Premiere Care (Southern) Limited

Grosvenor Care Centre

Inspection report

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Tel: 01843228761

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The service is a large converted hotel and accommodation is arranged over five floors. A lift is available to assist people to get to the upper floors. The service has 62 single bedrooms, 53 of these rooms have en suite toilets or bathrooms. Plans were in place to install stair lefts to help people get to mezzanine floors. There were 43 people living at Grosvenor Care Centre at the time of the inspection.

This inspection was carried out on 26 April 2016 and was unannounced.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines when they needed them, but storage of the medicines was not in line with current guidance. Protocols were not in place for the administration of 'as needed' medicines (PRN) to ensure that staff had clear directions.

Risks to people were being identified and assessed. However, in some cases, the detail in the assessments did not include step by step guidance to ensure staff moved people consistently and their behaviour was managed safely. Further detail was needed to ensure that staff had guidelines to recognise if people living with diabetes needed medical attention should their blood sugar levels become unstable.

People told us they felt safe living at the service. Relatives said they had confidence that staff kept their relatives safe. Staff understood the different types of abuse, and knew how to report any concerns to the registered manager or to the local authority safeguarding team. Systems were in place to ensure that people's finances were protected. Plans were in place to keep people safe in an emergency and accidents and incidents were recorded and action was taken to prevent them from happening again.

The environment was safe, bright, clean and comfortable. Maintenance and refurbishment plans were in place. Appropriate equipment was provided to support the people to remain independent and keep them safe. Safety checks were completed regularly.

There were enough staff, who knew people well, to meet their needs. The needs of the people had been considered when deciding how many staff were required on each shift. Plans were in place to make sure staff developed the skills they required to provide the care people needed and continually improve their practice.

The provider's recruitment policy had been followed to make sure that all the relevant checks were completed on staff before they worked alone with people.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The conditions of DoLS authorisations had been complied with and people were supported to go out when they wanted to. Applications had been made to the supervisory body where they were necessary. People were supported to make decisions and choices.

Personalised care plans were in place and reviewed regularly. Action was taken to ensure that people's healthcare needs were monitored and appropriate advice sought from health care professionals to make sure people remained as healthy as possible.

People told us they liked the food and enjoyed their meals. Staff understood people's likes and dislikes, dietary requirements and promoted people to eat a healthy diet. People were offered a variety of snacks and drinks throughout the day to ensure they had enough to eat and drink.

People were treated with dignity and respect. People and their relatives told us staff were kind and caring. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People and their representatives were confident to raise concerns and complaints they had about the service. People were satisfied with the response they received. Systems were in operation to regularly assess the quality of the service. People and their relatives were asked for their feedback about the quality of the service they received.

The registered manager provided leadership to the staff and had oversight of the service. Staff told us the registered manager and provider were approachable and they were clear about their roles and responsibilities and worked as a team to meet people's needs.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines on time but medicine was not always stored in line with current guidance.

Risks to people were assessed but clear guidance had not always been given to staff about how to support people to remain safe.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff, who knew people well, to provide the support people needed.

Staff had been recruited safely and all relevant checks were completed before they worked alone with people.

Is the service effective?

Good

The service was effective.

Plans were in place to make sure staff developed the skills they required to provide the care people needed and continually improve their practice.

The management and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to health care professionals when needed.

People received food and drinks they liked to help keep them as healthy as possible

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with compassion and kindness.

Staff were kind to people, and spent individual time with them. People were treated with dignity and respect and staff provided individualised care and support to people.

Staff communicated effectively with people, they were attentive to people's needs and supported them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning and reviewing the care and support that they needed. Care plans were personalised to reflect their wishes and preferences.

People enjoyed the wide variety of activities and social occasions.

Systems were in place to resolve any concerns people had. Action was taken to make sure complaints were resolved to people's satisfaction.

Is the service well-led?

Good

The service was well-led.

There was a clear set of aims at the service including supporting people to remain as independent as possible.

Staff were motivated and led by the registered manager and the provider. They had clear roles and were responsible and accountable for their actions.

Checks were completed on the service people received. People, their relatives and staff shared their experiences of the service and action was taken to continually improve the service.

Records about the care people received were accurate and up to date.

Grosvenor Care Centre

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.

The inspection took place on 26 April 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered and reviewed information about the service before the inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spent some time talking with people in the service and staff; we looked at records as well as operational processes and systems. We observed people during the lunch time meal and observed how staff spoke and interacted with people. We talked with four relatives who were visiting people, five care staff, the activities co-ordinator and the cook. We also spoke with the provider and registered manager. We contacted three health care professionals for their views on the service but no response was received.

