Glencare Homes Ltd

Penhellis Nursing Home

Inspection report

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 June 2017 and was unannounced.

Penhellis nursing home provides accommodation, personal and nursing care for up to 26 people. On the day of our inspection, there were 22 people 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 medicines were not always managed safely. We found several errors which had occurred within the past month, which did not appear to have been followed up or reported. The registered manager undertook an annual medication audit, however this was too infrequent to address the errors and areas for improvement that it identified. We found that the medicines room was small, warm and cramped. When nurses were preparing medicines, they needed to prop the door open as it quickly became too warm. The temperature of this room was not being monitored to ensure that the medicines were kept at a suitable temperature. Similarly, the temperature of the medicines fridge was not recorded daily. There was a lack of continuity of nursing care due to a high use of agency and bank nursing staff. This, in part had resulted in one person running out of their prescribed medicines.

There was an inconsistent approach to the monitoring of some people's health conditions meaning it was not always possible to understand if their needs were being met and their treatment was appropriate. We found that topical cream charts in people's bedrooms were not always completed. We found evidence of pressure care, however it was not always consistent. We found two people's records contained a comprehensive set of documentation, whilst another was missing a pressure area and wound assessment form. Some people had food and fluid charts in their rooms. We saw examples where these charts were inconsistently completed and there was no balance at the end to calculate the person's intake.

People's rights were not always protected as the principles of the Mental Capacity Act were not always followed. Some people's records indicated that they lacked capacity to make certain decisions, without saying what the specific decisions were. Nor did the records contain a capacity assessment. Where people were considered to lack capacity, we saw no evidence of best interest processes to ensure that decisions taken on their behalf were the least restrictive available, or in the person's best interests. We saw examples where relatives had signed documents to consent to elements of people's care and treatment without the legal authority to do so.

Mealtimes were sociable and relaxed with staff on hand to provide assistance as required. Feedback on the meals was mixed. Some people told us they enjoyed the food, whilst other feedback was less positive. We

have made a recommendation about this.

We found there were occasions when there was not a cook on duty to prepare meals for people due to a staff vacancy. This meant there was a reliance on food such as pasties and fish and chips being brought in on those days.

The environment was extremely well maintained. There were areas which were dementia friendly, such as a room with vintage reminiscence items for people to access to relax. We noted some antique items such as clocks, many of which did not state the correct time. This was discussed with the registered manager as it may have been confusing for those living with dementia. There was also a lack of signage around the home to orientate people with memory impairments. The building was secure and people told us they felt safe living there. The service was visibly clean and free from adverse odours.

The registered manager undertook audits to monitor the quality of the service. However these had failed to identify or address the areas of concern we found during the inspection in relation to capacity and medication management. The infrequency of the registered manager's medicines audit had meant that she had not realised that clinical staff were not undertaking the regular audits of medicines they were required to.

People told us they felt safe at Penhellis. People were supported by staff who understood how to recognise and report any signs of suspected abuse or mistreatment. Staff had been safely recruited, and had undergone checks to help ensure they were suitable to work with people who were vulnerable. During the inspection, we observed suitable staffing levels. This meant staff were available to meet people's needs in an unhurried way. People were supported by staff who had undergone training to help ensure they could meet their needs effectively.

People's care records were comprehensive, detailed and regularly reviewed and updated. Care plans contained personalised information to help staff understand how to provide care which was reflective of their preferences. People were provided with opportunities to engage in a variety of activities as well as personalised, one to one time. There were visitors to the service, such as church ministers and singers.

People had access to a range of health and social care professionals and this was evidenced in their care records. Prompt referrals were made to external agencies when required, for example, we saw referrals to speech and language therapy services (SALT) and tissue viability services. .

Staff were supported by a thorough induction process which including shadowing more experienced staff. During their induction, staff familiarised themselves with people's care records so they had a good understanding of the needs of those they were supporting. All staff were supported by an on-going programme of supervision as well as an annual appraisal.

