

# Cheshire West and Chester Council

## Sutton Beeches

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected this service on 22 December 2015 and 5 January 2016 and the inspection was unannounced on both days.

Sutton Beeches community support centre is a two storey building set in its own grounds in a residential area. It is owned and managed by Cheshire West and Chester Council and provides respite care and rehabilitation (low level discharge to assess) for up to 30 people. At the time of this inspection there were five people staying at the service. The service was under a voluntary agreement not to admit people.

The previous inspection was undertaken in April 2015 and action was needed in relation to the environment being properly maintained and safe. An action plan was received and during this inspection we found that the service had addressed the compliance actions and that these were now met.

There is a registered manager in place at this service. 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.

People told us that they felt safe at the service and that the staff understood their care needs. People commented "The staff are lovely", "I feel safe here with the staff" and "Love being here."

We found concerns with the medication administration, which meant that we could not be confident that people received their medication administered as prescribed. We also found concerns with the quality assurance systems in place which were limited and audits of the medication, environment or care plans did not take place. This meant that these areas were not checked to ensure information was up to date and accurate.

You can see what action we told the provider to take at the back of the full version of the report.

We saw that the staff team understood people's care and support needs, and the staff we observed were kind and treated people with respect. We looked at the care records of all the people who were staying at the service. We found the information was basic and not person-centred. We have made a recommendation regarding the information in the care plans and the reviewing of them.

The registered provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and staff recruitment.

We found the registered provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. Staff had received training in safeguarding adults and during discussions said they would report any suspected allegations of abuse to the person in charge. Policies and procedures related to

safeguarding adults from abuse were available to the staff team. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at the service.

We found the service was clean, hygienic and well maintained.

Good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people could be confident that they were protected from staff that were known to be unsuitable.

We looked at staff training and we saw that staff undertook a range of training in line with their identified roles. Staff had up to date supervision and appraisals and had the opportunity to attend relevant meetings.

There were enough staff working to meet the needs of people. People who stayed at the service said that staff were available when they needed them. A range of activities were available to encourage social contact and stimulation. We noted that an activities coordinator was employed at the service and that there were planned activities throughout the month.

We looked at how complaints were dealt with. People told us they would approach the staff on duty or the management team. The registered provider had not received any complaints since the last inspection, however, processes were in place should a complaint be raised and these showed they would be dealt with in a timely manner.

People told us the food was very good. We observed the lunch time meal being served and saw that sufficient staff were available to help people as required throughout the mealtime.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Medication administration was not managed safely which meant that people could not be confident they would get their medication as prescribed.

Safeguarding procedures were in place and had been followed by the service which meant that people who used the service were protected from abuse.

We found that recruitment practice was safe and policies and procedures were in place to ensure that unsafe practice was identified. People were protected from staff that were unsuitable to work with people who stayed at the service.

### Is the service effective?

**Good** 

The service was effective.

Staff undertook a range of training that was relevant to their role. Staff had up to date supervision and appraisals and had access to a range of meetings.

We found there was a choice of meals available and people told us that the meals were very good.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf.

### Is the service caring?

**Good** 

The service was caring.

We saw that staff encouraged people to make decisions on a day to day basis and staff were friendly and caring.

People commented on the caring and kindness of the staff team. They told us that their privacy and dignity was respected when staff were supporting them, particularly with personal care.

### Is the service responsive?

The service was not always responsive.

Care plans were not person-centred or regularly reviewed. This meant that information was not centred around the individual and that people could not be confident information was up to date and accurate.

We looked at how complaints raised were dealt with, and found that processes were in place and these would be used to deal with issues.

A range of activities were available to people to encourage involvement and social stimulation.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

The service had a limited quality assurance system in place, which needed to be reviewed to ensure that all areas of the service are assessed, monitored and kept up to date.

A registered manager was in place who was supported by care and ancillary staff. We saw the registered manager had an open door policy.

We observed a culture of openness and a friendly and warm atmosphere amongst the people who were staying at the service.

**Requires Improvement** ●

# Sutton Beeches

## **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 registered 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.

We inspected Sutton Beeches on 22 December 2015 and 5 January 2016. The inspection was unannounced on both days. The inspection team consisted of two adult social care inspectors.

During the inspection we observed staff supporting people who used the service. We spoke with five people who used the service, visiting professionals, the registered manager, and six staff members. We spent time in the office looking at records. These included five people's care and support records, three staff recruitment files and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals, complaints and any other information from members of the public. Before the inspection we examined notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted Healthwatch for their views on the service and they didn't have any concerns about this service. We had received concerns from the local authority safeguarding and contracts teams regarding misadministration of medication on several occasions. An investigation is on-going.

