

Woodland Healthcare Limited

Sunnymede

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 August 2018 and was unannounced. At the last inspection the service was rated 'Requires Improvement' overall. We issued one requirement notice for a breach of Regulation 17, good governance. This was because shortfalls were found relating to incomplete and missing records. Care plans were not always current and up to date relating to Parkinson's and changes to fluid intake. Where people were at risk of their skin breaking down the care provided was not always being recorded. You can read the report from our last inspection, by selecting the 'All reports' link for Sunnymede, on our website at www.cqc.org.uk.

Sunnymede is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sunnymede accommodates up to 34 people. At the time of the inspection there were 25 people using the service.

There was a registered manager in place. 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's medicines were not always managed safely. Medicine administration records were not consistently signed.

Systems to monitor food storage were not always effective

The systems in place to monitor people's care delivery were not consistently effective.

Records of care delivered were not always completed as required as stated in people's care plans.

People had their needs assessed but further improvements were needed to how this informed people's care plans.

People were not always receiving support to be stimulated with activities and to follow their individual interests.

There was not enough information for people to be supported in a way that met their wishes and effectively at the end of their life .

People had their rights protected and the principles of the Mental Capacity Act 2005 were always followed.

People were supported by suitably trained and experienced staff.

Staff provided dignified care. Staff training was up to date and competency was checked.

The building was not always designed to meet people's needs; in particular people with dementia. People's care plans were up to date but did not have much personalised information.

People were supported by knowledgeable staff.

People were safeguarded from potential abuse.

People received support from staff that were caring and people were involved in decisions and had their choices respected by staff.

People understood how to make a complaint.

Notifications were submitted as required and the provider understood their responsibilities for notifying us of specific incidents which had occurred at the service.

We found people, their relatives and staff felt supported by the registered manager.

We identified two 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?

The service was not always safe.

Risks to people were not always assessed accurately and managed safely.

Medicines were not always managed safely.

Infection control practices were not always consistent.

Safe recruitment procedures were followed when new staff were employed and there were sufficient numbers of staff on duty.

Staff were aware of how to raise any safeguarding concerns.

Requires Improvement 

Is the service effective?

The service was effective.

People's needs were assessed and planned for, but improvements were needed to ensure these reflected up to date information.

People were supported by staff that had the knowledge and skills to meet their needs.

People's rights were protected by staff.

People's nutrition and hydration needs were monitored effectively.

People received support to monitor their health.

Good 

Is the service caring?

The service was caring.

Staff were kind and caring.

They respected people's rights to be treated with dignity and respect. They respected people's privacy particularly when receiving care.

Good 

People were supported by staff to be as independent as they could be. Visitors were free to visit their family members or friends when they wished and no restrictions were placed on them.

Is the service responsive?

The service was not consistently responsive.

Personalised care was not always delivered to people.

Activities were provided but individual needs and preferences for some people were overlooked.

Care plans were not accessible to all people.

Complaints were responded to and managed effectively.

People received the appropriate care and treatment at the end of their lives.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems of governance had not been consistently applied and were not robust.

There was a lack of regular engagement with people and their relatives, to seek feedback.

People, their relatives and staff spoke highly of the registered manager.

Requires Improvement ●

Sunnymede

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 unannounced inspection took place on 20 August 2018. The inspection team consisted of two inspectors, a specialist registered nurse advisor to look at nursing practices, 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from a variety of health and social care professionals to find out their views on the quality of the service.

During the inspection, we spoke with 12 people who used the service and four visitors. We also spoke with the registered manager, regional manager, one agency nurse and six staff. We observed the delivery of care and support provided to people living at the location and their interactions with staff.

We did not use the Short Observational Framework for Inspection (SOFI) as everyone we spoke with was able to tell us about their experiences. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of eight people and six staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

People told us they felt safe living at Sunnymede. One person said, "Oh yes I feel safe. It's the carers. There is always someone available". Another person said "Yes, I feel safe. The atmosphere is good". A relative said, "Yes, is safe (relative) has bed rails here and is well looked after. Was at risk of falling out of bed at home".

We found medicines were not always managed safely. Medicine Administration Records (MAR) charts had not been consistently signed. We saw gaps in eight people's charts where medicines had not been signed as administered. This meant there was a risk that people did not always receive their medicines as prescribed. For example, one person's ibuprofen gel was not signed for on 11,12,14 and 16 August 2018 and another person's magnesium hydroxide was not signed for on the 8 & 9 August 2018. Where some people required medicines only when needed (PRN) rather than at set times, the protocols for these were inconsistent. Some people had protocols in place and others did not. We discussed with the registered manager the documentation around PRN medicines.