Staff knew the needs of the people they supported well and were able to describe their likes, dislikes, history and routine. Staff spoke about the people they supported with fondness and affection. People's dignity was protected by staff who were respectful and compassionate. The atmosphere at the service was pleasant and relaxed and people appeared comfortable and at ease. People's confidential information was stored in the staff room, which was protected by a lock, however, all staff including kitchen, domestic and maintenance staff had access to this room.

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

Some aspects of the service were not always safe.

People's medicines were not always managed safely and there was no system to record errors.

People were supported by staff who understood their role in recognising and reporting signs of abuse or mistreatment.

People were supported by staff who were safely recruited.

Is the service effective?

Requires Improvement

Aspects of the service were not always effective.

People's rights were not always protected because the principles of the Mental Capacity Act were not always followed.

People's consent was not always appropriately recorded.

There was an inconsistent approach to the monitoring of people's health care needs.

People had access to a range of health and social care professionals

Is the service caring?

Good

The service was caring.

People were supported by staff who spoke about them with fondness and affection.

Interactions between people and staff were kind, supportive and caring.

People's religious and spiritual needs were recognised and respected.

People's confidential information was securely stored.

Is the service responsive?

Good

The service was responsive.

People's care records were regularly reviewed and updated and contained personalised information.

People had access to a range of activities both inside the home and in the community.

There was a system in place for receiving and investigating complaints.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well led.

Systems in place for monitoring the quality of the service had not identified concerns found during this inspection.

Some quality audits failed to identify errors due to their infrequency.

Staff, relatives and people were invited to give feedback on the service.

There were clear lines of accountability at the service.

Penhellis Nursing Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 June 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor with a background in nursing and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at Penhellis Nursing Home and one visiting relative. We looked around the premises and observed care practices. After our visit we contacted three external health care professionals and spoke with three relatives on the telephone.

We also spoke with nine members of staff including the registered manager, nurse manager, head of care, activities coordinator and the cook. We looked at eight records relating to the care of individuals, four staff recruitment files, staff duty rosters, a range of policies and procedures, staff training records and records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

We found concerns relating to the management of medicines. We found ten errors which had occurred within the past month. These mostly related to missing signatures on Medicine Administration records (MAR). These errors did not appear to have been followed up or reported. This meant that learning from these incidents might have been missed. The registered manager undertook a medication audit once per year, however this had not identified all of the areas of concern we found during the inspection". "We were informed by the registered manager that clinical staff had not undertaken all of the audits which had been required of them and that a new staff member had been appointed and was in the process of addressing this."

We found that the medicines room was small, warm and cramped. When nurses were preparing medicines, they needed to prop the door open as it quickly became too warm. We were told by staff, that when they were preparing medicines such as a syringe driver for people receiving end of life care, they would need to close the door in order to concentrate closely and the room would become too hot. The temperature of this room was not being monitored to ensure that the medicines were kept at a suitable temperature. Similarly, the temperature of the medicines fridge was not recorded daily. This meant that the efficacy of the medicines may have been compromised.

We also found that one person had run out of their prescribed medicine to help them sleep. Although in part, there were other factors which contributed to this, it could have been avoided by more timely ordering to avoid any distress or inconvenience to the person concerned. We were also told by staff that the lack of nursing staff continuity and the high use of bank and agency staff contributed to this issue. We fed these concerns back to the registered manager who was aware of the issues and had appointed a new nurse manager to undertake the corrective action required. Following the inspection, we were told that new nursing staff had been appointed to fill the vacancies and that this would mean bank and agency should no longer be needed.

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

People told us they felt safe living at the service. Comments included; "It's the staff that work here, they make me feel safe"; "The girls are always fussing over me."; "Somebody is always popping in to make sure I'm ok."; "I feel safe because everybody is on the ball" and "People are always coming in to see how I am". One relative we spoke with said; "There's always somebody popping in to check on mum."