The previous inspection was carried out in June 2013. No concerns were identified at this inspection.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. People said:: "Of course I feel safe, absolutely". "I think I am very well looked after, I feel safe". "I feel very safe, thank you". Relatives told us that the staff made sure people were safe.

Medicines were stored in a locked room, with locked trolleys but the room was accessible to staff who were not trained in medicines management, which is not in line with current guidance. The designated place for storing medicines must be secure and only those staff who handle medicines should have access. The only reason to open the medicine room should be to get access medicines. The registered manager told us that the medicine room was being relocated as the number of people in the service was increasing and further space was needed.

Temperatures of the medicine room and medicines storage fridge had not been consistently recorded and on one occasion the temperature in the fridge had dropped below the recommended guidance of two degrees. At this time there was no risk to the person as the medicine had been discontinued and needed to be returned to the pharmacy. There was a risk however that other medicine may not be stored at the correct temperature and would not be effective.

Protocols were not in place for the administration of 'as needed' medicines (PRN) to ensure that staff had clear directions. For example, one person had a PRN medicine to relieve the symptoms of a heart condition. Staff told us that this had not been needed for several years and was kept in case of an emergency. Detailed guidance was included on the medicine packaging, including when to administer the medicine and the action to take if it was not effective but this had not been used to plan the person's care. There was a generic pain management chart but no personalised information to guide staff when people who lacked capacity were in pain and may need their pain relief medicine.

The provider was not ensuring that medicines were stored in line with current legislation and protocols were not in place for people to receive their 'as needed' medicines safely. This was in breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance was provided to staff about when and where to apply prescribed creams. Some people kept their creams in their rooms but there were no risk assessments completed to make sure they were stored safely. The registered manager told us that the assessments would be completed to ensure the storage was safe.

People told us that staff gave them their medicine at the same time each day. We observed staff administering medicines to people. Staff checked the medicines records and then took medicine to the person; the staff member spoke with people and offered them a drink to help take their tablets. Staff were patient and gave people the time they needed and stayed with them, giving reassurance if needed, until the person had taken their medicines. The medicines trolleys were clean and tidy, and medicine records were clear and accurate.

Potential risks to people had been assessed, including people's mobility. People's moving and handling needs had been recorded but in some cases the detail in the assessments did not always include step by step guidance to ensure people were moved as safely as possible. For example some assessment stated 'to assist the person to stand with the aid of his zimmer frame' and 'one carer to assist the person into the stand aid hoist' but there was no information for staff to explain what 'assist' meant to each individual person. Staff had received moving and handling training and we observed staff using hoists and equipment safely to support people with their mobility.

Each person had a behaviour care plan. The plans lacked detailed guidance to ensure that staff were supporting people consistently to minimise anxieties that could trigger an occurrence of negative behaviours. When behavioural incidents occurred, staff recorded the event on a chart. The charts contained information about the incident but the action to resolve the issue was not always recorded. For example, one person said they wanted to harm themselves, but there was no further information to show the behavioural plan had been reviewed. There was a lack of guidance for staff to show what strategies were in place to reduce the risk of this happening again. There was evidence to show that the appropriate health care professionals had been contacted for further support and advice.

Some people were living with diabetes and were being supported daily by the District Nurse to monitor and administer their insulin. There were no guidelines in their care plans to ensure that staff would recognise when a person made need medical attention if their blood sugar was too high or low.

The provider had not provided sufficient guidance to staff about how to mitigate risk to people, including when supporting people with their behaviour. This was a breach of Regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed was recorded in their records so staff could catch up on changes following leave or days off.

People and relatives told us that there was enough staff on duty. People said: "There is always someone around when you want them". "There are always enough staff, they come when I call, it's lovely here". Systems were in operation to decide how many staff were needed to provide the service at different times of the day, taking into consideration peoples' needs and the skills of the staff. Staffing levels were reviewed regularly and when people's needs changed. The registered manager had plans in place to increase the number of care staff providing the service as more people moved in. Catering, housekeeping and maintenance staff were employed so care staff could concentrate on caring for people. All the staff we spoke with said they were not rushed and had time to spend with people.

