

Appollo Homes Limited

Meadow Dean

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?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 09 and 12 October 2015, and was an unannounced inspection. The previous inspection on 6 September 2013 found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to 26 older people who may also be living with dementia. On the ground floor there are two communal lounges, a dining room and a small

conservatory. Bedrooms are situated on the first floor. The service is situated in a quiet picturesque area of River, Dover, with easy access to local shops. At the time of this inspection there were 16 people living at the service.

The service had an established registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Potential risks to people were identified regarding moving and handling and behaviour but full guidance on how to safely manage the associated risks were not always available. This left people at risk of not receiving the support they needed to keep them as safe as possible.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken.

Accidents and incidents were recorded and appropriate action had been taken but the events had not been analysed to look for patterns or trends to prevent further occurrences. Checks were done to ensure the premises were safe, such as fire and health and safety checks. Equipment to support people with their mobility had been serviced to ensure that it was safe to use and plans were in place in the event of an emergency.

The service had a plan to improve the environment and the premises were regularly maintained to ensure that people lived in comfortable home. People's rooms were personalised to their individual tastes.

People and staff told us that there were sufficient staff to meet people's needs, and our observations showed that staff spent time with people to ensure they had everything they needed. Staff received regular supervision and a yearly appraisal to support them in their role.

Staff were recruited safely and there was a training programme to ensure that staff had the skills and competencies to carry out their roles. New staff received an induction and shadowed experienced staff until they were confident to perform their role.

People received their medicines on time; however there were shortfalls in the storage and recording of the medicines. Checks had not been completed on the

medicine records to ensure medicines were being administered and stored correctly and although staff had received medicine training this had not been updated to ensure they were up to date with current guidance.

People were supported to make their own decisions and choices and these were respected by staff. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Staff knew the importance of supporting people to make decisions but were not able to demonstrate an understanding of DoLS. The registered manager confirmed and we saw that further training in Mental Capacity Act and DoLS was being arranged and would be completed by all staff by December 2015.

People had choices from a variety of food on offer and specialist diets were catered for. The cook was knowledgeable about people's different dietary needs, and ensured that people received food that was suitable for them. People's nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required.

People were supported to maintain good health and received medical attention when they needed to, such as, district nurses, chiropodist, dentist and opticians.

People were chatting to each other and staff in relaxed and friendly manner. Staff treated people with kindness, encouraged their independence and responded to their needs. People told us their privacy and dignity was maintained, and the staff were polite and respectful.

People and relatives had been involved in planning their own care. The care plans were personalised and regularly reviewed to ensure staff were kept up to date with people's current needs. Relatives told us that they were kept informed about their relatives' care. There was a complaints procedure and all complaints were investigated and responded to.

People were supported to carry out their preferred lifestyles and there was a meaningful activity programme in place. Visitors were able to visit any time and the service welcomed lots of family and friends.

People told us they were asked about the quality of the service and had recently completed a survey. The registered manager told us that the results were in the process of being analysed and summarised to show what

Summary of findings

action needed to be taken to improve the service. Feedback had not been sought from a wide range of stakeholders such as staff, visiting professionals and professional bodies, to ensure that continuous improvement of the service was based on everyone's views.

Although the registered manager told us that checks on the service were carried out daily these were not recorded, therefore there was no evidence to demonstrate that appropriate quality assurance checks of the service were effective to continuously improve the service. The registered provider also visited the service on a regular basis to assess the quality of care being provided but the outcome of the visits was also not recorded.

Staff said that the service was well led and they were supported well by the management team. They were clear about their roles and responsibilities and felt confident to approach senior staff if they needed advice or guidance.

Records were stored safely and securely

We found breaches 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 this 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?

The service was not consistently safe.

Risks to people were assessed but guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible.

People were given the medicines they needed at the right times, however, there were shortfalls in the safe storage of medication.

Staff knew how to recognise and respond to abuse.

There was enough staff on duty to ensure that people's needs and preferences were met and staff were recruited safely.

Requires improvement



Is the service effective?

The service was effective.

Staff understood that people should make their own decisions; however, further training had been arranged to ensure that staff were fully aware of the Mental Capacity Act and DoLS safeguards.

There were ongoing training programmes for staff. Staff received individual supervision and an appraisal to address training and development needs.

Staff were knowledgeable about people's health needs and were supported to maintain good health.

The service provided a variety of food and drinks to ensure people remained as healthy as possible.

Good



Is the service caring?

The service was caring.

