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Home Angels Chorley

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?	**Good**

Summary of findings

Overall summary

This inspection took place on the 27 April and 4 May 2016, the first day was unannounced and the second day was spent talking to people and relatives via telephone conversations.

The Registered Manager was present during the visit to the registered premises and was cooperative throughout the inspection process. 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. The Registered Manager was also the owner and nominated individual for Home Angels Chorley.

We last inspected the service in April 2014 and the service was judged to be fully compliant against the regulations looked at under the previous Health and Social Care Act regulations.

Home Angels Chorley is a domiciliary care agency registered to provide personal care for people in their own homes. The agency specialises in the provision of care and support for people with dementia and also specialise in end of life care. The agency operates from an office situated in a business park close to Chorley town centre which was registered with the Care Quality Commission on 18 December 2015. Previous to this the agency operated from other premises all in the Chorley area.

At the time of our inspection the service was delivering approximately 300 hours of care per week to 19 people. There were 16 members of care staff employed by the agency at the time of our inspection.

The service had policies and procedures in place for dealing with allegations of abuse.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. There had been no medicines errors for the service within the 12 month period prior to our inspection.

However, we found that a number of people who were assisted, via prompts, with taking their medicines, had no risk assessments in place within their care plan or they were very limited in terms of detail.

The service had recruitment policies and procedures in place which we saw during our inspection. However, when looking at some people's personnel records it was evident that procedures were not always followed. We have made a recommendation about this.

People we spoke with told us their needs were met in the way they wanted them to be. They spoke highly of the staff that supported them and told us that they believed the staff to be competent, caring and approachable.

All the staff we spoke with told us they felt supported in their role, both formally and informally and we found evidence to support this.

We checked whether the service was working within the principles of the MCA. We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent.

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us.

We asked people if they were involved in the design of their care plans and if they knew what was in them. All the people we spoke with were aware of the existence of a care plan and confirmed that they had a copy within their home.

There was little evidence in the way of needs assessments carried out by the agency themselves within people's care plans although due to the nature of the service many care packages did start at short notice. We found people's care and support plans generally to be lacking in detail, with some of the information being task orientated and not personalised to the individual although we could see evidence that care plans were beginning to be reviewed and improved. We have made a recommendation about this.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service.

A range of Quality Audit systems were in place at the service which we saw evidence of.

We found one breach of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014, this related to safe care and treatment.

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.

We looked at the systems for medicines management. We found that a number of people who were assisted, via prompts, with taking their medicines, had no risk assessments in place within their care plan or they were very limited in terms of detail.

Recruitment policies and procedures were in place however these were no always followed in practice.

Staff were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service.

Infection control policies were in place and staff told us they were aware of them and had training around infection prevention.

Is the service effective?

Good

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005(MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA. Staff we spoke to demonstrated a good awareness of the relevant code of practice and confirmed they had received training in these areas.

We spoke with people about their nutritional needs. Everyone we spoke with were happy with how staff assisted them with their nutritional needs if this formed part of their care package.

Is the service caring?

Good

The service was caring.

People were supported to express their views and wishes about

how their care was delivered.

People we spoke with told us that staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that an effective complaints procedure was in place and followed.

We found people's care and support plans to be lacking in detail, with some of the information being task orientated and not personalised to the individual.

Is the service well-led?

Good

The service was well-led.

There was a good system in place for assessing and monitoring the quality of service provided. This included learning from any issues identified.

Staff spoke with felt supported by management. We saw that clear lines of accountability were in place throughout the organisation.

Home Angels Chorley

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 the 27 April and 4 May 2016 and was carried out by the lead Adult Social Care Inspector for the service.

We spoke with a range of people about the service, this included eight members of staff including the Registered Manager and Office Manager. We also spoke with five people who used the service and four relatives of people who used the service.

We spent time looking at records, which included four people's care records, four staff files, training records and records relating to the management of the agency which included audits for the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. There had been no medicines errors within the service within the 12 month period prior to our inspection. Staff told us that they received adequate training in relation to medicines management and that they could always get in touch with a senior member of staff if they had any issues. We reviewed staff training records and saw that all care staff had received medicines management training. Staff told us that they usually only prompted people to take their medicines although this consisted, in some instances, of taking medicines out of pre packed 'blister-packs' and placing tablets in a container for people who struggled to do this for themselves. One member of staff we spoke with told us, "There are medication spot checks when we are observed (by a supervisor or manager) and we fill in the MAR (Medication Administration Record). We have just had medication training through Lloyds Pharmacy." Another member of staff said, "Everything is blister packed and we fill the list (MAR) in. It is quite straightforward."

