

D E & J Spanswick-Smith Glengariff

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Requires Improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This unannounced inspection of Glengariff took place on the 19 May 2015. Glengariff is a care home registered to provide personal care and accommodation for 16 people. The service provides personal care and support to older people some of whom have dementia care needs. On the day of our visit there were ten people living in the home.

At our last inspection on 11 October 2013, we found the provider met the regulations we inspected.

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.

Some medicines were not stored in line with current and relevant regulations and guidance. Staff handling medicines had completed training. However, it was not evident from records that staff had been assessed as competent to administer medicines to people in the home or that staff had received regular reviews of their knowledge, skills and competencies relating to managing and administering medicines safely.

Summary of findings

Throughout our visit staff interacted with people in a friendly and courteous manner. People were very complimentary about the staff. They told us staff were approachable, listened to them and were kind. Our observations and the records we looked at reflected the positive comments people made.

People told us staff respected their privacy and they received the support they needed to maintain good health. People's health was monitored and they received the advice and treatment they required from a range of health professionals.

People told us they felt safe. Staff understood how to safeguard the people they supported. Care plans and risk assessments included specific details of people's individual needs. People were protected, as far as possible by a robust staff recruitment system.

Staff received a range of relevant training and were supported to obtain qualifications related to their work. Staff were positive about working in the home, understood people's needs and worked as a team to provide people with the support and care they sought and needed. Staff told us they received the support they needed from the registered manager to enable them to carry out their roles and responsibilities. Most staff had worked in the home for several years so people received consistency of care. People using the service spoke highly about the staff and said they were approachable, kind and listened to them.

People had the opportunity to participate in a range of activities of their choice. Staff respected people's decision when they chose not to participate in an arranged activity. When people wanted to maintain contact with family, friends and others important to them this was encouraged and supported by staff.

People told us they enjoyed the meals and were provided with an alternative if they wished. We saw the dining experience was relaxed and social. People's nutritional needs were assessed and monitored closely.

The registered manager knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of the systems in place to protect people who were unable to make particular decisions about their care, treatment and other aspects of their lives. Staff knew a restriction on people's freedom needed to be lawfully authorised.

There were systems in place to monitor the care and welfare of people and improve the quality of the service.

We found a breach of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some areas of the service were not safe. Some medicines were not managed safely because legal requirements for their storage and administration were not being met. Records that demonstrated staff had the knowledge; skills and competency to manage and administer medicines safely were not available.

Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed.

Requires Improvement



Is the service effective?

The service was effective. Staff received relevant training and support to enable them to carry out their roles effectively.

When people were unable to make decisions about their care and treatment decisions were made in their best interests. Any restrictions to people's liberty were appropriately authorised.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Good



Is the service caring?

The service was caring. Staff knew people well, were kind and had developed positive caring relationships with people using the service.

People and their relatives were involved in decisions about people's care.

People were treated with respect and dignity. Their preferences, interests and individual needs were understood and met by staff.

Good



Is the service responsive?

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

People were supported and encouraged to take part in a range of individual and group activities of their choice.

Good



Summary of findings

People told us they were listened to and were comfortable about talking to staff if they had a worry or complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

The service was well led. The home had a registered manager who was available to people, relatives and staff. People told us the registered manager was approachable and communicated well about all areas to do with the service.

Staff, people using the service and relatives told us there was a culture of openness and the registered manager responded appropriately and promptly to feedback about the service.

There were systems were in place to monitor and improve the quality of the service.

Good



Glengariff

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 19 May 2015 and was unannounced. The inspection was carried out by one inspector 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.

Before the inspection we looked at information we had received about the service. This information included

notifications sent to the Care Quality Commission (CQC) and all other contact that we had with the home since the previous inspection. During the inspection we talked with seven people using the service, the registered manager, deputy manager, the cook and four care workers. We also obtained feedback about the service from two visitors and two health care professionals. Following the visit we spoke with three relatives of people, a visiting hairdresser and two health professionals.

We spent time observing how staff interacted with and supported people who used the service. We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; four people's care files, four staff records, audits and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. People said “The staff are lovely,” “I feel safe and this is the place for me,” “I feel safe, safe as anything,” and “They [staff] are friendly, and I feel safe.” People told us they would tell staff if they had a concern or worry and were confident they would be listened to and appropriate action taken. Relatives of people we spoke with told us they felt people were safe. They told us “[Person] is very safe,” and “[Person] is safe we have no concerns.”