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly updated. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse and whistleblowing. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service. One staff member said; "I have never witnessed abuse or

poor practice, but if I did, I would immediately report it and contact the safeguarding team".

People were protected by safe and thorough recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing employment to confirm they were suitable to work with vulnerable people. This included DBS (disclosure barring service) checks.

People's care records contained risk assessments on a variety of subjects such as falls, pressure care and malnutrition. Where risks had been identified these were linked to the person's care plans with guidance for staff on how to reduce the risk to the person. Where people had allergies, these were prominently highlighted in their care records. Where people were at risk of becoming agitated, there was clear guidance for staff on how to help them remain calm. One person's care records stated; "Address [person's name] as an intelligent adult and avoid simplifying what she is trying to say."

Throughout the inspection, we observed suitable staffing levels. Staff were available to respond to people's needs in an unhurried way and had time to sit and chat with people. Staff acknowledged people as they passed them in the lounge or corridors Some staff told us that they felt pressured at times, often due to last minute sickness, but that this was managed with the use of bank and agency staff if required. The registered manager confirmed that she tried to use bank and agency staff who were familiar with the service in order to provide continuity of care to people at Penhellis.

Accidents and incidents which had occurred at the service were recorded in detail. These were reviewed by the registered manager to look for any patterns or themes. This helped to reduce the likelihood of a re-occurrence.

The service employed a maintenance person to address any areas of concern promptly. There were regular checks on the building to ensure that it was secure and safe, such as fire safety checks. There were contracts in place for the removal of clinical and domestic waste.

The service was visibly clean and free from adverse odours. Domestic staff were employed to carry out regular deep cleaning. We observed staff following robust infection control practices and staff had received training on infection control.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People's rights were not always protected as the principles of the Mental Capacity Act were not always followed. Some people's records indicated that they lacked capacity to make certain decisions, without saying what the specific decisions were. We only saw one example of a Mental Capacity assessment completed by staff at the service, despite several records indicating that people lacked capacity. Where people were considered to lack capacity, we saw no evidence of best interest processes to ensure that decisions taken on their behalf were the least restrictive available, or in the person's best interests.

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. 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. The registered manager had submitted some applications to the supervisory body for authorisation under the deprivation of liberty safeguards (DoLS). However there was no evidence best interest processes were followed before these requests were made and therefore we could not be assured that any restrictions were in the person's best interests or the least restrictive option available.

We saw examples where relatives had signed documents to consent to elements of people's care and treatment without the correct legal authority. Nobody can consent to care on behalf of an adult without the correct legal authority to do so, such as a Lasting Power of Attorney (LPA).

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an inconsistent approach to the monitoring of some people's health conditions. We found that topical cream charts in people's bedrooms were not always completed. We found evidence of pressure care, however it was not always consistent. For example, two people's records contained a comprehensive set of documentation, whilst another was missing a pressure area and wound assessment form. Some people required food and fluid charts to be completed. These were kept in their bedrooms. We saw examples where these charts were started, but inconsistently completed. In addition, there was no balance at the end of the chart to calculate the person's intake. This meant that it might not be possible to gain a clear picture of the person's needs and ensure their treatment was effective.

Penhellis is an eighteenth century Georgian style house. The building and surrounding gardens were extremely well presented. There was an enclosed, decked courtyard which people could access independently if they chose. The registered manager told us the ethos of the home was to provide luxury surroundings and "A hotel experience". There was a room at the service which contained reminiscence items such as vintage furniture. People were able to access this room to relax or to spend time with their

families. We noted a number of antique clocks on display around the home. These clocks were decorative items and did not display the correct time. We felt this may have been confusing to people living with dementia. We also noted a lack of signage around the service to help people living with dementia orientate themselves around their home for example which direction the lift was, or signage for the first floor lounge. We discussed these points with the registered manager who did not agree with our concerns and felt that signage would not be in keeping with the decoration and ethos of the home.