We asked people if they got their medicines on time and all said that they were prompted by staff to do so on time or that they or their relatives took care of their medicines. One person told us, "It (medicine) is put in a container and then on the table for me to take." Another person said, "My wife looks after my medication for me but staff sometimes put eye drops in." There was no mention of staff applying eye drops in this person's care plan. We discussed this with the Registered Manager who told us that they did not assist the person with any of their medicines and that the person often refused help with their needs. We were satisfied that this was the case by reviewing the person's care plan and by discussing the individuals service further with the Registered Manager and a relative of the person in question.

However, we found that a number of people who were assisted, via prompts, with taking their medicines, had no risk assessments in place within their care plan or they were very limited in terms of detail. For example, one person's care plan, within the 'Continence and medication, any other medical' section stated, '(Name) medication is kept in the kitchen in blister packs, please prompt on each visit'. There was no formal risk assessment within the care plan, or any other guidance, to assist staff in terms of how to do this, what would happen if the person refused or if the medicines were not in place. Another person's care plan stated that the person often 'refused sensible care like taking medication.' However, there was no formal risk assessment in place on what to do if this occurred. The only guidance for staff was a sentence that said, 'Explain to (Name) why this is in (their) best interest or try on a different call or ring family and inform them'. This guidance does not take into account that some medicines need to be taken at specific times, with meals or the consequences of the person not having their medicine on time or at all. We found risk assessments for medicines management, and in general, to be lacking in detail or not in place at all. We also found no risk assessments for people who self-administered their medicines within the care plans we reviewed, which meant that if the person became unwell and were not able to take their own medicines, or any other issues were to arise, then a contingency plan was not in place.

We discussed these issues with the Registered Manager for the service who told us that they were reviewing care plans and risk assessments for all the people in the service and that this work had begun. Protected

time of one day per week had been given to the newly appointed senior carer role to update care plans. We could see this work had begun to take place and discussed progress with the senior carer and Registered Manager. The Registered Manager had had some time off on maternity leave and recognised the fact she need more assistance and had recruited an office manager as well as a senior carer to assist them with care plans, quality assurance and general paperwork. It was evident that this new structure would assist the running of the business going forward but there was an acceptance that care plans and risk assessments needed to be brought up to a better standard.

The evidence referred to above meant that people were not protected against the risk of harm because appropriate and up to date risk assessments, particularly with reference to medicines management, were not always in place or of a good enough standard. This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

The service had recruitment policies and procedures in place which we saw during our inspection. However, when looking at some people's personnel records it was evident that procedures were not always followed. In three of the four staff files we looked at there was only one reference on file. One of these files was for a member of the Registered Manager's family however it was discussed that it would still be good practice to follow recruitment procedures regardless of who the person was that was to be employed. Another person had a reference returned from their last employer stating that there was no record of the person being employed at the service. We discussed this with the Registered Manager who told us they had followed this up but there was no record on file of these discussions.

We found completed application forms, Disclosure and Barring (DBS) clearances and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until they had received formal notification that appropriate checks had been made. Staff also told us that they received a thorough induction which consisted of shadowing experienced members of staff and attending the office to go through policies, procedures and the standards expected of them. However we also found no evidence within staff files of an interview record, probationary period sign off and found induction records to consist of a basic checklist only. We recommend that the agency's recruitment policies and procedures are followed at all times, including that two references are obtained prior to care staff beginning a lone working role with vulnerable people.

All of the people we spoke with told us that they felt safe whilst receiving care and support from Home Angels Chorley. We received positive responses from all of the people and relatives we spoke with. One person told us, "They are all really nice and trustworthy, they are all alright!" One relative we spoke with said, "Staff are very pleasant, cheerful, always talk to me and (name of person receiving service) and always ask if they can do anything for you. I can't praise them enough, they have been a godsend to us both."