Staff shifts were planned in advance. Cover for staff sickness and holidays was usually provided by other team members. Agency staff occasionally covered shortfalls and worked alongside experienced staff to provide consistent care to people. An on call system was in place and management and maintenance cover was provided at the weekends and in the evenings, so staff had support when they needed it. One staff member told us how the registered manager had visited the service in the middle of the night to support them.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Information had been obtained about staff's conduct in last employment, their employment history, including gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and

helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed. Processes were in operation to dismiss staff whose practice did not reach the required level and to refer staff who posed a risk to vulnerable people to the DBS. Staff had been asked about their physical and mental health to identify any issues that may need to be supported.

Processes were in place to keep people safe, these were known and understood by staff. Staff knew the signs of possible abuse, such as changes in peoples' mood. Staff knew how to raise any concerns they had and were confident the registered manager and registered provider would act to keep people safe. The registered manager had taken prompt action to keep people as safe as possible while any concerns were investigated by the local authority safeguarding team.

Accidents and incidents were recorded and monitored by the registered manager so she could identify any patterns or trends and take action to prevent further incidents. One person had fallen a number of times at night. With their family's agreement, the person had moved to a different bedroom with an alarm mat to alert staff when they got out of bed. The person had not fallen since these actions had been taken.

Plans were in place to keep people safe in an emergency. Maintenance contractors, including a lift engineer and electrician were on call and responded quickly when faults occurred. In the event of a fire plans were in place to move people to other parts of the building to keep them safe. These had been reviewed to include guidance to staff about how to evacuate people from the building. The provider was purchasing equipment to support people to leave the building quickly and safely in an emergency.

The building was secure and the identity of people was checked before they entered. Most internal doors were not locked and people moved freely around the service and were not restricted. Areas where people may be at risk, such as the kitchen were kept secure. Environmental risk assessments had been completed and action taken to keep people safe. Regular checks were completed on all areas of the building to make sure that it was safe.

The provider had almost completed the refurbishment of large areas of the building which were previously unsafe for people to use. This included bedrooms with en-suites and new bathrooms and wet rooms. People who wanted to had been supported to move into new bedrooms. The needs of people living with dementia had been considered when the building had been redecorated, including plain floors and clear signs. Further refurbishment and redecoration plans were in place and included the instillation of stair lifts and having a colour scheme for each floor to support people to know where in the building they were.

Good

Is the service effective?

Our findings

People told us that they were looked after well. Relatives said communication was good and that staff regularly updated them with their relative's care. One person's relative said "The staff were "wonderful" when their relative was at the end of their life, and 'checked on them very regularly'.

We observed staff asking people for their consent before supporting them with their care. Staff offered people choices of what they wanted to eat, wear or where they wanted to be.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of the inspection some people had their liberty restricted. People had appropriate authorisations in place with the required related assessments to ensure the restrictions were lawful and the least restrictive. The care plans contained guidance for staff to make sure they were complying with the conditions that applied to the authorisations.

Staff understood the importance of supporting people to make decisions and when best interests decision were required. Decisions made in people's best interests had been made by relatives and friends who knew them well, with staff, and health and social care professionals. Some people had made advanced decisions about their care and there was evidence in the care plans that appropriate health care professionals and relatives had been involved in the decisions

Staff had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities, including shadowing more experienced staff. Staff told us this had helped them provide the care and support people needed. The induction training and shadowing experienced staff, was flexible depending on the staff member's skills, and could be extended if required. A training programme was in operation and new staff obtained the basic skills they needed to complete their role. Other staff attended these training sessions to keep their skills and knowledge up to date.

Staff had completed the training they needed to perform their duties, including moving and handling, health and safety and fire safety training. Some staff had acquired level 2 or 3 qualifications in social care. Other staffs were working towards these qualifications or the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. Staff told us they enjoyed the training and it had improved the care people received.

The registered manager reviewed the effectiveness of the training by observing staff providing people's care. They supported and coached staff to provide good care and provided feedback to them at regular one to one meetings. Staff did not have an annual appraisal to set objectives and review their progress. However, staff's development and their progress towards work objectives was discussed at the regular meetings. This is an area for improvement.

Staff told us they felt supported by the registered manager to deliver safe and effective care. They told us they were able to raise any concerns they had about people with the registered manager as they were always available.

People told us that staff noticed when they were not well and called the doctor. Relatives told us that staff understood their relatives medical needs and they had improved since they came to live at the service. All health care appointments were recorded in the care plans with the action taken. People had access to health care professionals, such as doctors, consultants, community psychiatric nurses, speech and language therapists and dieticians. There was a system in place to ensure that appropriate records went with people, should they need to receive hospital treatment. People's health needs were monitored to make sure any changes were responded to promptly.

