Choice Pathways Limited

Gosford Lodge

Inspection report

95 Bicester Road
Kidlington
Oxfordshire
OX5 2LD

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30 September 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an announced inspection of Gosford Lodge on 29 and 30 September 2016.

Gosford Lodge provides accommodation for people who require nursing or personal care, specifically people with learning disabilities or autistic spectrum disorder. On the day of our inspection eight people were living at the service.

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.

People's relatives told us the service was not well managed and they did not have confidence in the service. Senior staff had identified issues within the service and were taking action to address these issues. The provider had spoken to relatives informing them of actions being taken.
The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements. However, these systems were not always effective as they did not identify all of the concerns we identified during this inspection.

Risks associated with people's health and welfare had been identified and assessed and risk management plans had been written. However, staff did not always follow guidance provided to ensure people's safety.

People were not always safe from the risk of infection. One person's room was unclean and presented a risk. We informed the assistant regional director who took immediate action and all the rooms in the home were cleaned.

People did not always receive their medicine as prescribed. Medicine records were not always accurately maintained and medicine audits had not been completed.

There were sufficient staff to meet people's needs. Staff rotas confirmed planned staffing levels were consistently maintained. However, the right skills mix of staff was not maintained. Some people could not always engage in activities because some staff could not drive.

Staff received appropriate support. Staff supervision (meeting with line manager) was carried out and we saw records for supervisions for September 2016 had been completed.

Staff understood the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected. However, where people's liberties were restricted, measures to ensure restrictions followed

the least restrictive practice were not in place.

People were safe from the risk of abuse. Staff understood their responsibilities in relation to safeguarding adults. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People and their relatives had details of how to complain. Recorded complaints had been dealt with in line with the provider's policy.

People had enough to eat and drink. People could choose what to eat and drink and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we have required the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks were not always appropriately managed to keep people safe.

People were not always safe from the risk of infection.

People did not always receive their medicine as prescribed. Medicine management was not always safely conducted.

Is the service effective?

Requires Improvement

The service was not always effective

Not all staff had the knowledge, training and skills to effectively support people.

People's liberties were restricted without control measures being in place.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and applied its principles in their work.

Is the service caring?

Requires Improvement

The service was not always caring.

Some staff did not display a caring attitude towards some people.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people were unable to engage in planned activities.

Care plans were personalised and gave clear guidance for staff on how to support people. However, care plans were large making it difficult to find important information.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Audit systems were not always effective and did not identify all of our concerns.

Learning from incidents and events was shared with staff through meetings and handovers.

There was a whistle blowing policy in place that was available to staff in the service. Staff knew how to raise concerns.

Gosford Lodge

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 in response to concerns raised by the commissioners of services. This inspection was planned to check whether the provider was 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 29 and 30 September 2016. It was an unannounced inspection. This inspection was carried out by two inspectors and a pharmacist.

People living at the home had difficulty communicating verbally with us. We spoke with three relatives and four care staff. We also spoke with the registered manager, the quality manager and the assistant regional director. We also conducted observations around the home to report on people's experience of the service. In addition we contacted three healthcare professionals and spoke with Oxfordshire County Council (OCC) safeguarding team and the commissioner of services.

We looked at five people's care records, people's medicine administration records and four staff files. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's care route through the service and obtaining their views about their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Requires Improvement

Is the service safe?

Our findings

People's care plans contained risk assessments and where risks were identified there was guidance identifying how risks would be managed. However, staff did not always following the guidance. For example, two people with epilepsy in the service had risk assessments stating they should be monitored every 30 minutes. One person's observation chart showed that on one week, checks had only been recorded on two days and another week the chart showed that only four days recording had been completed. This put people at risk of unwitnessed seizures.

Another person's risk assessment stated the potential severity of harm relating to seizures was 'High'. The risk management plan stated that a visual monitor should be used in the person's room and observations throughout the day should be done at 30 minute intervals and at night every 10 minutes. However, there was a gap in recording on this person's monitoring chart of four days. We also saw there was no visual monitor in the room and were told this had been broken and removed. This meant there was a risk this person could have seizures without the appropriate action being taken when needed to ensure their safety. One staff member said, "I think we could do better, I've commented on [Person's] monitor before". We discussed this with assistant regional director on the day of the inspection and they arranged for replacement monitoring equipment to be installed the next day. On the second day of our inspection we saw this equipment was in place.

