Alliance Care (Dales Homes) Limited

Mill House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 11 and 14 September 2018 and was unannounced.

At our last inspection on 27 July 2016 we had rated the service 'Requires Improvement' and identified a breach relating to staff training and the safety of the premises.

Following the last inspection, we asked the provider to complete an action plan. We needed the provider to inform us on how they intended to improve

Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides nursing and personal care for up to 43 people. Accommodation is provided on three floors in single rooms with lift access between the floors. There are communal areas on the ground floor, including a lounge and a dining room. There were 28 people using the service at the time of the inspection.

The home had a registered manager in post. 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.

Medicines management was not always safe which meant people were at risk of not receiving their medicines when they needed them. We saw that one person was left without medicines because the re-ordering systems were not robust enough. Not all medicines administered covertly were consulted with a pharmacist. We raised these issues with the registered manager and saw evidence they made necessary improvements on the second day of the inspection.

We found that not all people living at Mill House had personal emergency evacuation plans (PEEPs) in place. We brought it to the attention of the registered manager who provided us with
evidence these were in place on the second day of the inspection.

The provider had appropriate staff recruitment procedures however, these were not followed; not all employment checks were completed before staff started working with people.

The principles of the Mental Capacity Act 2005 were not being applied in respect of best interest decisions to provide care or use restrictive practices.

People gave mixed feedback about the quality of meals served to them.

During the inspection we found there was a lack of communication between regular and agency staff. The

agency staff not always received appropriate briefing and some of them were unaware of people's needs.

There was a complaints policy in place. However, the complaints policy required people to raise their concerns in writing which would not always be possible due to people's health conditions. Complaints raised verbally were not always recorded and it was not clear what action was taken to in response to them.

There was one person receiving palliative care from the service, however, there was no end-of-life care plan for this person. The registered manager ensured there was an end-of-life care plan for this person on the second day of the inspection

There were gaps in the records. Quality assurance systems were in place but had failed to identify the issues which we found at the inspection.

People told us they felt safe and staff were aware of their responsibility to keep people safe. Risks to people's safety were appropriately assessed and managed. Staff knew what action to take if they were concerned that someone was being abused or mistreated.

Staff received on-going training. Staff told us they felt supported by the management and received supervisions and appraisals, which helped to identify their training and development needs.

Staff made referrals to and sought support from a range of health care professionals in a timely way.

People had positive relationships with staff and were treated in a caring and respectful manner. Staff delivered their support in a calm, relaxed and considerate manner. Staff were empathic when dealing with people's privacy and dignity.

The service provided people with a wide range of activities to prevent social isolation.

Staff told us they found the registered manager to be approachable.

We found a breaches of regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have advised the provider to take at the end 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.

Staff had received safeguarding training and knew how to report abuse.

Medicines were not always managed safely.

Recruitment checks had not included staff's full employment histories, thus people were not properly protected from the risks of being supported by unsuitable staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training and support to enable them to provide safe care.

Where people lacked the ability to make decisions, such as those relating to care, best interest meetings or discussions were not always held to ensure their legal rights would be assured.

People provided us with mixed feedback about the quality of meals served to them.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was promoted and staff were aware of the importance of promoting people's independence.

There was a good relationship between people living at the service and staff.

Confidential information was maintained securely.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had access to a wide range of activities.

Complaints raised verbally were not always recorded and it was not clear what action or learning was taken in response to them.

Information about people's end of life care preferences and wishes had not always been recorded meaning these may not be known and met.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff felt supported by the registered manager.

A quality assurance process was in place, however, this had not identified the widespread areas of concerns found on this inspection.

There was an open and caring culture throughout the home. Staff understood the provider's values and put them into practice while delivering care to people.

Mill House

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 14 September 2018. The first day of the inspection was unannounced and the service was inspected by two inspectors and two experts 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. The provider knew we were returning on the second day and one inspector attended.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We spoke with 12 people who were using the service, four relatives of people, one nurse, six care staff members, the activities co-ordinator, the maintenance person, the kitchen assistant and the registered manager.

We looked at care records for eight people, six staff files, medicine records and the training matrix as well as records relating to the management of the service. We viewed the building and looked at people's bedrooms and the communal areas.

Requires Improvement

Is the service safe?

Our findings

At our previous comprehensive inspection in July 2017 we had identified a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to ensure that staff providing care or treatment to service users always had the, necessary competence, skills and experience to do so safely. The service also failed to ensure that the premises used by the provider were safe to use for their intended purpose and were used in a safe way.