We observed the lunchtime experience and saw that it was pleasant and sociable. People either chose to eat in their rooms or in the dining room. There were staff present to provide people with assistance if they required it. People were offered a range of alternatives. . The food being served appeared plentiful and appetising. The registered manager said the menu was changed on a weekly basis. There was a menu board informing people of what was on offer that day. Some people we spoke with told us the food was; "boring". Other comments included; "All the meals are very nice." and "No complaints at all about the food". One relative we spoke with felt the food was not always appropriate for the age group and was also concerned about the lack of real choice on offer. We noted two of the three menu choices one day were a form of baked potato.

We recommend that the menu and food choices be reviewed with the involvement of those living at the service.

We spoke to the cook and were told that special dietary needs such as diabetes were catered for. One person living at the service was a vegetarian and there were always meat free options available for them. During the inspection, we found that on Thursdays there was not a cook available to prepare a meal for those living at the service, meaning that either pasties or fish and chips were purchased and brought in for people to eat. The registered manager explained that this was not an ideal situation, but a temporary measure whilst there was a vacancy which they were trying to recruit to.

We saw from people's care records that they had access to a range of health care professionals including GPs, speech and language therapists (SALT), district nurses, and chiropodists. Where external professionals had given advice relating to a person's care, this was linked to their care plan to guide staff on meeting their needs effectively.

People were supported by staff who had received a thorough induction. This included shadowing more senior staff. Staff who were new to care undertook the Care Certificate. The Care Certificate is a nationally recognised set of standards for care staff. Staff were supported with an ongoing programme of supervision and an annual appraisal. One staff member confirmed; "Yes we have supervision from the head of care. It is probably six monthly".

People were supported by staff who had received training in order to carry out their role effectively and who were confident in their role. Staff had received training in areas identified by the provider as mandatory, such as safeguarding, moving and handling, fire safety and infection control and there was a system in place to remind them when it was due to be renewed or refreshed. Staff had also received training which was specific to the needs of the people they supported. This included training on dementia, stroke and pressure care.

Good

Is the service caring?

Our findings

People's care records were stored in the staff room. This was a locked room to which only staff members had access. This staff room was used by all staff, including maintenance staff, domestic staff and kitchen staff. We discussed this with the registered manager who explained that all staff were permitted to access these records. We noted that the staff telephone was also in this room. This telephone was used to make calls to relatives and external health professionals to discuss people's care and health needs. We discussed this with the registered manager as we were concerned that conversations of a personal nature could be overheard by all staff using the staff room. The registered manager explained that this could be managed by the fact that the phone was cordless and could be taken to another area of the home if the staff room was being used by others.

Some of the terminology used in people's records and in accident and incident forms might have been considered inappropriate. For example, we saw that some people were referred to in their care plans as; "Rude" rather than describing particular behaviours without giving a value judgement. This was discussed with the registered manager who was aware of the issue and was in the process of reviewing and re-writing sections of people's care plans which contained language such as this.

People told us the service was caring. One person said; "The care from the staff is absolutely wonderful". Comments from relatives included; "The staff show my relative so much respect, it's wonderful"; "The staff genuinely seem to care and like to work there" and "They are a good bunch".

Staff spoke about people with fondness and affection and we observed positive, caring interactions between people and staff. One staff member was assisting a person in their bedroom and was heard to say; "Your roses are looking a little sad, shall I see if I can cheer them up?" The staff member then changed the water and tended to the flowers and the person was appreciative. Another staff member told us; "You would never hear anyone shout at residents. All the girls work with people professionally".

Staff were committed to providing a good standard of care. Comments from staff members included; "The standard of care is great. I couldn't fault it. I couldn't imagine working anywhere else"; "The care is good and people are happy. They look well cared for" and "High standards are expected here".

The atmosphere at the service was pleasant and calm. People appeared content, comfortable and at ease with staff. Staff shared appropriate humour with people and we observed people laughing and smiling with staff. One staff member told us; "The residents are happy here. They seem content".