# Is the service safe?

## Our findings

People told us they felt safe at the service and with the staff. One person said "[Staff] give me a little lecture if I walk on my own because I'm supposed to have two (carers) helping me." They told us this was to ensure they did not fall and to keep them safe.

We found that medicines were not managed safely.

Medication was stored in locked cabinets in each person's bedroom. This was good practice which helped to ensure that people received only medication prescribed for them. Some medicines were stored in a locked fridge. The temperature of the fridge had been checked each day but the form did not show what the safe temperature range was or what staff should do if the temperature was outside of the range. A senior carer told us they thought the expected temperature was "about 4 degrees Celsius." We saw the temperature had been recorded at temperatures which were above recommended levels on different days in the previous few weeks. Medicines that are stored at the wrong temperature can become unstable or ineffective.

The medication policy was dated 2012 and although it did occasionally refer to guidelines in 'establishments' was primarily focussed on support workers helping people in their own homes. For example, the section about obtaining supplies of medication states, 'Usually the service user or family carer is responsible for ensuring medication is ordered as necessary.' Staff told us that 'anyone could order medication' but we saw that the service had run out of medication for three people in the previous three weeks. On these occasions, the medication had been obtained on the same day and only once resulted in a person receiving medication later than it was prescribed. However this showed that an effective system for ensuring that people did not run out of medication was not in place.

People sometimes required Controlled Drugs (CD's). The staff stored these medicines safely in a locked cupboard and used an appropriate book to record them. When we visited no one staying at the service needed these types of medicine, however there were ten boxes of controlled medicines stored in the cupboard. Some were for a person who had been discharged over a month before we visited. Others were for a person who had been discharged three weeks previously. Staff told us they knew the medicines should be returned. The registered manager agreed to ensure these were returned to the pharmacy.

Each person had a medicine administration record (MAR). These were hand written by care staff. They had been initialled when people first came to the service but we saw that alterations and additions were not always signed or dated. One person had codeine 30mgs prescribed to be given, '2 tablets when required.' A member of staff had written, '1 or 2 tablets' but this was not signed. The MAR had spaces to record the amount of tablets supplied and brought forward. These were not maintained accurately. This meant that when staff audited tablet counts, they were unable to determine the expected quantity of tablets. We checked the count for two medicines. From the information on the MAR, the expected count for codeine tablets for one person was 103. The actual count was 98. For another person, the expected count of paracetamol was 190 but the actual count was 252. Staff explained when a new MAR had been printed, the

amount of tablets brought forward had not been counted or altered on the MAR but had remained the same as when the person first came to the service. This meant that the audit was ineffective.

Some people had lotions or creams prescribed. These were signed for by care staff when they were applied however the reason why people needed these was not recorded. This meant their effectiveness could not be reviewed.

Medicines were checked against the MAR for each person who was identified using a photograph. The carer asked each person their name. We saw staff stayed with people until they had taken their medicines and then signed the MAR.

Some people were prescribed PRN medicines. These are medicines which can be taken when needed such as paracetamol for pain relief. There were no specific indications for use and the actual time they were given was not recorded. All of the PRN medicines we saw recorded in the MAR had been given, or marked as refused at set medication periods, mealtimes and bedtime. Paracetamol should not be taken more frequently than four hours. It was not possible to tell therefore, if these medicines had been given at the correct time intervals.

Some people were prescribed injections or other medicines which care staff could not administer. These medicines were given by registered nurses who visited the service. Although the medicines were shown on MAR charts, they were not signed to show they had been administered. We asked staff how they knew if these medicines had been given. One carer said, "We don't get involved with it. The nurses do it." They said, if a person told staff they hadn't had their injection, they could look at nursing documentation to see if it had been recorded as given but did not do so routinely. We noted that two medication errors in the past had involved injections not given. These had been investigated.

In the month before we visited the service, there had been an increase in errors recorded by the service. These included medicines not given, medicine cabinet left open with keys in the door, tablets found on the floor, medicines given but not signed for and other discrepancies on the MAR charts. As a result meetings had taken place over the previous months after medication errors had been reported as safeguarding issues. Changes had been made, including staff reading the publication 'Medication in Care Homes' and a nurse supervising the administration of medicines. Staff who administered medicines had been encouraged to report any and all errors.