Staff did not always take action when people declined medicines regularly. For example, one person declined 'macrogol' for twenty-six days and there was no record that the GP was advised to review this. Another person on a 'butec' patch did not have a patch body map form to ensure staff did not repeat applying the patch to the same place.

There were six people who needed wound care on the day of inspection, however the agency nurse on duty was not aware of the three people who needed their wound dressings changed on the day of inspection. They only became aware of this when this when we spoke to them about wound dressings. This means that people's dressings may not always have been done as scheduled or care planned, which means there was a potential risk of infection. Following the inspection, we were told that the agency nurse was not required to know about the wound dressings as only nurses employed by the provider are expected to change dressings. However, good practice guidance states that all nurses should be aware of all wounds and because on the day of the inspection an agency nurse did the handover to another agency nurse, management should have ensured that it was thorough and included all information, including those people with wounds.

Medicines were stored safely in locked trolleys. However, the trolleys were disorganised with people's medicines not stored in an orderly manner. This meant that the agency nurse administering the medicines spent a considerable amount of time trying to find the correct medicine box or bottle.

Another person who had Type 1 diabetes and was prescribed insulin did not have a clear person-centred care plan to guide staff on how to manage this physical health condition. There was basic information on their diabetes, which was written up under breathing and nutrition care plan. This information did not include their insulin dose or their normal glucose range. There was no clear guide for staff to identify signs of low or high blood sugar levels and what action to take. Following the inspection, the provider sent us the relevant information that they state is available to staff with regards to the management of this persons' diabetes.

The provider could not demonstrate that medicines were always stored at the correct temperature. The temperature of the fridge and the room were logged daily. However, there were three different fridge thermometers for monitoring the temperature. The registered manager told us they had informed staff only one was in use but had not disposed of the two that did not work. We raised this during the inspection and the registered manager disposed of the two thermometers that did not work. We found that the room temperature readings indicated there were days when the temperature was consistently above 25 degrees Celsius. Some medicines can be affected by temperatures above 25 Celsius which can damage their efficacy. On some occasions it was not clear what staff had done about it. The home manager said this was addressed at staff handover meetings, however there were no records to confirm this. There was no evidence of weekly fridge cleaning on the day of the inspection. However, following the inspection, the provider sent us these. Other medical equipment such as the suction pump tube was dirty, the registered manager and regional manager were shown this and they immediately destroyed the tube.

There was a lack of assurance that food hygiene was being safely managed. We found that most staff understood their role and how to minimise the risk of infection. The main food storage area was in the basement. We viewed this area and found the stairs leading down to the basement contained food particles and the inside of the door leading from the communal hallway to the basement was very dirty. The fridge in the basement contained two large milk cartons and box of butter. The fridge thermometer was reading minus 20 degrees Celsius which we pointed out to the chef. They removed the thermometer from the fridge and said they would get a new one. This meant the provider could not be sure food was stored at the correct temperature.

We noted that there were two small pasties free of their packaging towards the bottom of the freezer. We witnessed poor food hygiene practices when a member of staff moved food around the freezer. and the door leading to the basement was visually dirty and situated in a communal corridor. We fed this back to the registered manager and they told us they would address this.

We viewed the records for the fridge and freezer temperature checks. These were not in date order and many days were missing over the period of five months, staff were unable to locate these and registered and regional managers said they would address this.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014

People told us that they were happy with how they received their medicines. "Yes, quite happy with medication. The timing fluctuates a little as they are sometimes very busy. I can't fault the staff on the care I'm getting".

MAR charts had photographs of people using the service at the front and these had been dated to indicate they were still a true likeness of people. This meant that staff that were unfamiliar with people, for example agency staff, were assisted to identify people they were administering medicines to. We observed part of lunchtime medication round which was being carried out by an agency nurse. During this round staff asked people if they needed any pain relief and checked they had swallowed their medicines prior to signing the MAR chart.

Topical medicine administration charts were signed consistently. The frequency of administration had been documented. The directions on cream charts for care staff clearly indicated that people always received their topical medicines as prescribed. People's cream charts were clearly body mapped and coloured to show where staff were supposed to apply people's prescribed creams.

"Opened on" dates were written on bottles of medicines when opened and that all handwritten entries on MAR charts were double signed. There was no one on covert medication and there were no homely remedies in use.

One person's care plan told staff of their general risk areas such as pressure, nutrition, falls, and infection. MUST scores were being recorded monthly. They had been seen by health professionals such as the Speech and Language Therapy team and health checks by GP and Optician review for an eye test and had new glasses prescribed.