People also told us that they mainly saw the same care staff and that they were happy with punctuality and how long care staff stayed. One person told us, "Usually they are (on time), sometimes they can be a bit late but we are informed by the office and understand that due to the job other people can hold them up. The office staff are excellent, let us know what we need to and are never too busy to listen." Another relative said, "We do sometimes get different staff but I know who they all are. We all know each other and make fun of each other. They are all different but all brilliant. The can also be a bit late at times but I understand why, they can walk into anything before they come to us."

We discussed staffing levels with the manager. They were happy with the staff they had in place and were confident that levels were appropriate to cover the care packages that were in place. We heard discussions with commissioners of services during our time at the registered premises to discuss potential packages of

care. A number of requests were turned down due to the service feeling they could not dedicate the required resources when considering travelling time and the needs of the people who they were caring for already. Staff told us that they felt they had enough time to undertake visits and to travel safely between visits. No agency staff were used and both the Registered Manager and office manager undertook visits to cover short notice absences as well as existing staff who covered if it was convenient for them to do so.

We spoke with staff to see if they understood how to recognise, act upon and report potential safeguarding issues. They were all aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. Staff were also able to tell us who they would report issues to outside of the agency if they felt that appropriate action was not being taken. One member of staff told us, "We have safeguarding training and we get good support from (Registered Manager) and each other if we are unsure about anything. Carers speak to each other a lot and we are always popping into the office. It's a good team to work in."

There had been no safeguarding concerns at the service since the agency move to new registered premises in December 2015. Previous to this there had been some safeguarding concerns reported to the Local Authority and Care Quality Commission (CQC) in the summer of 2015, nearly 12 months previous to our inspection. All the issues had been investigated and closed down by the Local Authority safeguarding team at the time and the Registered Manager for the service had kept the relevant statutory organisations up to date, including the CQC, of progress. We were satisfied with the Registered Manager's knowledge of safeguarding procedures and processes and that these were followed as necessary.

Infection control policies were in place and staff told us they were aware of them and had training around infection prevention. Staff told us that they used personal protective equipment (PPE) such as gloves and aprons and that there was always enough stock available and that different sizes were available. People we spoke with raised no concerns regarding staff using PPE or any other issues pertaining to cleanliness, hygiene and infection control measures.

Good

Is the service effective?

Our findings

People we spoke with told us their needs were met in the way they wanted them to be. They spoke highly of the staff that supported them and told us that they believed the staff to be competent, caring and approachable. One person told us, "I am most satisfied with everything, I am more than happy with the staff, the care I receive and the agency all round." Relatives we spoke with were also complimentary about staff and told us they were competent, pleasant and new the needs of their loved ones well. One relative told us, "Staff are definitely competent, they can't do enough for us. It has made a big difference that's for sure. I needed to use a care agency when I was ill, they (Home Angels) are much better."

All the staff we spoke with told us they felt supported in their role, both formally and informally. One member of staff told us, "I love my job, we are like a family. We get one to one meetings monthly, there are team meetings and we get informal support as well." Another member of staff said, "If I have any questions or feel a little bit wary I will speak to team leader (newly created senior carer role) who is brilliant or straight to management. Informal support is very good and I also get supervision meetings and am aware of team meetings but cannot always attend them." The service had introduced 'virtual meetings' via the use of technology to give as many staff as possible the chance to take part given that it was difficult to bring all staff together at one time.

We saw that staff attended regular training when looking at staff files and spoke with staff who all told us they felt they attended enough good quality training in order to carry out their job effectively. There was also a training board on display in the registered office which had each member of staff's individual training record attached to it. Staff gave us examples of the type of training they attended which included; health and safety, medication safe handling and awareness, positive behaviour support, end of life training, safeguarding and food hygiene. All staff had completed the skills for care common induction standards as part of their care certificate and seven of the sixteen staff had completed either the NVQ level two in care of the newer Diploma in Health and Social Care.

We saw that staff were paid a competitive rate for the domiciliary care sector and we were told that if staff took on additional responsibilities, for example took a lead for a specific area or assisted with shadowing of new staff that their pay rate would increase. Staff were encouraged to visit the office on weekly basis at a minimum and staff we spoke with told us they did go into the office at least once per week but most staff told us they visited more regularly. During our time at the registered office we saw a number of staff visiting the office to either have a chat, pick up protective clothing such as gloves, or to discuss people's care.

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.

We checked whether the service was working within the principles of the MCA. We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we talked with spoke very positively about how staff communicated with them.