Staff were kind and caring. People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

Staff were attentive to people's needs and responded to their requests for support promptly.

Staff supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People's care was personalised to reflect their wishes and preferences. The care plans were regularly updated to reflect people's current needs.

People were involved in their care planning and participated in a variety of activities they enjoyed.

Good



Summary of findings

There were systems in place to ensure any concerns or complaints were responded to appropriately.

Is the service well-led?

The service was not always well led.

Accidents and incidents were recorded and action taken, however, they had not been summarised to look for patterns or trends to reduce the risk of reoccurrence.

People had opportunities to provide feedback about the service they received; however, staff and other stakeholders had not been included.

There was a lack of recorded quality monitoring checks on the service to demonstrate that shortfalls had been identified and appropriate action had been taken to ensure the continuous improvement of the service.

People told us the service was well led. Staff told us they were supported well by the management team and they had confidence in how the service was run.

Requires improvement



Meadow Dean

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 9 and 12 October 2015 and was unannounced. The inspection was carried out by two inspectors. Before the inspection, the provider completed 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.

Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with 12 people using the service, three relatives, one visiting professional, the registered manager, deputy manager, and ten staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included seven people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

After the inspection we contacted two social care professionals who had had recent contact with the service.

Is the service safe?

Our findings

People told us they felt safe living at Meadow Dean. They said: “I feel much safer living here”

“I feel safe here, and my family know I am safe”. “I feel very secure living here”. “Yes, I feel safe here”. People’s relatives told us that they had ‘peace of mind’ knowing their relative was safe. They told us the premises were secure and they trusted the staff to keep their relative safe.

A person’s relative said: “It’s a ‘fab’ home I have no worries about my relative being safe. I know the staff and they make sure they are safe”.

Some people required support with their behaviour and risk assessments, together with charts to monitor this behaviour, were in place. For example, one person’s record stated ‘record all behaviour problems and distress/lashing out when being moved etc.’ but there were no guidelines in place to make sure staff knew how to deal with this behaviour. There was evidence that staff understood known triggers of this person’s individual behaviour but strategies were not recorded to show staff how to minimise their future occurrence. Guidance was needed to ensure that staff were supporting people consistently to minimise anxieties that could trigger further incidents.

Risk assessments to support people with their mobility did not always have clear guidance of how to move people safely and consistently. The assessments did have some information such as ‘use the correct sling’ but it did not mention what size sling so that staff would be sure they had the right equipment for that person. There were also instructions ‘place sling under thighs at the right level’ but there was no indication what the right level was for this person or how to move them safely.

During the inspection we observed that one person, when being supported by staff to sit in their chair, was not handled as safely as possible. The moving and handling assessment did not have detailed guidelines to show staff how to do this consistently and safely. The assessment just stated “XX has problems getting from seating to standing”. The registered manager told us that the staff had been trained and were able to describe what and how the support should have been provided. This person had a

medical condition which further reduced their ability to move but there was no guidance in the care plan for staff to show how these restrictions affected the person to make sure they were being moved safely.

There were environmental risk assessments in place but these had not been updated since 2013. The service had identified that there were issues with the flooring in the communal areas and action was being taken to address this but there was no risk assessment in place to consider how to reduce any risks. Bathing risk assessments were also not in place so there was no guidance for staff to follow to support people to bath safely.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people or supporting people with their behaviour. This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they received their medicines when they should. One person said that their pain relief medicine was brought promptly when they requested this from staff. They told us how staff had discussed their medicine with their doctor and the times had been changed so that it worked more effectively. Staff supported people to take their medicine, asking each person if they needed any pain relief and patiently waiting till they were sure the medicine had been taken. Staff had been trained to give people their medicine, but this required updating to ensure that staff were kept up to date with current guidance. The registered manager told us that this would be arranged in the near future.

Medicines were not always stored appropriately. There was no record that the medicines were being stored at the correct temperatures in the storage cupboards as temperatures had not been recorded. The fridge temperatures were recorded daily; however, we found one pack of eye drops in the medicines fridge which should not have been stored at a low temperature. The registered manager told us that they would take professional advice on the best way to store their medicines.

Medicines were recorded on administration records (MAR charts). Records included a photograph of the person to confirm their identity, and highlighted any allergies. Signatures on the MAR charts were in good order to confirm medicines had been given; however, at times, staff had not recorded when one or two tablets had been given for pain

Is the service safe?

relief, therefore staff could not be sure exactly what dosage of pain relief had been administered. Hand written entries of medicines on the MAR charts had not been countersigned to confirm that the information was correct. There were suitable procedures in place for destroying medicines which were no longer required, and records were correctly maintained.