People told us that they had a choice of what they wanted to eat and the food was good. They said: "The food is great here and plenty of it". People chose their meals from two menu options and staff knew their preferences. People could ask for alternatives if they did not like what was on the menu. One of the cooks told us, "Everyone has a choice of food here". Meals were planned with people to meet their needs and preferences. People who were at risk of losing weight were offered fortified food including custard made with double cream. People who required a low sugar diet or a reducing diet were offered the same foods as everyone else but made with sweetener rather than sugar. Portion sizes varied dependant on the person's appetite.

We observed the meal at lunch time. People were not rushed and were encouraged to eat independently and at their own pace. People who needed support received this in a caring sensitive manner and staff asked people if they had enough to eat and if they enjoyed their meal. People responded "Yes I did" and "Yes that was really nice".

The cook asked people about the foods that they liked and any suggestions they had for the menu. Menus were balanced and included fresh fruit and vegetables. All meals were homemade. Communication between care staff and catering staff was good, catering staff were aware of any changes in people's needs. Food and drinks were available at all times during the day and night. Staff offered people drinks often to make sure they did not become dehydrated.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. They said: "The staff are lovely". "Staff are polite and respectful". "I like a joke with the staff, I like to have a laugh with the staff".

People's relatives told us, "The staff are really good. They are very friendly and my relative is really happy here. He thinks he has done very well coming here". "The staff are brilliant, very patient and kind". "The staff are always respectful and treat people with dignity even when their behaviour may be difficult". "The staff are always very helpful".

Staff told us that they worked hard as a team to ensure people were cared for and supported, they said that they treated people 'like their family'. Relatives told us that the staff were attentive, kind and respectful.

Staff knew people well, including how they liked things done. We observed staff interacting with people with a caring and compassionate manner which was supportive of people's individual choices. There was a high level of engagement between people and staff. Staff talked and chatted with people as they carried out their roles. People were at ease with staff and there was laughter, singing and dancing.

Staff knew about people's preferences, likes, dislikes and interests. Staff asked people if they wanted a hot or cold drink. One person told us that they got up and went to bed when they liked, and said "It is up to you". People and their families were encouraged to share information about their life history with staff to help staff get to know them and provide their care in the way they preferred. One person was getting anxious as they wanted to go back to their room, staff gently spoke with them and guided them to the lift to return to their room.

There were details in the care plan if people needed additional care and support such as if they were feeling low, staff needed to sit with them, to listen to their anxieties, offer reassurance and this would calm them.

People were treated with dignity and received the individual support and attention they needed. Staff offered them assistance discreetly without being intrusive. We observed staff making sure people were contented, they made sure people's glasses were clean and they had what they needed. Staff worked as a team to respond to people's individual needs to make sure people got the help and support they needed. When people needed support to move with the hoist, the staff spoke with them constantly, reassuring them and telling them what was going to happen.

People's rooms were personalised with their own possessions, they had their own things around them, which were important to them. People had privacy. Staff knocked on bedroom and bathroom doors before entering. Staff described to us how they protected people's privacy, including turning their back or leaving the room when people were washing or using the toilet.

The registered manager had found that people's care records were not always written in a respectful way. She had discussed this with staff and monitored what was written in records. The daily allocation record for

the day of the inspection was not written in a respectful way, for example, people who needed assistance at mealtime were described as 'feeds'. This is an area for improvement.

The philosophy of care at the service was to support people to maintain their independence. Staff knew what each person was able to do for themselves and supported them to retain their independence in all areas of their life.

Relatives told us they were able to visit whenever they wanted. They said they were always made welcome and offered refreshments. One person told us how staff supported them to visit their relative regularly.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved but there was no one at the service requiring support at the time of the inspection. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

One person's relative told us, "The manager is on the ball and takes action if my relative's needs change".

People were given clear information about the service during their pre-admission assessment. Their needs were assessed to ensure that the staff would be able to meet their individual needs. One person told us that they had been re-assessed after a period of time in hospital before they came back to live at the service. Relatives told us that they visited the service prior to their relative coming to live there and the registered manager had also visited them to ensure it was the right place for their relative to live.

People had been encouraged by staff to participate in and contribute to the planning of their care. Relatives told us that they had been included in planning their relatives care and staff ensured they were informed if their relative's needs changed.

Each person had a care plan which contained information about what was important to them, such as their life history, likes and dislikes, what they could do independently and current and past interests. The plans were personalised and included details about people's personal care needs, communication, mental health needs, physical health and mobility needs.

