where they would like to sit.

We looked at three people's care plans. The care plans seen contained details of people's identified needs, although they were very medically orientated, and the actions required of staff to meet these needs. We saw some involvement from relatives in the care plans we checked. Relatives we spoke with said they felt involved in the decisions about the care their relative received. Relatives said, "We have had regular reviews about [name of family member] care. We have had meetings with the manager, other health professionals and the social worker."

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

We saw that care plans had been reviewed each month. Where changes had been identified as needed, we saw that care plans had been amended to reflect these. For example, one person's plan had been updated to reflect changes in their mobility. This example showed that care plans contained relevant and accurate information.

Health professionals we spoke with said, "Staff are good. They follow people's care plans well and any additional advice we give they take on board and implement."

We checked how the service listened and learnt from people's experiences, concerns and complaints.

There was a complaints procedure in place and we saw a copy of the written complaints procedure in the entrance area of the home. A 'suggestions box' and feedback forms were also placed in the entrance area so that people had the opportunity to use this if they wished. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or the registered manager.

Relatives said, "Any concerns and I would speak with [name of registered manager], she would sort things out" and "I would speak to the manager If I had any worries, I see them around all the time."

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC.

General observation of the management of the care home was that the registered manager was visible and very involved with the day to day running of the home. The atmosphere was friendly. We saw that people living at the home, visitors and staff freely approached the registered manager to speak with them.

People and relative's comments about the service were, "I think this is one of the best homes in Barnsley," "The manager runs a tight ship here, and they are always around to speak with," "All in all not a bad crowd here, the manager is fair, I would recommend it here" and "I certainly like it here."

We saw checks and audits had been made by the registered manager and maintenance staff at the home. These included care plan, medication, health and safety and infection control audits. We did find that they majority of checks were completed by the registered manger and would suggest that the registered manager delegate some responsibilities of the quality assurance programme to other people within the service and organisation.

We found that surveys had been recently sent to people living at the home and their relatives. We saw results of the 2015 survey which were positive. The registered manager said they would develop an action plan to identify plans to improve the service, where needed, and share the results of the surveys with people, relatives, health professionals and staff.

The service produced a monthly newsletter, "Belle Green Gazette", copies of which were available in the foyer of the home. The letter contained such things as people celebrating their birthdays and upcoming social events.

People and relatives we spoke with said 'residents' meetings' did take place but they hadn't attended one. On relative said, "I haven't attended one, but I could speak with the manager at any time anyway. Their door is always open."

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and felt listened to. They told us they enjoyed their jobs and the registered manager was approachable and supportive.

We saw evidence that regular staff meetings took place and staff confirmed they attended these regularly. Staff said, "I think we have meetings every month, I'm not sure but they are regular." We saw minutes of the meetings, the last one was held in January 2016, which covered a number of areas and included discussions around training and general care issues.

All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff said, "The manager supervises all staff, she is really good with us," "We all have notebooks, handovers are good so we know what is happening," "Senior staff are really approachable, they are good at helping out with any problems" and "I feel really supported in my role as senior carer."

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

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 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The registered person did not ensure the nutritional and hydration needs of service users were met, as they did not ensure adequate hydration was provided to sustain good health. Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2014: Meeting nutritional and hydration needs</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure persons employed received appropriate training or appraisal to enable them to carry out their duties. Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014: Staffing</p>