Staff were able to describe how they supported people with their pain management, however, there were no details in individual care plans to confirm how 'as and when' required medication was given to people in a way that suited them best.

The provider did not have safe systems in place to ensure that medicines were being stored and recorded in line with current guidance. This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they felt safe living at Meadow Dean and would speak with the registered manager or a staff member if they were unhappy. People were relaxed and comfortable, chatting to staff and each other in a homely atmosphere. Staff had received training in safeguarding adults; they knew the procedures in place to report any suspicions of abuse or allegations. They understood the whistleblowing policy, whereby staff should be able to feel supported to report concerns about other staff members in a way that did not cause them discrimination. Staff were confident to whistle-blow to the registered manager or the local authority safeguarding team. Staff told us they were confident that the registered manager would deal with any concerns they raised.

Accidents and incidents were recorded, and appropriate action had been taken, for example when people had

fallen, there was a referral to their doctor. Plans were in place to safely evacuate the building in the event of an emergency and personal emergency evacuation plans for each person were in place so that staff would be aware of people's individual needs in an emergency situation.

There were records to show that equipment and the premises received regular checks and servicing, such as checks of the hoists, boilers, electrical system and nurse call system. The registered manager also made daily checks of the service to identify and action and repairs and maintenance.

People said: "Staffing levels are good; if more staff are needed they just appear". "Staff are always around to support us". The number of staff on duty was based on the dependency of people using the service. People, their relatives and staff told us that there was enough staff on duty. People told us that they did not have to wait long for staff to respond to their calls and their call bells were always left within their reach. Staff were allocated tasks at each shift and knew their responsibilities to ensure that people's needs were fully met. At the time of the inspection there were three members of care staff on duty, together with the registered manager, deputy manager, a cook and one domestic staff.

Staff recruitment procedures were thorough, and included required checks, such as ensuring the applicant had provided a full employment history; proof of their identity; satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. This made sure that staff were suitable and of good character.

Is the service effective?

Our findings

People told us that the staff were trained well and knew how to support them. Staff told us that they received the training they needed to develop their skills.

We observed people being offered choices, for example, whether they wanted to join in with the activities, where they wanted to sit and what they wanted for lunch. People's choices were respected and they were supported to make their own decisions.

People told us that staff always asked for their consent for everything they did. People's care plans had been signed by people who were able to confirm they had agreed with the care to be provided. Where appropriate relatives had also been involved.

Not all staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager told us and we saw that additional training had been planned for all staff to complete the course by December 2015. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once health care professionals and families had been involved. No DoLS authorisations were in place. Staff understood the importance of supporting people to make decisions about their care and when to take action if people's capacity declined.

Staff attended training courses relevant to their role, such as health and safety, fire safety, moving and handling, first aid awareness, infection control and basic food hygiene. Specialist training such as dementia training, person centred planning and diversity training had also been provided. Staff understood their roles and responsibilities. New staff undertook induction training and shadowed senior staff before they were deemed competent to work on their own. The induction training was competency based in line with the recognised government training standards (Skills for Care). The provider was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life, and was introducing these when inducting new staff.

Staff told us that there was an ongoing training programme which supported them to carry out their role to meet people's needs. Thirteen staff had obtained, or were in the process of obtaining, a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)). Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they discussed their learning and development in their yearly appraisal and the regular one to one meetings with their manager.

People told us their health care needs were monitored and the staff did not hesitate to act promptly when they felt unwell. People said they saw the doctor when they needed to and were supported to attend day clinics when required. One person told us that the staff understood their medical condition and continued to support them to remain as healthy as possible. We saw that people who were at risk of developing pressure sores had the appropriate equipment, such as pressure cushions, to sit on. Health care professionals confirmed that the service had contacted the district nurses when people required further support to keep their skin healthy.

The management team made sure that when required, people were visited by opticians, dentists, dieticians, and the mental health team. The district nurse also visited to support people with their health care needs. All health care professional visits were recorded to monitor the person's progress to remain as healthy as possible.

People told us they enjoyed the food. They said: "Overall the food is good". We observed the lunch being served which looked appetising. One person told us that if you don't want anything on the menu they are offering they will always make something different like a baked potato or salad. People chose where they wanted to have their lunch, either in the dining room, the lounge or their bedroom.