We found risks to people were identified in their care records and appropriate risk assessments were in place. Although risks had been identified there was a lack of information on how to support, manage or the mitigate risk. We fed this back to the registered manager who assured us that they were in the process of reviewing every care plan to ensure information was up to date and relevant.

Staff were aware of how to identify a safeguarding concern and the procedure to follow to ensure people were safe from harm. Staff told us they would report any concerns without delay and the registered manager demonstrated their understanding of reporting safeguarding concerns to the local authority safeguarding teams and the Care Quality Commission (CQC).

We saw evidence from the staff rotas that there had been little turnover in care staff, however, there had been a reliance by the service, on the use of agency nurses. The registered manager told us that they did not have a clinical lead but they were hoping that they would be able to recruit one soon. People who lived at the home told us they thought there was enough staff. One person said, "Oh yes. Enough people to look after me and yes enough time". Another person said, "Enough staff? There is and there isn't. I think enough. I'm just about comfortable and happy". One relative said "Yes, there seems to be enough staff. "(Relative), is moved every two hours. We are happy with the way (named problem) is looked after".

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work. We looked at the recruitment files for four employed staff and found all the relevant checks had been carried out prior to employment.

Personal Emergency Evacuation Plans (PEEPs) were recorded. Accidents and incidents were recorded, incidents had been reported to the CQC and the local authorities where these had been identified. We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that firefighting equipment had been serviced. Staff had access to a suitable supply of personal protective equipment (PPE) and we saw this was used appropriately.

Servicing and routine maintenance records were up to date and evidenced that equipment was regularly checked and safe for people to use. This included maintenance checks on the lifts and hoists. Staff had been trained in how to use the equipment people needed. We saw that the right number of staff were involved in using equipment such as hoists and that they were used correctly.

Is the service effective?

Our findings

At the last inspection in June 2017, we found people could be at risk of not having their nutritional needs met to ensure they received a diet in line with their individual needs and wishes. During this inspection, improvements had been made and this key question was now rated good.

People and their relatives felt staff had the skills and knowledge to provide effective care and support. People told us, "Well trained? I think so", "Staff are well trained, yes", and "Oh yes, well trained". Relatives told us, "Yes, the staff are competent."

People received care and support from staff who were appropriately supported by the registered manager. We observed that staff knew what they had to do and knew how to do it; they were confident in carrying out their role. When first employed, staff were introduced to the provider's policies, they received basic training in areas relevant to their role and were made aware of emergency procedures. Staff were also required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. There was a system in place to identify staff training needs. Staff received regular training in areas relevant to their role such as, moving and handling people and infection control.

Staff received regular supervision during which they had the opportunity to discuss their training needs and any issues affecting their role. Supervision meetings were also used as an opportunity to check staff understanding of a particular topic relevant to their role such as safeguarding. Staff who had been employed for more than one year had an annual performance review. The registered manager supported staff to obtain further qualifications relevant to their role. This support from the registered manager meant that staff had the skills, knowledge and experience to deliver effective care and support.

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool (MUST) were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them. However, records showed that one person was on 'as required' lorazepam (PRN) which they were being given regularly for aggression and shouting. There was no record of a behaviour management plan to show that non-pharmacological interventions had been tried before administering lorazepam. Records lacked detail on interventions or the names of people contacted by the service to refer this person for further support. This was fed back to the registered manager, and they assured us this would be completed.

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 make 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 home 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 demonstrated a good understanding of the MCA and DoLS. We saw that capacity assessments were completed for specific decisions and retained in people's care files.

Where there were concerns regarding a person's ability to make specific decisions we saw that managers had worked with them, their relatives, if appropriate, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that several applications to deprive people of their liberty for their own safety had been authorised by the local authority. All the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

An increasing number of people in the home were living with dementia and the regional and registered managers acknowledged this. People can become disorientated in time and space which can make it difficult for them to find their way around the home without support. At present the service was quite cluttered, the walls, doors and radiators were all painted the same colour. There were some signs and symbols on some of the doors but the décor and carpeting were not adapted for people living with dementia.

We recommend that the service researches appropriate adaptations, based on current best practice in relation to the specialist needs of people living with dementia.

People's rooms were clean, tidy and well maintained. They were personalised with their own family photographs and ornaments. This helped people to feel comfortable in their surroundings. The communal areas of the home were clean and tidy.