We checked the systems for the storage, disposal and administration of medicines in the home. Senior staff from the provider’s other home carried out weekly checks of the medicines in this service, to provide a more objective audit. There were no gaps in medicines recording which indicated people received the medicines they had been prescribed. We also observed medicines being given to people. The member of staff waited until each person had swallowed their medicines before administering medicines to other people. We heard the member of staff ask a person if they wanted a medicine to relieve pain and they responded appropriately to the person’s answer. A care plan record showed us a person had recently discussed their night medicines with staff. However one person told us she took medicines that were “Just plonked down by staff. I have no idea what it was for and they do not explain.”

Most medicines were stored and administered safely. However there were some areas of the management and storage of medicines that were not safe. Controlled drugs (CDs) (prescribed medicines that are usually used to treat severe pain) have additional safety precautions and legal requirements for their storage and administration which were not in place. Although the CDs were stored in locked metal box within a separate locked cupboard, the cupboard was not fixed to a wall, so could be moved and it contained files and other items. Also, the CDs were not recorded in the CD register so legal requirements regarding the storage and a separate record of the receipt, administration and disposal of CDs were not being met.

Staff who administered medicines told us they received medicines training and the deputy manager spoke of the system in place for assessing that staff were competent to manage and administer medicines safely. However, there

were no records that showed these competency assessments had been carried out so it was not evident as to how staff fitness to administer medicines had been determined or reviewed.

This was a breach of Regulation 12 (g) of the Health and Social care act 2008 (Regulated Activities) Regulations 2014.

There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. There were some minor areas in the safeguarding policy that were in need of updating to be in accordance with current guidance. The registered manager promptly addressed this. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and they knew about the reporting procedures they were required to follow if they were informed of or suspected abuse. A care worker told us “I think the residents trust us all. If we saw anything we did not like we would report it to [the registered manager].” Another care worker told us “We all care for the residents, we all feel safe here, and it’s so friendly.”

The registered manager told us people had their finances managed by their relatives who were invoiced when expenditure for hairdressing, chiropody and other items was made. Records of this expenditure were maintained and checked to reduce the risk of financial abuse.

Through our observations, talking with people and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Most care workers had worked at the home for a number of years which ensured consistency in the care being provided and familiarity to people using the service. Relatives of people stressed the importance of this in ensuring staff understood each person’s needs. A family member told us their relative knew the names of staff and spoke about them fondly. The registered manager told us no agency staff were employed. An internal care ‘bank’ of staff familiar to people using the service covered shifts when permanent staff were unavailable to work.

During mealtimes we saw there were enough staff on duty to provide people with their meals promptly and to provide them with assistance when needed such as cutting up food. The registered manager provided us with examples of

Is the service safe?

when staffing levels had been adjusted to meet the changes in the needs of people. A person using the service told us “I think there are enough staff and if someone is ill another member of staff always comes in on their day off. They are wonderful.” Relatives and a health care professional told us there were always staff available to speak to and provide people with the care they needed.

Care plans showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments included guidelines for staff that detailed the preventative action to be taken to lessen the risks of people falling.

Accidents and incidents were recorded and reported to the registered manager and action was taken to make sure

health professionals were informed when this was needed. The registered manager told us she reviewed all accidents and incidents and took action to minimise the risk of them happening again.

The four staff records we looked at showed that appropriate recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety and electric systems.

Is the service effective?

Our findings

All the people we spoke with spoke highly of the care they received from the staff. Comments from people using the service included “They [staff] are very good, they know what I want.” “They listen,” and “The food is lovely, if you don’t like something they [staff] give you something else. I don’t like fish so I had an omelette instead.” Relatives of people and health care professionals told us “Staff care they know what they are doing,” “Staff are extremely good,” and “They [staff] are competent, they listen.”

Staff had been provided with induction training and other appropriate training so they knew what was expected of them and so they had the skills they needed to carry out their role. Staff told us they felt they were well trained and provided people with the care they needed. A care worker told us “[The registered manager] keeps a list of all the training we all do and she reminds us when annual training comes around.” This training included safeguarding people, infection control, fire safety, moving and handling, food safety and basic first aid. Other staff training appropriate for meeting the needs of people using the service included dementia care and end of life care. A health care professional told us they provided instruction for staff about topics to do with medical needs such as diabetes when this was requested by the registered manager. Records showed staff had also achieved qualifications relevant to their roles. The deputy manager told us she had recently completed a Qualification and Credit Framework (QCF) level 5 in management.