At this inspection we found that the service had taken appropriate action to address these issues. We saw records of maintenance and monthly health and safety checks of the equipment used in the home. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT), checks of electrical equipment, fire alarm testing and water temperature checks. This showed that the provider had appropriate maintenance systems in place to protect staff and people who used the service against the risks of unsafe or unsuitable premises or equipment.

Staff who administered medicines were appropriately trained and their competencies were checked during induction. However, we found that more improvements in medicine management were needed in order to keep people safe.

Systems for providing people with their medicines were not always effective, which resulted in the risk of compromising people's safety. On the first day of the inspection we noted one person had run out of their pain relief medication because the ordering was ill-timed or poorly managed. Although staff administered other painkillers, there was no 'as required' medicines (PRN) protocol in place. As a result, staff were not directed on what pain-relief medicines should be provided to people when there was a choice of the medicines prescribed. We saw another person receiving medicines concealed in their drinks, which is also known as covert medication. There was a covert medicines form that listed all medicines whose use had been in consultation with the person's GP and a pharmacist. However, not all medicines administered covertly had been added to the covert medicines form. Some of the medicines were only marked in medicines administration records (MARs) to be given 'covertly' and staff told us they were administering them covertly. This meant that some of the medicines were administered covertly without being authorised and assessed as safe to be given in food or drink. We raised these issues with the registered manager on the first day of the inspection. On the second day of the inspection we saw evidence that the person's pain relief was ordered and administered as prescribed. All the medicines administered covertly had now been authorised by a pharmacist.

Personal Emergency Evacuation Plans (PEEPs) were not up to date. Some people did not have PEEPs detailing the support they would need if the building needed to be evacuated and some of the PEEPs were out of date. This meant people were at the risk of delayed evacuation and not being assisted as per their assessed needs in case of an emergency. We informed the registered manager about the PEEPs being not up to date and saw the updated PEEPs on the second day of the inspection.

Safe recruitment practices were not fully followed. Staff told us they had undergone a thorough recruitment

and selection process before they had started working for the service. Staff files included a checklist detailing all the pre-employment checks on new staff obtained by the provider. This included up-to-date criminal records checks, two references from previous employers, a photographic proof of identity, a job application form, a health declaration, interview questions and answers, and proof of eligibility to work in the UK (where applicable). However, this has not always been followed thoroughly enough and some members of staff had gaps in their employment history which had not been explored in the course of their recruitment. The regulations require that providers obtain a full employment history, together with a satisfactory written explanation of any gaps in employment. We brought it to the attention of the registered manager who addressed the issue by updating the staff files after our inspection.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt people were safe in the home. One person said, "I feel safe". Another person told us, "I feel definitely safe here". One person's relative replied, "Yes, she is safe. She seems to get her medicines on time. Apparently, they have a nurse on all night and she's checked on all night every hour. I've never had a reason to question it".

Risk assessments had been completed for identified individual risks, together with action staff needed to take to reduce the risks. These included risks involved in moving and handling, the risk of falls and the risk of choking. Staff were able to tell us how they would support a person who may be at a particular risk. They understood their duty to report their concerns if they observed a person was in danger, for example, at risk of a fall, malnutrition or insufficient intake of fluids.

Staff we spoke with knew how to report safeguarding concerns and confirmed they had received safeguarding training. They told us they would report any concerns to the registered manager who they were confident would deal with any issues promptly and appropriately. Staff were also aware they could report concerns to other relevant agencies. A member of staff told us, "If I suspected abuse, I would document what the person said, clear concise entry, take it to the manager, from there the management would raise a safeguarding alert". Another member of staff told us, "I have to report suspected abuse to my line manager. If they are not here, I have to report this to the area manager, the Care Quality Commission (CQC), the police and social services".

People living at the home provided us with mixed feedback on staffing levels. One person told us, "There are quite a few staff about, they're alright. If I rang the bell, they'd come quite soon, they're very good". One person's relative remarked, "I think it has improved here in terms of staffing levels. There seem to be more staff and the activities lady is amazing". However, one person told us, "Nurses are overworking". Another person told us, "The staff are good, but overworked and agency staff don't speak English. The staff are never around to talk to".