Staff knew the people they cared for well. They were able to tell us about their likes and dislikes, background and histories and this was well documented in their care records. People's individual choices were respected and they received care in the way they preferred. One person told us; "I like to be left alone. I like my own company," another told us; "The staff do everything for me". People celebrated special occasions such as their birthdays in the way they chose. People's care records contained a section which detailed; "How I like to celebrate my birthday".

People were supported to maintain relationships with people who mattered to them and there were no restrictions on visiting times. Throughout the inspection, relatives came to visit people at Penhellis and were made to feel welcome by staff. People told us they went out with relatives or friends. One relative we spoke with said; "I regularly take [person's name] out to the garden centre".

People who were new to the service were made to feel welcome and staff helped them to settle in. There was a guidance document for staff members called; "Welcoming new residents and visitors". This covered areas such as helping the person with their bags, telling them they were looking forward to caring for them and meeting their needs and explaining how the home works.

People's privacy and dignity was promoted. We saw staff routinely knocking on people's doors and waiting to be invited to enter. Staff were respectful and addressed people in the way in which they preferred. People's records contained information about their religious and spiritual preferences. Religious events were celebrated and Holy Communion was held at the service regularly.

Good

Is the service responsive?

Our findings

People's care records provided personalised information about their background, history, likes and dislikes. This helped staff to understand the person and to provide care and support to them in the way they preferred. One person's care record started; "[person's name] likes to eat in her room. She likes a serviette and a glass brought to her on the tray". Care plans were detailed and gave staff the correct level of detail required in order to meet people's needs. Care plans were regularly reviewed and where possible, people and their relatives were involved.

People's care records contained details on their strengths. One person's care plan stated; "I have worked hard all of my life. I am outgoing and like to talk to people". There was also a section on people's goals and hopes for the future. One person had stated; "I would like to take up some gentle exercise such as croquette".

People were given the opportunity to participate in a range of activities at the setting. This included quizzes, board games, gardening club, poetry club and arts and crafts In addition to the activities coordinator, the service had recently employed a lifestyle coordinator. Their role was to involve looking at people's holistic wellbeing. There were plans to introduce complimentary therapies such as reiki and acupuncture to those living at Penhellis who chose to participate and to convert one of the bathrooms into a spa room for people to enjoy a range of relaxation treatments. We were told that people were positive about this. We saw a notice board which advertised activities including; "Tranquil moments" and "Healing moments". There were regular visitors to the service, including a person who provided people with the opportunity to pet animals, musicians and entertainers. There was a visit from the local school to sing carols at Christmas. There was a hair dressing salon at the service which was also used for people to have hand massages and chiropody appointments.

There was a system in place for receiving and investigating complaints. People and relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. We saw that any concerns raised had been investigated promptly.

There was a pre-admission process, which helped to ensure the service was the right place for people. The process involved visiting the person and undertaking a thorough assessment of their needs. One relative told us; "We looked at other homes, but this one ticked all the boxes for us". The registered manager explained that sometimes if the person was coming to live at the service from out of the county, a face-to-face assessment was not possible. The registered manager assured us that the person's relative would visit the service on their behalf and that information would be gathered from professionals involved with the person to gain a thorough understanding of their needs.

People had call bells in their bedrooms in order to summons the help of staff should they require it. We observed that when calls bells were used, they were answered promptly. However, we saw one person trying to leave their bedroom and shouting for staff assistance. We saw that their call bell was unplugged. We saw another person who was in bed and shouting for assistance from a staff member. Their call bell was out of

reach on their bedside table and they could not be heard by staff due to the location of their bedroom on the end of one corridor. The registered manager told us this would be immediately addressed.

Requires Improvement

Is the service well-led?