Staff said they felt well supported by the registered manager and deputy manager. Staff told us the registered manager was always available for advice and support, and were kept up to date with information about people’s care needs. Staff had received informal and some formal group and one to one supervision to monitor their performance, discuss aspects of the service and people’s care needs. Topics covered in staff supervision included personal care, pressure care, respecting privacy and dignity and infection control. The deputy manager told us she had plans to use the knowledge and learning she had recently gained from completing a management qualification to develop the frequency and content of staff supervision. The registered manager told us staff appraisals were planned to be completed this year.

People’s health care needs were met and monitored. They had access to a range of health professionals including; GPs, opticians, community nurses, dentists and chiropodists to make sure they received effective healthcare and treatment. A care plan showed a GP had been contacted when a person had shown signs of confusion, and when a person had lost weight. A person told us the “Staff are very good and if I say I do not feel well, they ask me if I want the doctor to call and see me.” A member of staff said the GP was always called when people health needs changed.

People told us they were happy with the layout of the home and liked their bedrooms. People had the opportunity to personalise their bedroom with items of their furniture and other personal possessions. A person told us about some of the possessions they had brought with them when they moved into the home. Some people mentioned that areas of the home were ‘tired’ looking. The registered manager told us about recent improvements made to the environment that included refurbishment of some bathroom facilities, new curtains, redecoration of the lounge, laundry room, some bedrooms, and informed us further improvements to the décor and furnishings were planned.

The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. A care worker told us they had received mental capacity act training. However, some staff were vague about the MCA but were aware of people’s rights to make decisions about their lives and knew when a person lacked the capacity to make a specific decision people’s families and others would be involved in making a decision in the person’s best interests. Care plans showed people’s capacity to make some particular decisions had been assessed.

The registered manager knew what constituted restraint and knew that a person’s deprivation of liberty must be legally authorised. Two current people using the service were subject to DoLS authorisations. The front door had a keypad that was used to enable people to exit the building. The keypad exit code numbers were displayed near the keypad, so people were able to leave if they had the capacity and ability to use the keypad. We discussed with the registered manager the recent changes to DoLS and the possibility there were other people living in the home were

Is the service effective?

an application for authorisation for DoLS may be applicable. The registered manager said she had been in contact with the local authority about DoLS and would contact them again.

People's nutritional needs were assessed and monitored. Care plans showed people's weight was monitored and appropriate action including informing a GP was taken when people lost weight. A care worker told us "We are all trained to weigh people and keep an eye on their weight. If I see someone is losing weight, I tell the manager or deputy manager, we discuss it and make notes on the person's records." A person's care plan showed that following action taken by the service in response to the person losing weight their weight was now stable.

The cook knew about people's dietary needs and provided us with examples of people's food preferences having been incorporated into menus. The cook told us people's religious and specific dietary needs were met by the service, including some people who did not have pork in their diet, and of others due to swallowing difficulties received a soft or pureed diet. People were complimentary about the meals and told us that they had a choice of what to eat and drink. A person told us they had chosen their breakfast, which they had enjoyed.

The cook told us she regularly asked people for feedback about the meals but did not record this. She told us she would in future record the feedback and the details of any

action she took in response to people's views of the meals provided by the service. We found that a person received the small portions they had requested when their needs had been assessed. The person told us they "Did not like too much food on their plate." A person told us they had recently been provided with an appetising alternative meal of their choice when they had mentioned to staff they disliked a meal on the menu. Another person said "If I don't like the food they have offered, I can always have some alternative." People told us snacks were available at any time. Some people told us they would like more flexibility in the time they had their breakfast which was currently at 8 o'clock every morning.

During mealtimes we saw the tables were attractively laid and people had access to condiments and drinks. A person had a glass of wine. Staff provided people with the assistance they needed in a friendly, calm manner. We heard a care worker offer a person a sandwich when they saw the person had not eaten much of their lunch. People told us they enjoyed their lunch. The menu was written on a whiteboard and was hard to read. Pictures were not used to depict the menu or in assisting people with in communicating their food preferences. The registered manager and cook told us they would develop a pictorial menu so when people had difficulty reading and understanding and retaining information they would have better understanding of the content of the menu.

Is the service caring?

Our findings

People told us they found staff to be friendly and caring. They told us they were happy with the care they received and were involved in decisions about their care. Comments from people included; “They [staff] are very friendly, I can’t say a word against them,” “There is nothing I don’t like here, the staff and the people are friendly and they are funny too, I like that.” “I cannot fault them [staff]” “I am happy,” and “I get on with everyone. They [staff] are all nice.” Relatives and health care professionals also spoke of the staff as being friendly and of the home having a pleasant atmosphere. A relative of a person told us “[Person] is the happiest she has been and looks well. I am very happy.”

