

HF Trust Limited

Davie House

Inspection report

33 & 34 New Park
Horrabridge
Yelverton
Devon
PL20 7TF

Tel: 01822854656

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21 September 2016
22 September 2016

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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 

Summary of findings

Overall summary

This unannounced inspection took place on 20 September 2016. We returned on 21 and 22 September 2016 to complete the inspection. At our inspection in June 2015 Davie House was rated 'requires improvement' overall. There were four breaches of the Health and Social Care Act (2008) due to insufficient recruitment practices, discrepancies of medicine dosages, record-keeping in general was not robust and there were maintenance issues of the building. We received an action plan from the organisation detailing how they would be meeting the regulations which were in breach. This inspection found some improvements had been made. However, we found further breaches for medicines management, an inconsistency of staff to support people appropriately to meet their individual needs and issues with how the service was managed.

Davie House is registered with the Care Quality Commission (CQC) as 33 and 34 New Park which is located in the village of Horrabridge close to Dartmoor National Park. The two properties consist of number 33 and 34, which are adjacent semi-detached houses on a residential housing estate. It is registered to provide accommodation with personal care for up to eight people over the age of 18 who have a diagnosis of a learning disability. When we inspected Davie House in both June 2015 and September 2016, we were told that Davie House only consists of number 34 New Park. Number 33, which is owned by HF Trust Limited, provides supported living for people, but is not registered for the regulated activity, personal care. No one was receiving personal care in number 33 at the time of this inspection. We established that the organisation was in the process of amending their registration address to just being number 34. At the time of our inspection there were four people living at Davie House.

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. However, the registered manager informed us that 23 September 2016 was to be their last working day for the organisation. Therefore after this date there would be a registered manager vacancy at Davie House. A regional manager informed us that they had two applicants for the position and were due to commence the interview process.

A high use of agency staff due to the inability to recruit permanent staff had impacted on people. Some people had found this had increased their anxiety due to unfamiliarity and an inconsistency of support and approaches. This had led them to have challenging behaviour at times.

Medicines management was not robust. A medicine cupboard did not conform to the Medicines Act 1968 and certain medicines requiring refrigeration were not kept securely. There had been gaps in medicine records but these had been picked up and dealt with by the registered manager. Where a person was prescribed insulin it was not on the medicine record.

Agency staff did not have access to computerised records. They had access to people's care plans and risk assessments to help them support people appropriately, but did not have access to daily notes. This meant

that if there was only agency staff on shift, they were reliant on receiving a thorough handover and paper versions of notes about key information. This posed a risk they would not be aware of certain information if it had not been handed over.

Methods used to assess the quality and safety of the service had not picked up the issues with medicines management and how the use of agency staff had at times impacted on people's behaviours and anxieties.

Where relatives had completed surveys, actions had not been followed up by the service.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them. Staff relationships with people were caring and supportive.

There were effective staff recruitment and selection processes in place. Staff received training and regular support to keep their skills up to date in order to support people appropriately.

Permanent staff spoke positively about communication and how the registered manager worked well with them.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Aspects of the service were not safe.

The high use of agency staff had impacted on people's behaviours and anxieties due to unfamiliarity and an inconsistency of support and approaches.

Medicines management was not robust.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff

spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good ●

The service was responsive.

Care was personalised and care files reflected personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not well-led.

Agency staff did not have access to daily notes. This meant that if there was only agency staff on shift, they were reliant on receiving a thorough handover and paper versions of notes about key information.

Methods used to assess the quality and safety of the service had not picked up the issues with medicines management and how the use of agency staff had at times impacted on people's behaviours and anxieties.

Where relatives had completed surveys, actions had not been followed up by the service.

Permanent staff spoke positively about communication and how the registered manager worked well with them.

Davie 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 unannounced inspection took place on 20 September 2016. We returned on 21 and 22 September 2016 to complete the inspection.

The inspection was completed by one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with four people receiving a service and eight members of staff, which included the registered manager. After our visit we spoke with one relative.

We reviewed two people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Before and after our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two professionals.

Is the service safe?

Our findings

At the last inspection in June 2015, we found breaches of Regulation 12 and 18 of the Health and Social Care Act (2008) Regulations 2014.

This inspection found there were continuing breaches of both of these regulations.

Prior to our inspection we received information of concern about a high level of agency usage which had resulted in an inconsistency of staff approach. The registered manager explained that during the daytime there were two members of staff on duty. This had recently been increased from one to two staff due to changes in a person's behaviour. At night there was one staff member who slept in and was always available if required. Despite efforts to recruit permanent staff there remained three vacancies. This had meant the service was using a high level of agency staff. The regular agency staff were well known to people at Davie House. Rotas showed that on some days there were only agency staff working at Davie House. Rotas showed that between July and September 2016 there were 11 days where only agency staff were working. This had impacted on some people's behaviours and anxieties due to unfamiliarity and an inconsistency of support and approaches. For example, one person's behaviour had been adversely affected due to not knowing who would be supporting them. The person needed staff he knew to spend time with him so he could open up. Without this, he could become anxious. They commented: "I like most of the staff. I find some of the agency staff difficult. Can't talk to them when I am anxious." A relative commented: "I feel the service is good. Had difficult times with managers leaving, staff sickness and a high use of agency staff. However, I have always found the staff good."