Our findings

The registered manager undertook a range of audits associated with the running of the service. This included a medication audit, however this audit had failed to identify the issues with medication management we found on this inspection. The registered manager told us that audits should have been done in addition to hers more frequently by another member of clinical staff, but had not. A new nurse manager had been appointed and the registered manager said they would address this issue. In addition, the issues with the poor compliance with the Mental Capacity Act had not been identified during care record audits. This meant that the systems in place to monitor the quality of the service were not always effective.

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

During and after the inspection visit to the service, concerns were raised to us that staff had been told to ensure six people living at the service were assisted to get up by night staff before the day staff commenced their shift. We heard that some staff had been unhappy about this and felt that the decision was not by people's choice or due to medical concerns. We saw minutes of a staff meeting, where this had been raised with the registered manager. We spoke to people living at the service about this, and nobody told us they had been woken against their wishes. We spoke to the registered manager who said very clearly that it was the choice of the people concerned to be woken at that time, as they had always been early risers and had been very clear that they wished to continue to be woken early.

Staff we spoke with told us they felt well supported by the registered manager. One staff member said they had a personal issue recently and the manager was "Brilliant and supportive". Another staff member said; "I feel supported. It's an open door here". On relative we spoke with told us; "The manager is incredibly approachable. I call a lot and she always has time for me. I am never put on hold". The registered manager had good support from the provider, with regular contact by telephone and more frequent face to face meetings. The registered manager reported on all aspects of the running of the home to the provider

Staff were expected to undertake monthly reading of the organisation's policies and procedures. These were broken down into twelve months of the year. Staff completed a quarterly staff questionnaire to check their knowledge and understanding and identify any areas for training.

There were staff meetings which gave staff the opportunity to meet as a team and to share ideas. Staff told us that morale was good and they were happy in their role. Comments included; "It's a fantastic team, we work well together"; "It's a good team and we definitely work well together". There were incentives for staff in order to help them feel valued in their role. Staff were able to nominate each other by completing; "Extra mile forms" in recognition of good practice. The winner was given a prize. A recent prize was a chocolate making course and afternoon tea, which was enjoyed by the staff member. There was a focus on staff wellbeing and mindfulness and tips for staff on how they could promote their wellbeing and look after themselves were included in their wage packet. The provider also paid staff the voluntary living wage. The registered manager told us; "This is to ensure they feel valued".

The registered manager was committed to forming links with the local community. This included recent Flora day celebrations which were open to the public. A "taster day" had been arranged by the chef for the summer. This was so that people could enjoy sampling food from the local area.

The registered manager was in the process of undertaking a loneliness and isolation project. This project looked at research into the impact of isolation and loneliness in later life. From this research a care plan, assessment tool and action plan had been designed to be implemented at Penhellis. The aim was to identify areas and ways in which the service could assist people to combat feelings of loneliness and isolation such as increasing their self-worth, encouraging new skills and having a voice that could be heard.

The registered manager operated a cycle of quality assurance questionnaires in order to gain feedback on the service and to raise standards. The results of this year's survey were not yet available for us to review. We looked at feedback from the previous survey and found that it was generally positive.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff raising concerns would be protected. Staff confirmed they felt able to raise concerns and felt confident the management would act on them appropriately.

The Care Quality Commission (CQC) had received notifications as appropriate when there were any concerns regarding people's well-being or safety. There were clear procedures in place for making safeguarding alerts to both CQC and the local authority. This demonstrated an open and transparent approach to sharing information with other agencies where required.

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 11 HSCA RA Regulations 2014 Need for consent Relatives had signed to consent to elements of people's care and treatment without the correct legal authority. Capacity assessments were not undertaken appropriately. DoLS authorisations were not always requested when required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. We found several errors which had not been identified or reported. We also found one person had run out of their medication. The temperature of the medicine room and fridge was not appropriately checked.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality of the service were not always effective. Areas of concern noted at the inspection, such as medicines management and Mental Capacity Act compliance had not been identified by the quality monitoring systems in place. Audits were too infrequent to identify areas requiring improvement.