People's weights were recorded monthly. Records showed that when people lost weight they were referred to dieticians for further assessment and support. Records showed that a pureed diet for one person had been recommended and this had been actioned. There was also information on file how to supplement people's diets with fortified drinks or by using full fat milk or adding full fat

Is the service effective?

yoghourt to cereals. The cook was very familiar with people's different diets and ensured that people had a varied menu to choose from. Various drinks were available to people throughout the inspection and staff made sure that people had the fluids they needed.

Is the service caring?

Our findings

People told us that the staff were caring, polite and very respectful. They said: “The staff are like my family. They really care for me”. “The staff are really good at looking after me, nothing is too much trouble”. “I feel it is my home now, even in my room, it is mine, I can read, listen to music and have friends in”. “I have a great sense of humour and so do the staff”. “I am actually happy here. I could not live without the support of the staff”. “Staff are really very nice to me. I was worried about ringing the bell to call them but they told me several times that it was not a problem and now I ring every time and they always come quickly”.

A visiting professional said “I love the home, there is a really high standard of respect and care. There is a very caring relationship with the people and staff. It is a lovely atmosphere, you can’t fault it”.

Staff greeted people whilst carrying out their duties; they stopped and asked people if they needed anything. They listened to what people wanted and responded promptly to their requests. Staff responded to people sensitively and quietly when they needed to. One member of staff talked patiently with a person so they were confident they would be able to carry out a task without them feeling anxious or upset.

People had been involved in talking about and recording their life histories in their care plans so that staff knew what was important to them. People’s rooms were personalised to their own taste and when people needed to be prompted to call staff they had agreed to have reminder notes in their room, such as how to use the buzzer and where the bathroom was situated. They felt this helped them with their daily routine.

People told us that they had lots of choice and their preferences were taken into account. People were called by their preferred names and staff had a good knowledge of their individual likes and dislikes. People told us that they

had ‘fun’ with the staff and liked to laugh and joke. They told us they enjoyed the banter and staff were cheerful which made the service a relaxed and comfortable place to live.

Staff respected people’s decisions such as their request to stay in their rooms or to join in the activities. Staff spent time with people and were not rushed. We observed that staff visited people in their rooms to ask if they needed assistance and we overheard one member of staff asking if there was anything else a person needed as they were just about to go off shift. One person told us that they were supported to continue with their religious beliefs and told us how people from the church visited them on a regular basis.

People were supported to make decisions about their care. There was no one at the service at the time of the inspection that required an advocate as most people had family to support them with their decision making.

People told us they were treated with privacy and dignity. We observed that staff knocked on people’s bedroom doors and waited to be invited into people’s rooms before entering. People told us that the staff made sure they received their personal care in private, by closing doors and curtains.

Records showed that people were encouraged to remain as independent as they could, for example, care plans stated how people were encouraged to help with their personal care, such as washing their face and hands. Visitors were made welcome in the service and people told us they could see their visitors in private if they wished

People had discussed some arrangements they wanted in place for their end of life care. One person had a ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decision in place. Staff were aware of this decisions and the original form was at the front of the care plan to ensure it was easily accessible when required. Personal, confidential information about people and their needs was kept safe and secure.

Is the service responsive?

Our findings

People knew about their care plans and they or their relatives had been involved in planning their care.

Each person had a pre-admission care needs assessment to ensure that the service would be able to meet their individual needs. People and their relatives were invited to look round the service before making their decision to live there. One relative told us how they had visited the service and discussed their relative's care needs with the registered manager. This included all aspects of their care, and this formed the basis of their care plan.

Care plans included people's personal care needs, their mobility needs, history of falls, nutritional needs, skin care, oral hygiene, and medical history. They contained details of people's individual choices and preferences, such as going to bed, their social activities and what they liked to wear. There was information about people's life histories to enable staff to care for them in a personalised way. The plans were detailed with each person's personal choices such as what toiletries they liked to use, and whether they preferred a bath or shower. Another person's plan noted: "I don't like to sleep with the light on, but leave my door ajar so that a small amount of light comes into my room". Staff knew about people's needs and their backgrounds and the care and support they required. Care reviews were carried out each month, and people, relatives and representatives were invited to support their relatives if required. A staff handover was completed at the beginning of each shift. There was a communications book which was used in conjunction with the handover to make sure staff were aware of people's current needs.

Staff were responsive to people's needs throughout the inspection. When people asked for anything from staff they responded promptly. For example, when they wanted to go to the bathroom or needed to be supported to go back to their rooms. People said: "The staff rally round, including the registered manager". "I never wait for long if I need assistance".