People had a choice of nutritious, well-balanced meals. People gave very positive feedback on the quality of their meals. They told us, "Food is excellent. Three choices usually. Oh yes, enough to eat and drink", "The food is alright. Yes, enough to eat and drink. They listen to you. If you didn't like anything you'd tell them, and they'd do something about it" and "Food good? Oh gosh yes". We observed lunch in the dining area. Staff provided support to people who required it at a pace that suited them. The atmosphere at lunchtime was relaxed and not rushed; there was plenty of staff to assist people when required.

People were supported to maintain good health because a variety of checks were conducted monthly and recorded. We saw that people were weighed, had their blood pressure checked and where appropriate their skin regularly checked for the existence of pressure damage. Fluid and dietary intake and repositioning charts were in use where required. People had regular access to external healthcare professionals. One relative told us, "The doctor is here on Wednesday afternoons. The nursing staff will arrange a visit if they spot anything. We have been contacted if needed. Once a minor thing – foot stuck in bed and results of a blood test". Staff involved appropriate, specialist healthcare support promptly which had a positive impact on people's health and well-being.

People had access to the equipment they required which helped to promote their independence. For example, people with mobility difficulties had appropriate walking aids to enable them to be as independent as possible.

Is the service caring?

Our findings

People spoke positively about staff. Comments we received included, "Yes, they are very kind and listen to me"; "Oh yes, they are kind and understanding and yes, they listen"; ""I'm overall happy here. I like the staff. They look after me. I like the cat – Billie."

Staff were enthusiastic and caring about the people they supported. One staff member said, "The best things are the residents and when you see they are content and satisfied." Another staff member told us, "I really like my job so much, I love to look after people." And another staff member said, "We work as a close-knit team and this helps with the challenges...knowing the residents is really important."

During our inspection we observed positive interactions between people and staff. Staff chatted with people, asked how they were and regularly checked if people required any help and assistance from them. People appeared comfortable and relaxed with staff and readily asked for their support when they wanted this. People were not rushed and given time to make choices. Staff were patient and considerate, listened to people and respected their choices about what they wanted. People moved at a pace that suited them and they were not hurried or rushed. For example, we observed a staff member seated with a person who had difficulty eating without support. The staff member let the person eat at their own pace, praised them for their efforts and encouraged them to eat as much as they could. All the time this was done the staff member remained patient and understanding and maintained a friendly and chatty conversation with the person to make the experience more enjoyable. We saw staff reacted promptly and appropriately when people became agitated, distressed or disorientated.

People's privacy and dignity was respected and maintained. One person said, "Privacy and dignity, oh yes. They knock the door, keep me covered and yes, my information is kept private. Yes, they encourage me to be independent". A relative told us, "The staff are kind and caring. I have no moans about privacy and dignity".

Staff addressed people by their preferred name and asked for their permission before providing any support. We observed staff knocked on people's doors and waited for permission before entering their rooms. Doors to people's rooms and communal bathrooms and toilets were kept closed when people were being supported with their personal care to ensure they were afforded privacy. People were dressed in fresh, clean clothes and their hair and nails were tidy and trim. Staff encouraged people to be as independent as they could be.

People's plans set out for staff what people could do for themselves in terms of their care needs. We saw staff prompted people to do as much as they could and wanted to do for themselves, offering appropriate praise to encourage people.

Everyone said that family and friends could visit as they wanted. Staff appeared to know people's families well.

Is the service responsive?

Our findings

At our last inspection in June 2017 we found people's care plans were not always accurate and up to date. At this inspection, we found that the service had made the necessary improvements., each person who used the service now had care plans and risk assessments. Whilst these on the whole, outlined what support people needed they did not give enough information about any preferences they had regarding how their needs should be met. This information is necessary to support staff to get to know people, to understand their needs. We spoke with the registered manager about this and they told us that they were in the middle of re-writing all the care plans and showed us one they had completed which was person centred. We found the provider had missed opportunities to provide personalised care that was responsive to people's needs. This included gaps within care records, including care plans and what activities were offered to some people, opportunities had been missed to ensure all people were consistently provided with activities and stimulation in accordance with their individual preferences, likes and dislikes. One person's care plan referred to interests they had. However, this information had not been used to deliver personalised care to the person.

We were told care plans were completed with the involvement of people and their representative's. Relatives told us, "Occasionally discuss care. (Relative) able to make own voice heard" and "I make the decisions – (relative) unable. I am able to talk to the staff". We also found care plans didn't always include the level of detail required to ensure staff had the guidance they need to meet their needs in a personalised way.