We saw people were supported in a respectful and kind manner by staff. There was pleasant interaction between staff and people. We heard staff ask people how they were feeling. Care workers spent time involving people in conversation in a friendly and sensitive way. A care worker told us “Glengariff was like a family, I love coming to work and doing extra things for residents like getting things for residents from the shops.” People told us they were called by their preferred name and they spoke highly of staff who they knew well.

Care plans showed people were supported to retain as much of their independence as possible by encouraging people to participate in their personal care, and by providing people with mobility aids such walking frames so they could maintain their freedom of movement. A person told us “When I came here I couldn’t walk, I can now, and I use my frame.”

Staff knew people well and had knowledge and understanding of people’s individual needs. They told us they spoke with people and asked them about their lives, interests and needs. Care plans included a profile of each person’s life and interests. Staff confirmed that they read people’s care plans and received detailed information about each person’s progress during each working shift.

Staff respected people’s privacy. They knocked on people’s bedroom doors and waited for the person to respond before entering. People had the choice of how and where they wanted to spend time during the day including periods of time in their bedroom. Bedroom and bathroom doors were closed when staff supported people with their personal care needs. Care plans included detailed information and guidance about respecting people’s privacy and dignity. Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. We saw people’s records were stored securely.

People were supported to maintain relationships with family and friends. They told us that visitors were welcomed at any time. A care worker told us they knew most people’s relatives well and had a good relationship with them. Relatives of people confirmed this and told us they were kept informed about their family member’s progress and of any changes in the person’s needs. A person spoke fondly of the pet cat that lived in the home and told us she enjoyed “Taking care of him.” Relatives told us “We visit regularly and take [person] out for meals and to visit friends,” “They [staff] always ring us about [person],” and “We are kept informed about [person].”

Care plans included information about people’s life history and their spiritual needs and showed that people had been consulted about the care they wanted to receive. People were cared for in line with their wishes and beliefs. A person told us “A lady came yesterday, I had Holy Communion.” Another person told us that since their priest had been ill they had not received religious support and would like to attend a place of worship. The person said “I would like transport to go to the Catholic church on Sunday that would be on my wish list.” The registered manager told us she would address these requests. People told us their birthdays and religious festivals were celebrated in the home. A person spoke of the recent celebration of their birthday which had included being provided with a ‘Lovely’ birthday cake.

Is the service responsive?

Our findings

People told us “Staff cannot do enough for me and they take into account all my likes and dislikes. What more could I ask for?” and “I have everything I need here and they know exactly what to do to help me. I am very happy here.” Relatives told us they were fully involved in people’s care.

People told us they had been asked questions about their needs before they moved into the home. The registered manager told us and records showed initial assessments of people’s needs were carried out with involvement from the person, and when applicable their relatives. People’s assessments included information about a range of each person’s needs including; health, social, care, mobility and communication needs. These needs were then included into the person’s care plan. For example a person’s care plan included detailed information about a person’s specific communication needs and guidance for staff which included; the person “Gets confused when trying to communicate and finds it hard to express their likes and dislikes. When communicating with [person] we need to take time.”

Care plans included individual guidance about the support and care people needed to meet people’s individual needs and how to minimise any identified risks including falls and pressure ulcers. A person’s care plan included very detailed step by step guidance for staff to follow to meet their individual personal care needs including the support they needed for brushing their hair, keeping their teeth clean, choosing clothes and ensuring staff ask the person if they want to put on make-up.

Staff told us they discussed each person’s needs and progress during each shift so they knew how to provide people with the care they needed. A care worker told us “I read residents’ notes so I learn about their likes, dislikes, medication and illnesses. [The registered manager] always explains to us the needs of each resident. ”

Care plans included detail about people’s individual preferences to do with their social needs and daily routines for example a person had informed the registered manager they liked a daily newspaper. The person told us and we saw they were receiving a daily newspaper of their choice.

Care plans were reviewed routinely monthly and were updated when people’s needs changed for example a person’s hearing had declined and the GP had been asked to refer the person for a hearing check.

Staff wrote ‘daily’ progress notes about each person during each shift. These varied in detail, some daily records were very brief for example ‘Had shower’ and ‘District nurse came this evening.’ They included little information about people’s well-being and did not demonstrate that people had been asked for feedback about their needs and well-being. There were also some gaps in the recording of details of the specific personal care people received. The registered manager informed us following the inspection she had spoken to staff about improving records. Some people were vague when asked about whether they were aware of their plan of care. However, people told us they received the care and support they needed and were involved in decisions about their care.