People were not always protected against the risks of infection. We were taken to one person's room. Upon opening the door we detected a powerful smell of urine and noticed the toilet had not been flushed for some time. The floor of the room was dusty with scraps of paper lying around. When we pulled the bed away from the wall we saw a collection of dust and hair along with paper and empty plastic bottles. It was clear the room had not been cleaned or swept for several days. We raised this with the assistant regional director who immediately organised the room to be cleaned. Staff were tasked with monitoring the room cleanliness and had signed to say the room had been checked. The assistant regional manager said "I will be taking disciplinary action about this". This was the only room in the home in this condition.

People did not always receive their medicine as prescribed. A community pharmacy supplied the medicines. The pharmacy did not supply printed medication administration records (MAR) for all prescribed medicines. Two members of staff checked and signed the handwritten additions. However, we saw that handwritten entries were not always accurate. For example, handwritten MAR did not always include strengths of medicine and the correct maximum daily dose. The registered manager said they had identified these concerns and were taking action which included changing their supplier to a different pharmacy.

Medicines were stored securely and at the correct temperatures. The stock recording system showed the quantity of medicines held by the service. Staff ordered medicines on a monthly cycle. However, there was no system to monitor the supply of medicines as there was no record of medicines ordered.

Some service users took medicines prescribed for as required use (PRN). These included medicines to manage mental health and physical health conditions. Although the service had person-centred PRN

protocols in place, the medicine details were not always accurate. There had not been regular checks of PRN protocols against the prescriptions. This meant people could be at risk of receiving the wrong medicine.

The service had not conducted regular medicine audits or stock checks in the past 12 months. Staff commenced a stock check system in September 2016 and the registered manager said the manager's monthly audit was starting in October 2016. Staff told us about medicine incidents but they could not show us any medicine incident reports from the previous 12 months. This is not in line with the provider's medicine policy.

This was a breach of Regulation 12 (2)(b)(g)(h) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The staff received training on the safe use of medicines and completed an assessment of competence before administering medicines to people. The staff completed the MARs after administration of medicines and wrote notes when medicines were omitted. We could clearly see when people had taken their medicines.

People were supported by staff who could explain how they would recognise and report potential abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "I'd tell the manager or someone above. I can call the police, whistle blow and contact the safeguarding team as well", "I would call the manager or shift leader. I can call 999 as well" and "I'd make the person safe and inform the manager and maybe the police. I can also call CQC (Care Quality Commission) or I can whistle blow". The service had systems in place to investigate concerns and report them to the appropriate authorities.

On the day of our inspection there were sufficient staff on duty to meet people's needs. There were eight staff supporting eight people. However, staff told us there were not enough permanent staff. Comments included; "No there is not enough of us, simple", "There is not enough (staff). We are having to cover lots of long shifts" and "There is enough to be safe I think but not for all activities to take place. If we don't have enough staff we can't keep a routine or activities structure in place. This affects people. It's getting better but it's still a problem". The provider had arranged for staff from other services to work at the home and used agency staff to maintain staffing levels. We saw the staff rota which evidenced planned staffing levels were maintained. However, the right skills mix of staff was not maintained. The assistant regional director told us the provider was actively trying to recruit staff and we saw recruitment banners displayed outside the home. They said, "We are recruiting, we have purchased a house behind the home to allow staff to live close by in an effort to make positions here more attractive".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with people. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

Most people in the service would have found it difficult to comment upon whether they received effective care. We therefore spoke with people who knew them well, such as relatives and made observations during the inspection. Relatives told us staff did not always support people effectively. Relatives comments included; "Things are at a crisis point now. Particularly bad since July 2016 regarding the level of staffing and skills. Most staff have left and they are using borrowed staff from other services and agency staff. This is risky as staff don't know [Person] well and how challenging he can be. This could have implications on people's safety and his own", "We spend a lot of time chatting to staff and feel staff do understand him". New staff need to learn how to interpret his noises as these indicate his mood", "I used to be confident that if [Person's] behaviour escalated at home I could call on staff for assistance but now I would just call the police as I do not have confidence staff would be able to manage" and "I have very little confidence in staff and their skills".