We did find evidence that people's capacity was assessed via the local authority or health initial assessment and that people did sign to consent for their care to take place. This was generally done via people signing an individual contract with the agency. We discussed with the Registered Manager the need for people to sign specific consent forms and that this was an area to consider as part of the on-going review of care plans. People we spoke with had no concerns regarding consent issues and how staff approached personal care if this formed part of their care package.

We spoke with people about their nutritional needs. Everyone we spoke with was happy with how staff assisted them with their nutritional needs if this formed part of their care package. Staff were knowledgeable about people's needs including eating and drinking. As with some other areas however, we discussed the need for care plans to reflect people's nutritional needs in better detail.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received from the service and that the approach of all staff, both carers and in the office, was caring, compassionate and dignified. One person told us, "Everyone is extremely nice and pleasant. I have a nice routine in place. I'm not sure what I would do without them." Another person told us, "Our most regular carer is marvellous; we would adopt her if we could. The owner has been to see us and we like her as well. There isn't anything I could improve. It's perfect at the moment and we wouldn't swap them for anyone else." Relatives we spoke with were also very happy with the care their loved ones received and we received very positive comments from all of them.

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us. One member of staff told us, "We have really good relationships with people and their families, communication is good. This makes it easier when providing personal care as you already have a good relationship built up. It also helps that we are also introduced to people first." We received very similar comments from all the staff we spoke with.

We contacted other professionals involved with the service, including the local authority and health service which commissions the majority of the agency's services. No issues were flagged to us by either statutory organisation with the agency's performance or the quality of care provided.

We asked people if they were involved in the design of their care plans and if they knew what was in them. All the people we spoke with were aware of the existence of a care plan and confirmed that they had a copy within their home. When we asked people if they were involved in the design of their care plan the majority of people we spoke with told us they had chosen not to get involved and were happy for the care agency, or relatives to look after that element of their care. Relatives told us that they knew about care plans and read them and felt they were involved, if they wished to be, with regards to some of their content. One relative told us, "I'm aware of it (care plan), I read it. Everything is written down."

We saw several good examples of people being encouraged and supported to maintain a good level of independence. Staff were again knowledgeable, as they were with all aspects of people's care and needs, in this area and knew when to offer support or complete elements of people's care and support for them. Care plans contained some details of people's interests and hobbies but as with other elements of care plans they need to contain more detail. However, when speaking with people and relatives everyone gave positive feedback in terms of how staff encouraged independence and positivity when delivering care.

Good information was provided for people who were interested in using the service. The agency had an internet site which was in the process of being updated and moved to a different server at the time of the inspection. The service users' guide and statement of purpose outlined the services available, as well as the aims and objectives of Home Angels Chorley. This enabled people to make an informed decision about accepting a service.

The agency, working in conjunction with the local Clinical Commissioning Group, provided a specialist end of life service so people could die at home if this was their choice. Staff who wished to work within this aspect of the service received end of life training via an accredited end of life training provider. Staff we spoke with who worked with people at the end of their life told us that the training they received was of a high quality and enabled them to deliver care for people in a dignified and compassionate manner. Not all the staff we spoke with wanted to deliver end of life care, this was recognised and respected by the service and we were told that no one would be expected to deliver end of life care unless they expressed a desire to do so.

No one at the time of our inspection was using the service of an independent advocate. An advocate is an independent person, who will act on behalf of those needing support to make decisions. We were told that if people required assistance with accessing an advocate then the service would assist with this.

Requires Improvement

Is the service responsive?

Our findings

We looked in detail at four people's care plans. All the care plans we looked at contained a care needs assessment which was carried out by the referring organisation, for example, the Local Authority. There was little evidence in the way of needs assessments carried out by the agency themselves within people's care plans although due to the nature of the service many care packages did start at short notice. As referred to in earlier parts of this report time had been given to the newly appointed senior carer / team leader to go through each person's care plan to revise and update the information held within them. The Registered Manager and all the staff whom we spoke to were very knowledgeable about each person's needs and this needed to be reflected within care planning documentation.

There were elements within care plans that gave good information about the person receiving care, their preferences and how staff should assist them when providing support. One example was for a person who needed to be spoken to in a certain way and their care delivered in a certain way as they suffered from anxiety. There were detailed instructions given for staff regarding how to do this. Another person's care plan gave good information regarding how to encourage them to eat as they often refused food when offered. There were several other examples like these.