During our visit we saw staff took time to listen to people and supported them to make choices about what they wanted to eat and what they wanted to do. Those decisions were respected by staff. A person told us they made a number of choices throughout the day including when they got up, what they wore and what they wanted to do. They told us “It is fantastic here, I asked for a coffee this morning and I got it straight away.” A person said staff always asked if “I want a bath or a shower, rather than saying come along it’s time for your bath, and they really do care for us and I have everything I need.”

An activity worker spent one day a week working in the home. On the day of our visit the activity worker spent time asking people what they wanted to do, organising and encouraging people to take part in a variety of activities of their choice and respected people’s decision if they chose not to. Activities included a quiz, crosswords, bingo, cards, listening to music, watching a film and talking with staff. People told us they enjoyed the activities provided by the service. A person said “In summer we can go into the garden and talk with each other.” A person told us a singer and a musician who encourages people to play instruments regularly visited the home, which she enjoyed. Another person said “A person comes and plays the piano which is nice.” People using the service seemed to know each other well. They chatted with each other and included others some of whom had significant communication needs in their conversations.

Is the service responsive?

Three people mentioned they would like more opportunity to go on outings and to go to the local shops in Pinner. Two people told us staff bought their toiletries and other items however they would like to have the opportunity to buy items such as stamps for themselves. The registered manager told us she had plans to develop involvement of the service with the local community.

The complaints policy was displayed. Staff knew they needed to report all complaints to the registered manager. People told us that they felt comfortable raising complaints and felt confident that they would be addressed appropriately. A person told us that they could speak to the registered manager or care workers at any time. They said, “[The registered manager] listens and sort things out”.

Another person said “[The registered manager told me that I can talk with her about any concerns I might have.” It was evident people knew the registered manager well and they spoke with her frequently during our visit. A person told us when she had not liked the food and had complained to the registered manager. The person said “I now get something else if they serve something I don’t like.” There were no recorded complaints in a specific complaints record book. The registered manager told us there had been no formal complaints and any concerns raised were written in the person’s care plan records. She told us she would in future make sure all concerns and details of how they were managed were written in the complaints book with details of how they have been addressed.

Is the service well-led?

Our findings

People spoke positively about the registered manager. They told us she was approachable and communicated with them well. Comments from people using the service and relatives about the service and the registered manager included “[Registered manager] is lovely, available and gets things done,” “[Registered manager] has a nice manner with people, she always asks how things are,” “She is super-efficient,” “The atmosphere is relaxed,” and “I would recommend the home.” A care worker told us “I would be happy for my mother to be resident here, the good friends and families test.”

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from the deputy manager. The registered manager spent time in the home during the inspection. She spoke with people using the service in a respectful manner and asked how they were.

Staff members had job descriptions which identified their role and who they were responsible to. Staff told us the registered manager listened to them, managed them well and kept them informed about any changes to the service. A care worker told us “[The registered manager] is brilliant and that is why we all like to work here and why [registered manager] keeps her staff. She always listens.” Another care worker said the management of the service was “Flexible and understanding.”

There were quality assurance systems to monitor the service and to make improvements when required. Regular checks of equipment, staff training needs and medicines were carried out. The registered manager was in the process of completing an audit of the catering, infection control and environment areas of the service. She told us where shortfalls in the service were identified action was

taken to improve practice. Residents meetings had taken place. During a residents meeting a person had suggested an outing during a festive period, which had been arranged by the activities worker.

People using the service and relatives told us staff regularly asked them about their views of the service, and were confident that any issues they raised would be addressed appropriately. Relatives told us they often provided the registered manager with informal feedback about the service, which was responded to appropriately. A relative of a person said they remembered having received a feedback questionnaire some time ago. However, others told us they had not received one yet. The registered manager told us she frequently talks to people using the service and their relatives to obtain feedback about the service. She told us “I phone families to ask if things are ok. I see families when they come and go, everyone has my mobile and email contact.” The registered manager told us she would ensure people using the service and their relatives would be provided with a feedback form so they had the opportunity to provide feedback about the service in a more formal manner.

Some people’s relatives told us they had not received a brochure [service user guide] about the services provided by the home. The registered manager told us she would ensure people using the service and others received a brochure if they wanted one.

Records and feedback from people showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Health professionals spoke in a positive manner about the home and the working relationship they had with staff in providing people with the care and treatment they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not protect service users against the risks associated with unsafe storage and management of medicines.

Regulation 12 (g)