People and relatives told us that the activities co-ordinator was excellent and provided meaningful individual activities for each person. There was a reminiscing corner in the dining room and people had their individual memories on display on the notice board. Each person had their personal possessions in their room and had also personalised items such as photos where they sat in the lounge to make them feel it was their personal space. People felt that the activities co-ordinator went the 'extra mile' to encourage them to enjoy the activities they chose to do.

People told us they enjoyed the activities and there was always something going on, one person said: "The activities are good, they keep us at it!" The activity coordinator arranged a variety of activities which included board games, bingo, and crafts such as knitting. There was a daily quiz sheet with puzzles and word searches. The service held a summer fayre in the summer and outside entertainers such as 'music for health' and singers also visited the service. There was a bird table visible from the conservatory and people were encouraged to record and identify the visiting birds and squirrels. People enjoyed this pastime and told us how the squirrels would steal the bird food.

People told us that they did not have any complaints about the service. They were confident that if they had any concerns the staff would listen and put things right. People were given information about how to complain when they first came to live at the service, there was also a comment/suggestion box by the front door so that people could be supported to share their views without being identified. There were systems in place to respond and record complaints, but there had been no complaints this year.

Staff told us that if they had any concerns or issues they spoke with the registered manager who listened and then took any necessary action.

Is the service well-led?

Our findings

People and relatives told us that they would not hesitate to recommend the service to others. They said the service was well led and the registered manager and staff looked after them well. One person said: “The manager really knows what she is doing, nothing is too much trouble”. “The staff all work together to make sure we get the care we need”. Staff told us that the service was well led, and the management team were approachable and supportive.

A visiting professional said that they would not hesitate to recommend the service to their relatives and others.

The provider visited the service regularly to check on the quality of care provided however, these visits were not recorded to show what had been discussed. The registered manager told us that she checked the quality of the care being provided daily but there were no records to show what checks had been carried out, for example on the care plans, medicines or health and safety. The lack of audits did not demonstrate that the service was being monitored effectively to identify the shortfalls in the service, such as, the storage of medicines and lack of detail in the risk assessments to make sure people were receiving care as safely as possible.

Accidents and incidents that happened, like people falling, were recorded by staff and appropriate action had been taken, however, systems were not in place to analyse accidents and incidents to look for trends to reduce the risk of events re-occurring.

People were encouraged to voice their opinions through surveys and meetings. The last quality assurance survey was carried out in September, 2015. The registered manager was in the process of analysing this information and summarising it to make people aware of the results and to tell them about what action they were going to take to improve, based on the their feedback. Although feedback had been received from people, the provider had not actively encouraged feedback about the quality of care from a wider range of stakeholders, such as visiting professionals and other professional bodies to ensure continuous improvement of the service.

The systems and procedures in place in order to assess, monitor and drive improvement in the quality and safety of people were not effective. This was breach of Regulation 17(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a business development plan in place which had identified the areas in the service which were to be improved, such as plans to replace the kitchen and windows.

Staff were encouraged to attend regular meetings to discuss the service. They understood the visions and values of the service as they were made aware of them through their induction, training and staff meetings. Staff said: “We treat people like we would like to be treated ourselves, with respect and dignity”. “Everyone is an individual here”. “It is important that we make people feel this is their home”.

Staff told us that the management team were approachable and they felt supported by them. They said that they worked hard as a team to make sure people received the care they needed. Staff said they understood their role and responsibilities. They were clear about their responsibilities to the people and to the management team.

Managers were given the opportunity to develop their skills by attending seminars such as Care Home forums, Kent Care Homes and Caring UK, Care Providers Conference.

Our observations and discussions with people, relatives and staff showed that there was an open and positive culture in the service. The registered manager and deputy manager were visible throughout the inspection. They knew the people well and supported staff when they needed to. Staff told us that there was an ‘open door’ policy and that there was always a manager to speak with if they needed to discuss anything.

Records were stored securely to ensure people’s confidentiality. Staff personal details were kept in locked offices with restricted access, and only senior staff had access to staff files. People’s care plans and daily notes were kept in a locked unit.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant

Is the service well-led?

we could check that appropriate action had been taken.
We had received notifications from the service in the last 12 months to advise us of events that affected people in the service.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people or supporting people with their behaviour.</p> <p>The provider did not have safe systems in place to ensure that medicines were being stored and recorded in line with current guidance.</p> <p>Regulation 12 (2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have suitable systems and procedures in place in order to assess, monitor and drive improvement in the quality and safety of the service.</p> <p>Regulation 17(1)(a)(b) Good Governance</p>