We also saw that one page profiles were beginning to be introduced for people which served as a reminder for staff, at a glance, of what was important for that person and what their likes and dislikes were. One page profiles are also useful for staff who are not a person's regular carer, for example if they are covering short terms absences, as it gives a summary of the person. They can also be used when accessing other services to give other professionals a brief background of a person's needs.

However, we found people's care and support plans generally to be lacking in detail, with some of the information being task orientated and not personalised to the individual. Care plans contained section entitled; 'How I need my personal care to be done (with respect, dignity and choice). This was then broken down into several columns identifying what assistance people needed and when that assistance was needed. One person's file indicated that they needed assistance with getting dressed, the advice given for staff within the care plan stated, 'Help when needed'. Another care plan stated that they may need help mobilising, the only advice given was, 'Ask if needed'. There were several other examples similar to this with very little information or guidance for staff or exploration of how the service may help further with specific elements of people's care. We recommend that care and support plans are reviewed thoroughly and have enough information within them to ensure that people's care is person centred and that there is appropriate guidance in place for staff to do this.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations, including the Care Quality Commission (CQC) had been provided should people wish to raise their concerns externally. People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed although no-one we spoke with had

made a complaint.

The service had not received any concerns under their formal complaints procedure in the twelve months period prior to our inspection. We saw that the service had classed two concerns as complaints within their records but they were not made formally. Both issues had been resolved. Nine written compliments had been received into the service within the same time period. We were told that verbal compliments were received frequently but that they were not recorded. We received very positive comments about the service when talking with people and their relatives which evidenced this.

Good

Is the service well-led?

Our findings

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service. All the people we spoke with knew who the Registered Manager was. Some of the comments we received from people and relatives were as follows; "I have met her (Registered Manager) and she is very pleasant. Nothing is too much trouble for anyone", "We have used previous agencies and communication was always bad. We are perfectly happy. We have had the odd minor issue, but there haven't been any major issues, and they have always been sorted out quickly" and "The owner (and Registered Manager) has been to check and we like her as well."

The Registered Manager was also the owner and nominated individual for the agency. Due to having recently started a family she had appointed an Office Manager and Team Leader to assist her with running the business that enabled her to delegate some roles and tasks. The service submitted notifications appropriately in line with its regulatory responsibilities.

A range of Quality Audit systems were in place at the service which we saw evidence of. These included the Team Leader spot checking three people per month which included looking at their care plans and visiting them to ensure they were happy with the care they were receiving. A 'Client Spot Check' form was in place to do this. This included questions such as; 'how was the client on arrival', 'how does the client feel care package is going, any recommendations or concerns' and 'any gaps in last two weeks of daily report'. There was also a check on the care plan to ensure that all the correct information was there and that it was up to date. A few minor issues had been highlighted within a few of the forms we looked at. There was no record of any actions being taken on some of them. We discussed this with the Registered Manager who assured us that the minor issues had been remedied and they told us that an additional section would be added to the form so a formal record was in place. We saw that Medication Administration Records (MAR) charts were spot checked by the team leader.

Questionnaires were sent out to people every six months. We looked at those questionnaires that had been returned from November 2015. There had been a return rate of 10 from 14 which was very positive. Comments were also very positive from people. We saw comments had been made such as; "They are brilliant" and "They are a god-send".

We saw that team meetings took place and that a brief summary of the issues discussed were posted on an on-line messenger group. Staff could also put forward issues or ideas via this service. Staff came in throughout the day of the inspection at the registered premises to discuss issues and catch up with news and updates.

The service had received several awards and nominations since it had been set up. Last year the service had been nominated for four categories in Lancashire's BIBA's (Be Inspired Business Awards) which included employer of the year and business woman of the year. The service was registered with 'Skills for Care' which is the strategic body for workforce development in adult social care in England. 'Skills for Care' had asked the agency to lead on a peer to peer support group for the area to share good practice between care

providers. This consisted of three meetings per year and on-line support. There had also been an approach from a major housing provider to look at supported living services for people with early to moderate dementia. We also saw that the Registered Manager had written articles for care publications for dementia and nutrition and hydration.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. This meant staff had clear information to guide them on good practice in relation to people's care.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risk of harm because appropriate and up to date risk assessments for medicines management, and other identified risks, were not always in place. This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.