People's care plans did not always contain sufficient person-centred information about any end of life wishes people had. However, if people did not want to be resuscitated, this was clearly documented. Anticipatory medicines were in place when necessary. These are medicines people can sometimes need to make sure they are comfortable and pain free approaching their end of life.

One person had a DNAR in place which was fully and accurately completed. This person had an end of life care plan which contained conflicting information such as "for hospital admission" and on another section of the same care plan staff were informed that the person was 'poorly, nearing the EOL and to remain at Sunnymede". This meant people's wishes were not being recorded fully and therefore staff would not be able to support people as they wished.

We asked people who used the service if there were activities or things to do. We received consistently negative feedback. People told us there were not regular activities and described feeling bored. People told us "We don't do a lot" and "No not a lot to do. Not much entertainment –I'm now trying to bring in bingo". One relative said "No activities". Staff told us, "We paint their nails and do what activities we can, if we get time", "It has been difficult to be honest and it puts a little bit of pressure on staff" and "I would like to do more things with them and take them out so we are not just about personal care and giving fluids. We try and step in as much as we possibly can, if we get an hour we paint their nails or do their hair, [name] does what they can but we need a full time activities coordinator." Following the inspection the provider informed us that there are activities provided including visiting entertainers three times a month.

Complaints were considered and responded to in a timely manner. There was a complaints policy in place available for both people living at the home and their relatives. There was a clear log of all complaints and the actions taken by the management team. There were no formal complaints open at the time of our inspection. People and their relatives we spoke with, told us, they knew who to go to if they were concerned about anything. A person told us, "We've no concerns". A relative told us, "There is nothing to complain about". Another relative said, "I feel I can make or say comments any time".

Is the service well-led?

Our findings

Our last inspection in June 2017 we found we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). The service was not always well-led as we found shortfalls relating to inaccurate and missing records. At this inspection we found a further breach of regulations.

At this inspection we identified concerns regarding the consistency and quality of the auditing systems. We highlighted a number of areas where improvement was needed. We reviewed the systems and processes in place to monitor the quality of the service provided to people. A number of audits were undertaken but they had not been completed consistently. We also noted the auditor recorded information had been located in people's care plans but made no reference as to the quality of that information or if any required action had taken place. The registered manager showed us the audits that they undertook. The audits included; infection control, health and safety, medicines and catering. We saw the medicines audit did not identify any of the issues we found in this inspection. The registered manager believed this was due to not having a clinical lead in post. We also looked at how the performance of the home was monitored by the regional manager, and their audits of the service had not highlighted the issues found during the inspection either.

We looked at how feedback was gained from people and relatives. One person said, "I can't remember any questionnaires or resident meetings". Another person commented, "No questionnaires or resident meetings". However, another person said, "Yes, we do get questionnaires and resident meetings". Two relatives we spoke with said, "No questionnaires or resident / family meetings". We did see evidence of questionnaires that had been sent to family, staff and people but the response rate was low. We saw evidence that a recent residents meeting had been held.

As evidenced within this report there were still a number of areas where improvements were needed. These findings demonstrate a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff if regular meetings were held with them. One staff member said there had been meetings where information was discussed. Staff meetings enable information to be shared and allow staff to provide feedback to the management team as to the quality of people's care and support., for example, management of skin integrity, fire safety, staff training, access to social engagement, auditing and provider oversight.

People told us they felt the service was well led. One person said, "I like the manager. They listen to you. A pretty good atmosphere". When asked if they thought the service was well led one staff said, "Yes, it is. You can tell because we [staff] stay or come back." People told us they found the registered manager and staff approachable. When asked for their thoughts about the registered manager and team one person said, "I know the boss. It's perfectly ok. A very happy home".

Staff told us they enjoyed working at the service and found the registered manager very supportive. One staff member said, "Staff all work together and get any issues sorted. [registered manager] is very approachable.

Another staff member said, "The registered manager is very good. I've learnt a lot from them. She's got a lot of knowledge." A third staff member said, "Because of her the team works really well I can go to her with anything."

The service had a clear management structure and staff knew who to report to. Staff told us there was, "Lots of support." The registered manager told us they were well supported by the provider who worked closely with them.

We saw evidence of partnership working, for example, staff worked with other health care professionals to achieve positive outcomes for people. The registered manager told us they were keen to ensure links with relevant professionals were developed further. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen at the service. The registered manager of the service had informed the CQC of the required events. This meant we could monitor that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Paperwork relating to people's medicines were not always completed properly and people were at risk of being given medicines correctly.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits completed by the registered manager and provider failed to pick up the issues found during the inspection.
Treatment of disease, disorder or injury	