There were enough staff to keep people safe. Staff told us they did feel they were deployed in sufficient numbers. They said that the staffing levels were low in the past due to unreliable staff failing to turn up at work without any prior notice. They told us that as those members of staff had recently left, the staffing levels had improved. A member of staff said, "Staffing levels are improving". Another member of staff told us, "The staffing numbers have recently improved. We had young staff partying at weekends and calling off sick. They did not take responsibilities for their job". Another member of staff told us, "I wouldn't call in sick myself but it is frustrating and I know the management are dealing with this".

The registered manager audited accidents and incidents reports. These were analysed for trends and

appropriate actions were taken to minimise the risk of re-occurrence. For example, when an agency nurse had committed a medicines error, this was fed back to the agency for investigation and the agency nurse had been removed from working at the service pending results of the investigation.

Systems were in place to ensure infection control practices were followed. We observed staff wore personal protective equipment such as gloves and aprons appropriately. Facilities were available to ensure good hand hygiene, including a hand sanitiser.

Requires Improvement

Is the service effective?

Our findings

We found there were no clear systems in place to support staff to work together across organisations. There was no agency orientation/induction checklist form available, which meant that there was no evidence of what information an agency nurse had been given before they were left in charge. We saw handover forms which were sometimes marked with question marks when the agency nurse was running a shift. We saw that shortly before our inspection an agency nurse had missed one person's medicines on three consecutive nights before this was identified by the service. This meant that people were at risk of not receiving effective support as the agency nurse running the shift at night had a limited knowledge of people using the service relying on sometimes incomplete care plans. People and their relatives confirmed the agency staff providing care to people at night were not knowledgeable about people's needs. One person told us, "You can notice the agency staff, they are not good carers". One person's relative complained, "At night times staff bring medication at different times. She doesn't like night staff putting her to bed. She likes familiarity and routine so she deliberately goes to bed really early to avoid them".

This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found a lap belt was in use for a person who was deemed not to have capacity. A lap belt prevents a person from standing or moving from a chair without assistance. Although we acknowledge this had been implemented to mitigate risks to the person, no best interest meeting had been convened to determine that the use of that restraint measure was in the person's best interest. There was no mental capacity assessment or DoLS application in place regarding the use of a lap belt. Lap belts are used as a safety measure to prevent falls, but are restrictive and restrict people's freedom of movement. That is why a best interest process should be followed in line with the Mental Capacity Act 2005.

We did not always find evidence that people were consulted about and consented to their care. We saw records were not always fully completed. For example, one person's anticipatory plan for hospitalisation had been signed only by a health care professional. It was not clear if and how the person had been consulted about this decision as the person's mental capacity assessment stated they were able to make

simple and non-complex decisions. There was no evidence of a best interest meeting organised to support this decision.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people's health care and support needs were assessed before they moved into the home and this assessment continued whilst the person lived at the home. These assessments covered areas including mental and physical health support needs, mobility, nutrition, communication, emotional and spiritual needs, activities, medicines and continence. However, we found that a person who used the service as a respite had gaps in their initial assessment folder. We brought this to attention of the registered manager who told us that as the person had been re-admitted to the service, they had completed only the first page and the last page of the initial assessment. This was contrary to the provider's admission policy. The registered manager told us they were going to address the issue and complete the person's initial assessment file.

There was mixed feedback about the food. Most people told us they did not always enjoy the food served at Mill House, although some people gave some more positive feedback. One person said, "The food is plain. I don't press them if I don't like it, I try to be an agreeable person". Another person told us, "I've never had a good meal since I came here. We had a cook who lasted a couple of weeks but he's gone now. You do get a choice, if you don't like it. There are too many chefs in my opinion. You just get used to one chef and they leave". However, another person said, "The food's alright, never found anything to object to". One person's relative wrote in a survey provided by the service, "I don't think the patient's eating ability is taken into account with food served i.e. baked potato. The patient can cut their skin or something with crunchy breadcrumb coating which the patient is unable to chew". We observed a lunchtime meal during our inspection in the dining room. The dining tables were laid with place mats and napkins. People were offered choices and assisted with their foods where required.

All new staff were obliged to undertake induction training which included the completion of mandatory training in relevant areas and completion of a probationary period. Newly employed staff shadowed more experienced staff for two weeks and had their competencies assessed. A member of staff told us, "I felt that the induction was really positive. I was shadowing for only three days as I previously worked in care and was comfortable to work on the floor. However, if I had asked, the shadowing period would have been extended".

Staff received on-going training in areas such as health and safety, safeguarding or nutrition and hygiene, in order to meet people's specific needs. A member of staff told us, "My training is up to date. Normally it is the management that offers training to us. They ask you what training you want to do. I asked about our IT database training and it is being organised now".