Not all staff had the skills and knowledge to effectively support people. For example, we noted from one person's care plan if they got dressed in the morning they intended to go out. This person was dressed and approached us and pointed to a car outside. From the information in the care plan it was clear the person was telling us they were going out. A staff member approached the person and asked "[Person] what do you want?" The person pointed out of the window again and pointed at a picture on their communication sheet. The staff member did not identify this person's wishes and said "I don't understand, I will ask someone else". This person asked to go out from 10.30 in the morning until mid-afternoon when they were finally taken out. This situation clearly frustrated the person. Records showed this could affect the person's behaviour if they became angry. Another person could present behaviours that challenged. We received feedback from police who expressed concerns about a staff member's competence to manage the person following being called to an incident. Staff had commented that the person's behaviour was escalating and staff appeared stressed and nervous about how they were going to cope with the person when the police left. We saw that most staff had been trained in Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention (PROACT-SCIPr-UK). The purpose of this training is to use a proactive rather than reactive approach to behaviours in line with individualised behaviours. Not all staff had received this training.

We raised these issues with the assistant regional director who said "I am aware not all the staff know these people well. We also have a shortage of staff who have a driving licence. We are recruiting". One healthcare professional we contacted said, "Their knowledge of residents looks reasonable. However, they don't always appear to make a link between the environment and behaviour change. Recently at one point they were short of six staff members which I think lead to worsening of a resident's mental health". Another healthcare professional we contacted said, "The agency staff don't know the service users and how to meet their needs. I visited and had a meeting with the assistant director about my concerns and he said he is making every effort to put things right".

These concerns are a breach Regulation 18(1) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff had a good knowledge of people's needs and behaviours and we saw some very positive interactions. One person was supported to do some painting and a member of staff sat with them, encouraging and praising their efforts. This staff member was able to tell us how painting calmed the person and that they, "Enjoyed activities involving staff".

Staff received appropriate support. Staff received supervision (a meeting with their line manager) allowing staff to raise issues and discuss their care practice and development. Staff had not been receiving regular supervision prior to September 2016, but this had been identified by the provider and a system had been put in place to ensure staff received supervision regularly. We saw supervisions were scheduled and we saw records for supervisions for September 2016 had been completed.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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 make these decisions when needed. When people lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. The registered manager told us they continually assessed people in relation to their rights. Where people lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff demonstrated an understanding of the MCA and how to apply its principles in their work. We saw staff offered people choices and gave them time to make decisions. These decisions were respected. We spoke with staff about the MCA. Comments included; "I always offer choices and let them decide", "I work to their needs. It's their home, their choice so I give options" and "I assume all individuals have capacity. If we impose restrictions it must be the least restrictive. I work in people's best interests".

People in the service were being deprived of their liberty. People can only be deprived of their liberty so that they can receive care and treatment when this is in the best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the service had applied for DoLs from the local authority but we did not see physical interventions requested on the applications. We also saw no evidence of managing any restrictions to ensure the least restrictive measures were being implemented whilst awaiting a decision. This meant staff did not have documented guidance for staff on how to support people in the least restrictive way. However, care plans contained detailed risk assessments with guidance for staff relating to physical interventions. We raised this with the registered manager who said, "No, we have no measures in place. I will look at this and put something in place".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentists and a speech and language therapist (SALT). Details of referrals to healthcare professionals and any advice or guidance they provided was recorded. For example, one person had difficulty eating their food. A referral was made to SALT and guidance was provided. We saw this guidance being followed at mealtimes.