People's skin was monitored to ensure it remained as healthy as possible. There was information in the care plans to ensure people's skin was monitored to reduce the risk of pressure ulcers. Each month the plans and risk assessments were reviewed to highlight people's changing needs. Staff handovers were completed at the beginning of each shift to make sure staff were aware of people's current needs.

Staff were responsive to people's changing needs throughout the inspection. When people needed support because they became anxious or upset, staff sat with them and responded to their needs promptly.

People had enough to do during the day. An activities coordinator provided a variety of activities each day. Another activities coordinator was being recruited to offer people a wider variety of activities and to spend time with people on their own. On the day of our inspection some people enjoyed singing and dancing with staff, while other people watched snooker on the television. There was an activities plan in place which was flexible to peoples' choices every day. People told us that there were also bingo and karaoke sessions they enjoyed. Outside entertainment was also offered, such as exercises, singers and 'pat' dogs.

People told us that they did not have any complaints. One person said, "The staff always sort things out if anything is wrong". Relatives told us that they did not have any complaints about the service. They said they would not hesitate to talk with the staff or registered manager if they had any concerns.

A process to receive and respond to complaints was in place. Information about how to make a complaint was available to people and their representatives, including in people's bedrooms. People's relatives told us they were confident to raise any concerns they had with the registered manager. They told us the registered manager had listened to them and had always taken action to resolve their concerns. For example, one

person's relative told us they had concerns about their way staff supported their relative to move. They had informed the registered manager and she had retrained the staff. Their relative had been moved correctly after this. They told us they were very happy with the action the manager had taken.

Good

Is the service well-led?

Our findings

People's relatives and staff told us the service was well led. They said they were very satisfied with the service and would recommend it. One relative said, "Nothing is too much trouble, the staff do not keep people waiting we are very satisfied with the service".

A registered manager was leading the service. They were supported by the registered provider. A deputy manager had been appointed before our inspection and was being trained to take on this role. The registered manager knew all the people and staff well. Staff told us they felt supported by the registered manager and were confident to raise any concerns they had with her. They told us the registered manager listened to them. Staff were motivated and enjoyed working at the service. All the staff we spoke with said they enjoyed their job.

The registered manager and staff shared a vision of the quality of service they required. Staff told us the aim of the service was to provide safe care and support people to remain as independent as possible. Values including privacy, dignity and respect underpinned the service provided to people each day.

The registered manager was present in communal areas of the service during our inspection and showed leadership and support to staff. One staff member told us, "I get 100% supported. It would be impossible to do the job without it". Staff and people's relatives told us the manager was approachable and available to discuss any concerns they had. Staff knew their roles and were accountable and responsible for the service they provided.

A keyworker system was in operation at the service. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. Each person had a member of care staff who were responsible for reviewing their care and making sure they had all the items they needed, such as toiletries.

Staff worked together as a team to support each other and to provide the best care they could to people. Staff told us the staff team and people were "Like one big family". Staff told us they felt valued and received positive feedback about their performance from the registered manager and provider. The provider had introduced an employee of the quarter scheme. Staff nominated the staff member they thought had gone the extra mile based on their observations and feedback from people and their relatives.

People and their relatives were involved in the day to day running of the service. Systems were in place to obtain their views, including residents' meetings and quality assurance questionnaires. Staff had opportunities to share their views about the quality of the service and make suggestions about changes and developments, including at staff meetings. Staff told us they were involved in the development of the service and their views were valued.

The registered manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care. Regular checks were completed on all areas of the service staff provided to people during the day and at night. Not all the checks

on the quality of the service were recorded and continued development of all areas of the service could not be monitored. This was an area for improvement.

The provider visited the service regularly. They had employed a consultant to completed regular checks on the quality of the service, to make sure that they knew about and could act on any shortfalls.

There was good communication between staff. Processes were in place, such as regular meetings and shift handovers to share important information between staff and the registered manager. The service is provided in a large building and systems were being put in place to make sure staff could contact each other quickly, especially at night when staffing levels were lower.

Complete records in respect of each person's care and support were maintained. Systems were in place to store and retrieve information about people who no longer used the service.

The registered manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as safeguarding concerns or serious injuries.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not ensuring that medicines were stored in line with current legislation and protocols were not in place for people to receive their 'as needed' medicines safely. The provider did not have sufficient guidance for staff to follow to show how risks were mitigated including when supporting people with their behaviour.