Supervision sessions enabled staff to discuss their personal development objectives and goals. Staff told us they found supervision meetings useful. A member of staff said, "I have my supervision every two or three months. I find our supervision meetings really useful. There are things you do not want to discuss at team meetings in front of other staff and this provides you with the opportunity to discuss all the issues".

The service worked well with other health professionals to ensure people's health needs were met. The care records we reviewed showed people were supported to access healthcare services such as GPs, district nurses, opticians and social workers.

The premises were nicely decorated, however, they were not dementia friendly and some areas of the service required general maintenance. One person told us, "I like it here, but look at the cable sticking from the wall". We saw one person was walking down a corridor and we asked a member of staff about this person. The member of staff told us, "Some rooms are identical so he can get a bit lost and go to the wrong room. The curtains, colours and bedding are the same. He'll go to room [number] but when the resident is in there, he doesn't bother then".

Good

Is the service caring?

Our findings

People using the service and their relatives spoke very positively about staff and the care people received. One person told us, "The staff are nice and kind to me". One person's relative said, "I've seen how kind and patient the staff are". Another person's relative told us, "The staff are very polite and kind".

We observed that staff respected people's dignity and privacy. They knocked on people's doors before entering their rooms. They also ensured the curtains were pulled and doors were closed while they provided people with personal care. We saw that care staff took time to talk to people to make them feel supported and comfortable at the service. For example, we observed staff members talk to one person and then give them assistance with a drink and a snack. They talked to the person about their past and where they had lived. The person appeared to be happy to have a friendly chat with staff.

During the lunch time observation we saw staff assisting people with their meals. People were offered food options by staff who talked to them or used gestures and other prompts to ensure people understood them and could make their choices. We noted staff were assisting people with eating and drinking in a calm and caring manner. Staff worked well as a team; there was frequent communication among staff members who shared all information needed to ensure people's needs were met.

We observed care workers provide prompt assistance but also encouraged and supported people to build and retain their independence. For example, we saw that people were encouraged to choose what they wanted to do and where they wanted to go throughout the day. A member of staff told us, "We always ask and give choices". Another member of staff said, "We always offer choices by showing items to choose from. If we know people can manage with, for example, finger foods, we try to use this and encourage them to be independent".

We asked staff how they were communicating and offering choices to people with sensory impairment. A member of staff explained to us, "One person is blind, but once I enter their room she recognises my voice, and when I offer clothes in different colours I also explain, there's a white one (piece of clothing) on the right and a pink one on the left".

People were able to receive visitors at any time and they could talk to their guests in the privacy of their own rooms. One person told us, "My best friend takes me to the garden centre once a week, we have a lovely time". Another person said, "I get visitors, my son usually comes to see me". People were encouraged to maintain relationships with those who mattered to them. One person's relative told us, "We've been married for 64 and a half years. I visit her six or seven days a week".

Staff were discreet and respected people's confidentiality. We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Requires Improvement

Is the service responsive?

Our findings

People's pain and other symptom management was at risk of not always being managed effectively as they approached their end of life due to a lack of detail in their care plans. On the first day of the inspection, we noted that there was no end-of-life care plan for one person. This meant that crucial information related to the management of pain, mouth care and providing comfort measures at the end of life were not recorded by the service. We asked a permanent member of staff how they could tell if the person was in pain. The member of staff explained to us how the person was using their body language when in pain and they added that once asked, the person would confirm if they were in pain. We asked the member of staff how this information was passed to agency staff running night shifts. The member of staff told us they were unaware of how this message was communicated to agency staff. We checked handover files but were unable to see any information related to the management of pain of a person who received palliative care. We brought this to attention of the registered manager who produced an end of life care plan on the second day of the inspection. We looked at the plan and found there was no information about pain assessment. We raised this issue with the registered manager. After our inspection we provided them with information about end-of-life care for people living with dementia from a reputable source to follow as an example. The registered manager told us they are going to provide us with an updated and comprehensive end of life care plan following our inspection. However, the service failed to provide us with updated end of life care plan.