People had enough to eat and drink. Care plans contained information about people's dietary preferences and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. People's preferences were also displayed in their care plans and in the kitchen. For example, one person had stated 'I like to make my breakfast and eat it in the quiet room'. We saw this person being support with this preference. People were able to eat when they wanted and we saw people making snacks throughout the day. We spoke with staff about people's nutrition. One staff member said, "Most can eat by themselves and some have it chopped up. All their likes and dislikes are ln the kitchen". Another member of staff said, "One person's food is cut up at lunchtime. They all feed themselves".

Requires Improvement

Is the service caring?

Our findings

People benefitted from caring relationships with some of the staff. During our visit we saw many positive and caring interactions between people and staff. People appeared comfortable and were open and familiar with staff. We saw people had the confidence to speak to staff on equal terms and staff responded with warmth and respect.

However, we observed some staff did not interact with people during the course of the inspection. These staff appeared task oriented and despite there being a full complement of staff on shift, they spent very little time interacting with people. We observed staff sat in the living room watching television. We spoke with a relative about caring relationships. One relative said, "Most staff seem to care and there are certain agency staff he (person) loves". When we asked one staff member what it was like working at the service they said, "It can be a bit boring".

The majority of staff we spoke with told us about positive relationships with people. Staff comments included; "I love working with these guys (people). I am here as much as I am at home, of course I care", "I love this job, I try to help these people, some staff don't", "Definitely caring here. The regular staff know these people and we want them to have a happy life" and "I have experience of this work and I like people so I care".

People's dignity and privacy were respected. When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We saw that where staff were providing personal care in people's rooms, doors were closed and curtains had been drawn promoting their dignity.

We asked staff how they promoted, dignity and respect. Staff comments included; "I close doors and cover them up", "I give choices, I cover them up, close doors and keep things confidential", "I do this by encouraging them to make their own decisions, like choosing what to wear. I listen as well which respects them" and "I try not to interrupt them. I support them but I keep it private".

Staff supported people to be independent. For example, one person was supported to wash and dress themselves. Care plans listed people's capabilities and guided staff on how to promote people's independence. One care plan highlighted the person was 'independent with most things' and listed the activities the person could accomplish themselves such as washing and dressing. Another person could become confused so staff were guided not to give the person too many options at once and give them time to decide. This helped to promote the person's independence. We observed people being supported to be independent. For example, one person was supported to make their own snacks. Another person was encouraged to make their own hot drinks.

We spoke with staff about promoting people's independence. One staff member said, "[Person] would let you make his tea so I get them to do it as they can. If they can do something I make sure they do it to stay independent". Another member of staff said, "I encourage them to be independent, you can't take away the

things they can do".

People were involved in their care. We saw people were involved in reviews of their care and many documents were written in an easy read, picture format enabling people to understand and be involved in decisions. One person had stated 'my care plan will be read to me by one of my care workers'. At the front of the care plan we saw photographic evidence of a staff member explaining the care plan to the person. We asked relatives if they were involved in people's care. One relative said, "Yes, we are involved in reviews and the next one is due in January 2017".

People's advanced wishes relating to end of life care were recorded. Care plans contained a 'My end of life book'. This listed people's next of kin, whether they wished to make a will and any religious or funeral preferences. People and their families had been involved in creating these advanced plans.

The provider ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where staff left their desks when in the office, computer screens were turned off securing people's information. Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed prior to receiving a service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated they liked 'arts and crafts'. Another person liked 'going to the cinema and visiting their family'. Most staff we spoke with were aware of people's preferences.

Care plans also contained details of significant people and events in the person's life. For example, family member's birthdays. The plan gave contact details and dates with prompts to remind the person of these dates and allow them to maintain meaningful contact with their family and friends.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. However, the care plans were extensive and it was difficult to find the most important information about an individual in one place. This meant that vital information could be missed in the volume of paperwork. If a member of staff was on duty and not familiar with people in the service, they could not easily access an overview of important facts such as ways to support the person and manage the risks.

Staff we spoke with understood the need for people to receive personalised care. Staff comments included; "I think we deliver personalised care. It is all person centred", "This is personal to them, how they want things to be done" and taking care to suit the individual. We make things personalised".