We found that the registered person failed to ensure that proper and safe management of medicines. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about how they protected people from harm. They gave examples of different types of potential abuse and how to report it. They said they would feel confident to report any concerns they had to their line manager or the registered manager. Staff said they had received training about safeguarding people from abuse and training records confirmed this.

People said there was always enough staff on duty to meet their needs. We saw there were staff visible throughout the day who responded promptly to people's various needs and spent time talking with people. We reviewed the rotas over a monthly period and found that staff were available to meet people's needs.

We reviewed the recruitment processes of three staff at Sutton Beeches. Files contained a range of information such as application forms, some details of verbal references taken and copies of interview questions and answers. We discussed with the registered manager obtaining written references and

Disclosure and Barring Service (DBS) checks. DBS checks are undertaken by providers to ensure that staff are suitable to work with vulnerable adults. Written references were held at the registered provider's main office base along with information regarding DBS status of the staff team. The registered manager stated they would request this information and ensure that it was added to staff files. On the second day of inspection we noted that this had been undertaken.

People told us the service was kept clean and free from unpleasant smells. We toured the building, saw all the communal areas and a range of bedrooms. We noted that the service was clean and well maintained throughout. We saw that safety checks were in place for the gas and electrical safety and that other environmental checks had been undertaken and were up to date. The fire alarm and nurse call systems were regularly checked and serviced. This meant that good systems were in place to ensure that the service was safe and adequately maintained.

A fire risk assessment was in place and up to date. Personal evacuation information was included on people's moving and handling risk assessment. In each room details of basic support required was included on a "white board". Accidents and incident forms were completed as necessary and a summary log of these was completed each month. During a discussion with the registered manager they were asked to consider completing an analysis of the monthly falls to look for trends and potentially reduce risk of falls to people. The registered manager agreed to implement this.

## Is the service effective?

### Our findings

All the people said the food was good and they had enough choices. Other comments included "The food is good", "Good choice", "Brilliant", "Excellent" and "I like the food, very nice". A carer explained that the chef met with people when they came to stay at the service and discussed their dietary needs and preferences. We spoke with the cook on duty who explained that a meal choices sheet was used to enable the cook to provide enough food for each person's preferred choice. They said at present they were catering for two specialist diets, but that they could provide meals for diabetics, vegetarians, high calorie (fortified) and also soft and pureed diets. We saw a five week menu which included choices for each main course and dessert provided. The menus were traditionally based with a wide variety of meats, fish, cheese and eggs included. The cook showed us information they had about different types of diets and how to "thicken" foods to different consistencies as required. They went on to explain for example with the people who required fortified meals that they added cream and butter to the meals and offered them small meals frequently across the day to help to increase their weight. Records were kept and seen on fridge, freezer and hot food temperatures and a cleaning schedule was in place for the kitchen area. The cook said that usually any equipment repairs were undertaken in a timely manner, however, they were waiting for a new extractor hood, cooker and deep fat fryer. They had been told these would be completed in January 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. One person had a DoLS authorisation in place. This was clearly documented and this person had now left the service and returned home. Staff told us they had received an introduction to Mental Capacity which included deprivation of liberty safeguards. A senior carer was able to explain how an assessment of mental capacity was made, including the fact that making an unwise decision does not mean someone lacks capacity. Staff said they were waiting for a full day of comprehensive training about this. The registered manager confirmed that she was arranging courses to be held "in house" with regard to the MCA 2005.

People said that they thought staff had enough training to support them. The staff training file had a sheet for each person to complete on training undertaken, however, we saw that on 20 out of 60 had been completed. The training matrix was a computer based system which highlighted when staff were due to undertake a specific course. However, this had not been fully completed and therefore we were unable to accurately determine the training status of the staff team. Staff told us that the training was good and they confirmed they had received training to administer medication, which had been updated and over the last

year had training in nutrition, cardio-pulmonary resuscitation, fire prevention and data protection. The registered manager said that staff undertook training which included moving and handling, fire training, food safety, health and safety and infection control. She said that the training matrix would be brought up to date.

Staff told us they received regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff were also invited to attend regular meetings. We saw the minutes of meetings which were held regularly. This meant that staff had the opportunity to discuss their work and the service with the management team. Discussions showed that staff had a good understanding and knowledge about the people in their care and the support required to meet their needs.

We discussed the induction programme with staff members. We were told that a basic induction was carried out on the first day and copies of this were seen on staff files. Following this staff were given one of the Skills for Care workbook of standards. Once completed they would move onto the next standard and when all were completed this would lead to the Care Certificate being issued. The registered manager explained that the progress was monitored at the two-monthly review and during supervision sessions with the staff member's line manager. Staff we spoke with told us the induction included shadowing an experienced staff member. Staff said they received a copy of the code of conduct which detailed information about what was expected of the staff. This meant that people were supported by staff who had received induction training appropriate to their role.