Staff commented that recruiting staff was difficult because other local services paid a higher rate of pay. One staff member commented: "I would like a structured team in place. I feel it is better with two members of staff to allow more activity." Agency staff said they would love to work at Davie House, but they were not able to because the pay was not as good as they were currently getting. After our visit we spoke with a regional manager. They had raised the issue of pay with the organisation's human resources team. They agreed to raise the concern again with the team in light of the concerns raised during our inspection. In addition, they added that they were currently working with commissioning authorities so people's needs could be reassessed to ensure support was funded appropriately.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team. Staff confirmed the arrangements were effective.

Medicines management was not always robust. Medicines were kept in locked cupboards in people's bedrooms; however one cupboard was not attached to the wall. This did not conform to the Medicines Act 1968. This states that medicines should be stored in a cabinet which complies with relevant standards and

regulations, for example, ragbolted to a solid wall. However, the cupboards were kept in an orderly way to prevent mistakes from happening. In addition, we found certain medicines requiring refrigeration were not kept securely. This posed a risk that they could be inappropriately removed or tampered with. Following our inspection we were informed that a lockable medicines fridge had been ordered and was due to be delivered on 27 September 2016.

Medicines were mainly safely administered. Whilst staff generally signed records when administering medicines, we found gaps in records where staff had not signed following administration. We did establish that medicines had been administered on these occasions. An audit had picked up the gaps. As a result the registered manager had discussed this with the agency Davie House used and staff had received further medicines administration training. The number of gaps had reduced significantly.

Prior to our inspection, we received information of concern about how a person's insulin was being managed. During our inspection we saw a person was prescribed insulin to help manage their type one diabetes. The person administered the insulin themselves, but liked staff to observe them doing it. Insulin was not documented on the medicines record. Staff documented blood sugar levels and insulin dosage administered in a 'blood sugar monitoring diary' rather than on the medicine record. We raised this with both the registered and regional manager who agreed to follow this up with the GP and pharmacy. Following our visit, we were informed by a manager that medicine records had been located for the administration of insulin and the team were aware they must be used. Staff had not received diabetes training. The registered manager confirmed training was to take place shortly.

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

A relative commented: "I feel they (the staff) manage (person) diabetes very well and are wise to contact the diabetic nurse.

People felt safe and supported by staff. Comments included: "If I was worried I would speak to staff" and "I would speak to (registered manager) or (another manager of the organisation) if I had any concerns." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld. A relative commented: "(person) is safe, well cared for. The staff take sensible decisions."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for the management of medicines, diabetes, finances, behaviour and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, in August 2016

we received a statutory notification from the service about a police incident. Due to the nature of the incident, we, the Care Quality Commission made a safeguarding alert to the local authority. This supplemented a safeguarding alert already made by the provider. A safeguarding meeting took place and as a result staffing levels had been increased, there had been involvement of other professionals and a silent panic alarm installed. A positive behaviour support plan had been put in place for staff to follow. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging. Another person accessed the community on their own. They commented: "I go out a lot, I go to Plymouth. I go out on my own."

Recruitment practices had improved since our inspection in June 2015. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

Health and safety checks were completed. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Is the service effective?

Our findings

People said staff were well trained. People commented: "I think the staff know what they are doing" and "The staff are clever." A relative had no concerns about the competency of staff.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service. Part of the induction required staff to complete the Care Certificate. The Care Certificate is a nationally approved set of 15 standards which aim to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Employers have been expected to implement the Care Certificate for all applicable new starters from April 2015.

Staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. The provider recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), autism awareness, epilepsy and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. Staff commented: "The training and support is very good. I am due a supervision."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff files and staff confirmed they received on-going supervision and appraisals both on a formal and informal basis. This was in order for them to feel supported in their roles and to identify any future professional development opportunities. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. Staff confirmed that they felt supported by the management team when it came to their professional development.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs, hospital consultants and nurses. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with

important information about them and their health when they are admitted to hospital.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. Three people were awaiting a local authority assessment for DoLS at the time of our visit. However, staff adopted least restrictive options. For example, people were encouraged to access the local community to engage in particular activities of their choice.

People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for future medical treatment and level of support due to changes in a person's behaviour.

People were supported to maintain a balanced diet. People were actively involved in choosing the menu with staff support to meet their individual preferences. One person commented: "The food is nice, I always get to choose." A staff member commented: "People are involved in choosing the menu on a weekly basis. Sit down and decide and then order the shopping." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Speech and language therapists worked closely with people with speech, language and communication problems, and with those with swallowing, drinking or eating difficulties. As a result, people were prescribed specific diets to reduce the risks and staff followed the guidance.