This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The ability for people and their families to use the complaints process or raise a concern in their own way was not in place. There was a complaints policy in place, however, the policy stated that complaints must be submitted in writing in order to ensure clarity of full and specific details of the complaint. It was therefore unclear how complaints were to be raised by people with poor eyesight who were unable to write their complaints. There was one complaint recorded in 2018. However, complaints raised verbally were not handled as official complaints and it was therefore not clear what action had been taken in order to address the issues raised and if the issues had been used for learning and improvement. For example, one person had complained about the quality of food during their care review. This had been noted in the care review, however, had not been handled and managed as an official complaint. We saw that people's relatives answering surveys sent by the service mentioned specific concerns like items or money missing, however, this was not managed as a formal complaint. As a result, it was not clear what actions had been taken to resolve these problems. We raised this issue with the registered manager and the area manager who told us they would look into the matter and update the complaints policy.

This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a wide choice of activities offered to people, ranging from outings to daily activities people could attend in the house. These activities included games, quizzes, arts and crafts, and one-to-one activities. We observed activities provided to people and found the atmosphere was jovial, relaxed and friendly. The

activities co-ordinator was kind, attentive, encouraging and warm on both the individual and the collective level. We saw people enjoyed their activities.

There was a 'Wishing well' programme organized by the service. One person had wished they could spend time with children to enjoy ice cream with them. Firstly, the person had been involved in preparing gift bags for children during art and crafts activities and making decorations for an event. Then a meeting with children had been arranged and we could see the photos of how person was happy being able to spend time with children.

Another person had been assisted to their relatives wedding by a member of staff. The staff member had volunteered to support the person in their own free time. This had been well received and appreciated by the person and their relatives. The service organised events such as people's birthdays inviting people and their relatives. One person's relative told us, "They've given her a wonderful rest of her life here. You should have seen what they did for her birthday. [Name] brought in her cat, it was on a lead, but you should see the care in her eyes for mum. She had a lovely cake, too".

Records showed there were regular formal review meetings with people using the service and relatives. At these meetings people's care was discussed and reviewed to ensure people's needs were being met effectively.

An equality and diversity policy was in place at the service. There were procedures for people's cultural and religious backgrounds as well as people's gender and sexual orientation to be recognised at the initial assessment stage and respected within the service. Staff received training in equality and diversity.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. 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.

There was limited evidence of service improvement with a failure of the service to improve from their previous rating of Requires Improvement. The systems in place to assess, monitor and improve of the quality and safety of the service was not always effective. Some audits and checks were carried out to monitor the safety and quality of care. The management team carried out detailed audits in various areas. For example, they conducted a night shift audit, a care plans audit, a maintenance audit and a record keeping audit. Once the audits were completed, the registered manager used them to identify areas where improvements were needed and a relevant action plan was put in place. For example, as a result of one of the audits the training matrix had been reviewed and any identified training needs were booked for staff working at Mill House. However, during this inspection we found several breaches of regulations and areas for concern which had not been identified by the service's quality monitoring system. These concerns had therefore not been addressed by the management team until our inspection took place.

There were gaps in the records used by the service. For example, we found information was missing in employment records, initial assessments, mental capacity assessments and room records such as skin integrity monitoring charts, personal care checklists or topical medicines administration records.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said that there was an open culture within the service as they knew their views and opinions were always taken into consideration by the registered manager. A member of staff told us, "The manager listens to us". Another member of staff pointed out, "The manager is the kind of person you can approach and she gives good feedback". Staff also said they were fully involved in the running of the service and their opinions and suggestions contributed to its enhancement.

Staff meetings were held on a regular basis, where two-way communication took place to consult and gain feedback from staff. We saw that during these meetings staff were able to discuss such matters as branch performance or records keeping. A member of staff told us, "They ask at staff meetings if we have any problems"

Staff told us that incentive schemes introduced by the provider had helped to improve staff morale and prevented turnover off staff. A member of staff told us, "If you work here more than eight hours, you can have a free meal". Another member of staff told us, "We know [the registered manager] is pushing up a pay rise. She wants the best for the home so she has to fight for staff. This has had an impact on our morale".

The registered manager was well known throughout the home and people told us they liked them. We noted that the manager provided support to people and knew them well. The registered manager was able to demonstrate an in-depth knowledge about the people they supported and the staff team working at the service.

Staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC).

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure there were sufficient quantities of medicines to ensure the safety of service users and to meet their needs. The provider failed to ensure that the arrangements for giving medicines covertly are in accordance with the Mental Capacity Act 2005.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the care and treatment for each person were not accurate and up to date. Effective systems had not been operated to assess, monitor and improve the quality and safety of the services provided.

The enforcement action we took:

We served a warning notice that required the provider to become compliant by 29 November 2018.