We spoke with two visiting professionals and they confirmed that staff were caring and available when they visited. One person said that "communication between the staff and us could be better" and we saw that people's healthcare needs were reflected within the care plans. The GP visited the service on a daily basis to review patient's health and medication needs. One of the GPs said that the daily visits enabled them to get to know their patients better.

## Is the service caring?

### Our findings

People told us about how they preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff. Two people told us the staff were very good. One person said, "They are all very good here, all helpful and good natured. We sit together and have a little natter."

The interactions between staff and people we saw during our visit showed that staff knew each person well. Staff were cheerful and supportive. When we talked with one carer the way they talked about a person who had been in pain showed us they cared about the person. People told us staff encouraged them to be independent and helped them only when they needed it with personal care, for example.

We spent time in the communal areas observing the interactions between people and staff. During the lunchtime meal and saw that staff were very attentive to people's needs. One person requested a small portion and the staff member ensured this is what they had.

Throughout the day we saw that staff were friendly in their manner towards people. People were at ease with the staff team and the atmosphere was a happy and relaxed one. We saw staff actively engaging with people, listening to the person and responding appropriately to them.

The interaction between staff and people who stayed at the service was friendly and caring and people responded well to the staff team. People told us "The staff are lovely", "The food is good", "The carers are second to none" and "The staff are brilliant." We saw that when relatives visited staff were welcoming and offered them refreshments on arrival.

One person was helping themselves to fruit from a bowl in the lounge. When asked they said a range of fresh fruit was available and that people were encouraged to help themselves. We saw apples, oranges, bananas and grapes in the selection available.

People were provided with appropriate information about the service. People said they had received a copy of the service user guide either prior to, or on admission. The service had a leaflet entitled "Planning for your stay at Sutton Beeches", which gave good information on what to expect from the service and where to find out more information. This included CWAC website; the Carers notice board; service user's guide and CQC report. The welcome booklet (service user's guide) contained more detailed information about the service. This included location details and a map of the surrounding area; staffing details; information about the care and support available and the environment; other general information and details of how to raise a concern or complaint.

People told us that their needs and wishes were respected. There were policies and procedures for staff which included core values, code of customer care, confidentiality and a code of conduct. These helped to ensure staff understood how they should respect people's privacy, dignity and human rights. The staff we spoke with were aware of these policies and were able to give us examples of how they maintained people's

dignity and privacy. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

## Is the service responsive?

### Our findings

People told us they were invited to join in activities, which sometimes took place on the ground floor, but could choose when they did or did not join in. We saw some people enjoyed singing with staff during our visit and another member of staff was chatting with people in another lounge. The activities co-ordinator produced a weekly plan of activities for people. These included entertainers from the local community, Morris dancers, painting, card making, baking, board games, dominoes, DVD's, word searches, pamper days and the hairdresser. It was obvious the staff knew the people well and there was a good relationship between them. The activities co-ordinator told us that each activity is recorded within people's daily notes. For example, "[name] came down to listen to the choir but was asleep during some of the performance" and "[name] attended the communion service and then had a manicure later."

The registered manager told us that before people came to stay at the service assessments had been carried out by other professionals to ensure people's needs could be met, but not by the staff who worked at this service. In response to problems with this, the registered manager had developed a new form to use and planned to carry out pre-admission assessments personally in future and also train other senior staff to undertake them.

We had some concerns regarding the care plan documentation. We found that it was not person centred to reflect the individual and that regular reviews were not carried out. We saw that when other professionals had carried out assessments these were not written into the care plans of the person. This meant that often documentation was not up to date and information from other sources was not included and "joined up" into the care plan documentation. The effect of this meant that staff did not have up to date information about all aspects of the person's care available to them in one place, putting people at risk of not being fully supported by the staff.

We saw everyone staying at the service had a care file which contained risk assessments and a care plan. Care staff we spoke with were able to tell us about changes in different people's needs, what they did to support them and how this had changed but we did not find the same information in the care files. This meant that although the staff knew people well, this was not reflected in the documentation. Although people had been there for more than a month plans and risk assessments had not been reviewed. For example, a person had not had their plan reviewed even though their health had improved and some interventions had been discontinued. One staff member said, "Care plans don't change." On discussion with the registered manager she agreed to ensure plans were fully completed and reviewed on a regular basis.