People were encouraged to engage in activities and maintain community links. A weekly planner of people's activities was displayed and we saw people went out on trips to places of their choice. However, people did not always have a structured routine to enable them to consistently follow the weekly planner. Many of the staff did not have a driving licence which meant some people could not be taken out to some planned activities. One relative spoke with us about how important activities were to the person. They said, "I hope staffing doesn't impact on him going out and enjoying the activities, but feel this may be the case at times". A relative said, "[Person] needs to go out twice a day. One of these could be a walk on a route he knows well but due to staffing training this can't always happen".

People's opinions were sought through meetings and surveys. Monthly meetings were held with people's key workers to discuss aspects of the home and enable people to raise any issues. People were also able to raise issues through monthly surveys. These were provided in a pictorial format and enabled people to highlight concerns and inform staff what activities they wished to take part in during the coming month. We saw meetings and surveys were planned to regularly recommence from October 2016.

People and their families were provided with details of how to raise a complaint. Details on complaints were held in the 'service user guide' which was given to people and their families when they joined the service. The complaints procedure was also displayed in the hallway. There was one complaint recorded for 2016 that was ongoing and was being dealt with by the area manager. Historical complaints had been dealt with

in line with the provider's policy. One relative said, "I had one complaint early in [Person's] placement. I met with service and it was sorted out. I've not had any other reasons to complain since".

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who had been deployed to the service in July 2016 to address issues identified by the provider's audit systems. These audits identified the service had not been effectively managed for several months and the previous registered manager had been removed by the provider in June 2016. Senior managers regularly visited the service and action plans were in place to address the issues that had been identified. Following our inspection the assistant regional director told us they would forward monthly reports to us on the progress they were making.

Not all people's relatives knew the registered manager but they spoke with us about how the service was managed. One relative said, "The last 18 months things seem more difficult. There have been lots of staff changes and low staff morale and not much consistency as we would like". We asked them if they knew who the registered manager was. They said, "No, not at the moment". Another relative commented, "It's chaotic". They summed up by saying, "It's the worst care [Person] ever experienced since going into care". A third relative said, "It has never been perfect but the change of management had made the service go downhill rapidly".

Staff spoke with us about the service and how it was managed. Staff comments included; "Organisation is not so good. I don't think much of management as they don't really listen to staff", "They (managers) are good and they are trying to make things better", "Things are getting more organised, it is definitely getting better" and "I was surprised how close management are to us, but even though they tried to help it was chaotic. It is now much better, I can feel the difference in the past three weeks".

The service had a culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager, assistant area director, quality manager and staff spoke openly and honestly about the service and the challenges they faced. The assistant regional director said, "Since we discovered the issues we have been working hard to put things right. It is still early days but we are making progress and we will resolve any issues".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. This information was also overseen by senior management. One incident involved a staff member dealing with a person who was presenting behaviours that challenged. The incident was investigated and the staff member received guidance to help reduce the risk of reoccurrence. The oversight of accidents and incidents allowed senior managers to look for patterns and trends across the service.

Staff told us that learning from accidents and incidents was shared through staff meetings and briefings. One member of staff said, "We have good handovers that inform us well". Another said. "We have handovers and we are briefed on what is happening and what has changed". One staff member informed us that staff meetings had not been consistently happening. They said "We used to have monthly staff meetings and now they are being arranged again". We saw minutes of staff meetings evidencing they had been reinstated.

The registered manager monitored the quality of service provided. Audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care including risk assessments, care plans, training and medicine records. Audit results were analysed and resulted in identified actions to improve the service. For example, Records for the July 2016 audit identified issues including; staff files, supervision, monitoring checks and staff training. We saw an action plan to address these and other issues. This work was being overseen by the assistant regional director.

However, audits were not always effective. For example, the July 2016 audit did not identify our concerns relating to some staff's lack of knowledge of people and our concerns relating to epilepsy care management.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

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. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines stock was not always safely managed. Protocols and MAR were not always accurate. People were not always protected from the risk of infection. One person's room was dirty and untidy. Risks to people were not always appropriately managed. Staff monitoring of people's conditions was not always carried out.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Not all staff had the skills and knowledge to effectively support people.