At our inspection in June 2015, we found some areas of Davie House were in need of improvement. For example the back garden had become completely overgrown and was not usable and the lounge was in need of redecoration. This inspection found improvements had been made. For example, the house had been decorated internally and the garden was now maintained by an external contractor.

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. The atmosphere was relaxed and happy. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. People commented: "The staff are kind and caring" and "I like living here. The staff are nice." A relative commented: "The staff are kind, go out of their way to accommodate. (Person) has been down recently due to an operation. A member of staff made (person) a special supper. The staff are very patient. The registered manager was very good. Showed real kindness and put himself out."

Staff treated people with dignity and respect when helping them with daily living tasks. People were keen to show us their bedrooms. These gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as DVD's, various ornaments and pictures. People commented: "I have a new bed and chair" and "The staff are going to decorate my room soon." Following our visit, a relative confirmed that the person's bedroom had started to be decorated, which they were pleased about. Staff described how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. One person commented: "The staff always knock on my bedroom door before coming in."

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection. One person regularly went out on their bike independently.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one member of staff said, "We promote independence. I always question, should I be doing this or can they do it for themselves. For example, making a cup of coffee." Staff were trained in the delivery of 'Person Centred Active Support' (PCAS) which is a way of encouraging greater independence and engagement of people regardless of their level of disability. PCAS is a graded approach with people at the centre of leading specific tasks.

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by spending time with them talking about things which interested them and made them happy, such as music and films. Staff recognised effective communication as an important way of supporting people, to aid their general well-being.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff also described how they empowered people to be involved in their day to day lives. They were able to speak confidently about the people living at Davie House and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. One person confirmed they had a care plan which had been agreed with them.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking.

Activities formed an important part of people's lives. People engaged in a variety of activities and spent time in the local community going to specific places of interest. For example, voluntary work at a local museum, shopping, meals out, walks and social clubs. Whilst at home, people enjoyed listening to music and watching DVD's with other people living at Davie House and staff. People often preferred doing these activities as it helped them to relax and made them happy. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. People's comments included: "Going for a walk to the pub"; "I love listening to music"; "I enjoy riding my bike" and "I see my mum, she has a cat."

There were regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. At resident meetings people were always given the opportunity to raise any concerns. In addition, the registered manager ensured they spent time with people individually to make sure they were happy. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority, ombudsman and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where complaints had been made, these had been followed up appropriately by the registered manager.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. A member of staff said, "The support I get from the registered manager is good."

Permanent staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place as part of the service's handover system which occurred at each shift change and at certain points during the day. Concerns were raised by a health professional and agency staff about how agency staff did not have access to computerised records. Agency staff had access to people's care plans and risk assessments to help them support people appropriately, but did not have access to daily notes. This meant that if there was only agency staff on shift, they were reliant on receiving a thorough handover and paper versions of notes about key information. This posed a risk they would not be aware of certain information if it had not been handed over.

Checks were completed on a regular basis as part of monitoring the service provided. These checks were completed in line with the Care Quality Commission's 'five questions.' For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and risk assessments updated. However, despite these checks, they had not picked up the issues identified in this report. For example, the issues with medicines management and how the use of agency staff had at times impacted on people's behaviours and anxieties due to unfamiliarity and an inconsistency of support and approaches.

Surveys had been completed by relatives in September 2015. The surveys asked specific questions about the standard of the service and the support it gave people. The feedback had been collated, but where actions were needed, the registered manager confirmed they had not been followed up. For example, one relative had responded 'never' about partnership working. The registered manager did explain however that he did meet with relatives and a garden party had been planned for early September 2016 but this had to be cancelled due to the weather. There were plans to have a Christmas gathering.

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

People's views and suggestions were taken into account to improve the service. For example, the registered manager ensured they spent time with people on a regular basis, to identify particular activities and food choices. In addition, resident meetings took place on an ad hoc basis, the last one being in July 2016. The registered manager explained they were hoping these meetings would become monthly.

The service worked with other health and social care professionals in line with people's specific needs. This

also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and various consultants. Regular medical reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines management was not robust. A medicine cupboard did not conform to the Medicines Act 1968 and certain medicines requiring refrigeration were not kept securely. There had been gaps in medicine records but these had been picked up and dealt with by the registered manager. Where a person was prescribed insulin it was not on the medicine record. Staff had not received training in diabetes management.</p> <p>Regulation 12 (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Agency staff did not have access to computerised daily records.</p> <p>Checks had not picked up issues with medicines management and how the use of agency staff had at times impacted on people's behaviours and anxieties.</p> <p>Where relatives had completed surveys, actions had not been followed up by the service.</p> <p>Regulation 17 (2) (a) (c) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

A high use of agency staff due to the inability to recruit had at times impacted on people's behaviours and anxieties due to unfamiliarity and an inconsistency of support and approaches.

Regulation 18 (1)