A person told us they had not been involved in meetings to review their plan of care but that plans to support them to go home had been put in place to their satisfaction. Another person thought their relative might have been involved in planning and reviewing their care.

When people had health needs, some assessments had been carried out by community nurses, such as a MUST score to measure the risk of malnutrition. This was recorded in separate 'nursing' notes and did not lead to a written care plan in the service care files. The effect of this meant that the staff on duty were not

always aware of changes in people's health needs and how this might impact on the support they required.

Some people received therapy from physiotherapists and/ or occupational therapists. No details about this were recorded in the care files. We were told therapists used separate documentation which they kept in their office. We did see 'white boards' in people's rooms that had been used by therapists to indicate their current mobility support. This was not used to update the person's mobility plan in the care files. For example, one person's mobility had deteriorated and now needed to use a wheelchair most of the time. However, their plan did not reflect this.

One staff member told us case conferences, "Don't happen here." The registered manager told us weekly case conferences did take place and we saw records which confirmed this. The records did not show which professionals had attended the meetings and information from these was not recorded in people's individual care files. People using the service did not attend the meetings and two people we spoke with were unaware they took place. Despite the meetings the overall impression of the service was that care and documentation was disjointed within the service. With the services staff, community nurses and therapists seeming to work in isolation from each other. They had limited day to day communication with each other and used separate documentation.

People told us they didn't have any concerns or complaints about the service and that they would feel confident in raising issues with the staff or registered manager if they needed to. People said "I know how to make a complaint" and "I don't have any concerns." The complaints procedure was included in the welcome information and contained details of how to make a complaint about the service. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We looked at how complaints were dealt with, and found that no complaints had been raised in the last year. Processes were in place to ensure that any complaint received would be dealt with in a timely manner. We had not received any concerns about the service since the last inspection. We saw a number of cards and letters complimenting the service during the visit. Comments included "Wonderful team spirit", "I want to praise the staff and I will miss them when I move on", "Very pleased with the support and care received", "Shall always remember my stay in such happy company" and "Thank you for all your care and patience." The registered manager explained that cards and notes are discussed and shared at team meetings.

We recommend that the registered provider review the systems in place to ensure that all relevant information is recorded and is centred around the person it relates to.

## Is the service well-led?

### Our findings

The registered manager has worked for the registered provider since 1985 and has been the registered manager since October 2014. People said they knew who the registered manager was and that she was available and very approachable. Staff all spoke favourably about the registered manager, one said they were "Very supportive and always approachable." Staff said there had been many improvements since the registered manager had been in post, including improved meals and refurbishments. Another staff member said the registered manager was "The best thing that's happened here."

People told us their views were sought through discussions with the staff and registered manager and 'end of stay' surveys. We saw copies of some surveys on people's file. Comments included "I would recommend this service", "I love being here", "If I was unhappy I would say so" and "I have enjoyed my visit." A log of the surveys was kept. This included the person's name, date the form had been completed, actions to be taken, requirements and outcome. However, this did not include compliments that may have been made or how information was fed back to people. This was discussed with the registered manager who agreed to look at ways to share the information provided.

Limited audits were carried out within the service. These didn't cover the medication, environment or care plans during people's stay at the service. There had been a series of medication errors which should have been identified and action taken if a medication audit process had been in place. The pre admission process was not robust and had audits of this been in place it would have been evident that some people admitted to the service may not have been appropriately placed there. Accidents are recorded and a falls log was kept. Serious incidents are reported to the HSE. An analysis of accidents and falls was not undertaken to look for trends or where risk may be reduced. We discussed this with the registered manager who agreed to action this.

The registered manager undertook an audit of care plans at the end of a person's stay. Its purpose was to ensure that the files had been completed correctly, however, there was no record to show what action had been taken if there were any errors.

Audits had been completed the local authority health and safety and infection control teams. Following these the registered manager had produced an action plan which included actions to be taken, and a date when the action should be completed.

The registered provider had a draft failure or disruption of service plan in place which covered the types of incident that would require the plan to be activated and how this might impact on the service provided. It included a list of people to contact should a disruption to the service occur.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

Staff told us monthly meetings took place that all staff could attend and could raise any issues and, "Say what we want." We saw that regular staff meetings were held with different staff groups and information was discussed relevant to that group.

We found that the registered person failed to ensure that systems were in place to regularly assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  We found that the registered person failed to ensure that proper and safe management of medicines. Regulation 12 2(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We found that the registered person failed to ensure that systems were in place to regularly assess, monitor and improve the quality and safety of the service. Regulation 17 2 (a)(b)