Higher Park Lodge Limited

Higher Park Lodge

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 December 2015, 7 January and 21 January 2016. Breaches of legal requirements were found. We served Warning Notices on the registered provider. Warning notices are part of our enforcement policy and tell the provider where they were not meeting their legal requirements. They had to have put this right by 30 June 2016. This was because care was not always safe, personalised and consistent; people's consent was not always obtained prior to care being given and, systems in place to monitor the quality of the service were ineffective. People were not protected from risks associated with their care and risk assessments were not reflective of people's current risks. People were also at risk of not receiving their medicines as prescribed. People's records were not well maintained to evidence care given.

We undertook this focused inspection on the 10 and 11 August 2016.We undertook this focused inspection to confirm that they now met legal requirements. The first day of the inspection was unannounced. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Higher Park Lodge on our website at www.cqc.org.uk.
The service provides care and accommodation for up to 34 older people, some of whom are living with dementia or who may have physical or sensory health needs. On the days of the inspection 32 people were living at the service.

Accommodation and facilities at Higher Park Lodge are over three floors, with access to the lower and upper floors via stairs or a passenger lift. There are some shared bathrooms, shower facilities and toilets. Communal areas include a lounge, a reminiscence room, a dining room and an outside patio area.

The service had 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.

At this inspection we found there had been substantial improvement in most areas, but we continued to have concerns that medicines were not managed safely.

People's medicines were not always managed, administered and stored safely. We found changes had been made but these required embedding and further improvement. We found the temperature recordings of the fridge were noted as out of range but action had not been taken which meant medicines may not be effective. A new fridge was to be imminently installed. We found handwritten entries were not always signed by two people and there was not always evidence of GP instruction when alterations had been made. We found people's care plans gave more information about their medicines and allergies but these were not on people's medicine records (MARs). This could put people at risk. Body maps were now in place to record people's skin creams but these required more detail to reflect people's prescriptions. Instructions for

administering medicines were not always followed, this meant people might experience side effects from the medicine or they may not be as effective. We found improvement had been made to recording people's medicines but this didn't always match the stock of medicine. The provider told us a new electronic medicine system was being implemented in September 2016 which would address some of these issues.

Staff had updated care plans and a new care planning system was in the process of being implemented. Staff training had improved knowledge on how to develop care plans which reflected people's risks and care needs. For example how to manage people's diabetes, skin care and continence needs. People's new care records were more personalised, detailed and thorough. Care records gave staff guidance on people's needs and how to care for them, including their end of life care. The recording of care was also much improved for example, food and fluid charts where there were concerns, and repositioning charts where people were at risk of skin damage.

People's individual risk assessments were also much better and informed staff how to care for people who had nutritional, mobility or skin care needs.

Staff had received trained in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and had greater understanding of how the laws protect people's human rights. When people did not have the mental capacity to make decisions about their care and treatment, assessments were evident. There was improved guidance in place for staff about how to support people to make decisions. We also observed staff asking for people's consent before providing personal care and in all conversations throughout the inspection.

Leadership and governance of the service had improved. The service had worked collaboratively with the local authority improvement team, implemented new audits and the registered manager was monitoring the quality of service provision closely. The registered manager had started attending forums where best practice was discussed and had signed up to a local leadership course.

People's health needs were met and health professionals we spoke with were very positive about the service people received. People could access their GP and other health professionals as required and staff sought advice and recording of advice had improved.

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

We found that action had been taken to improve aspects of safety however; the service was not always safe.

People's medicines were not always managed safely.

People were protected from the risks associated with their care and health conditions.

Is the service effective?

Requires Improvement

Action had been taken to improve the effectiveness of the service.

People were cared for by staff who had received training to meet their needs; the programme of staff training was ongoing to develop staffs skills further.

People told us staff always asked for people's consent and respected their response. People were assessed in line with the Mental Capacity Act 2005 as required.

People's nutritional and hydration needs were met. People received a balanced diet and where people required monitoring for health reasons, this area had improved.

We could not improve the rating for Effective from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Requires Improvement

Action had been taken to ensure the service was caring.

People told us they felt cared for and supported in making decisions regarding their care and treatment.

End of life discussions and planning were incorporated into the new care plans.

We could not improve the rating for Caring from the existing

rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement

Action had been taken to ensure the service was responsive.

People had personalised care plans in place which reflected their current needs, however these were continuing to be improved, developed and embedded. Care plans gave additional guidance and direction to staff about how to meet people's care needs. Staff had read people's care plans and developed systems so they knew when people's needs had changed.

We could not improve the rating for Responsive from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

Action had been taken to develop the leadership and quality monitoring within the service to enable the service to be well-led.

Systems in place to monitor the quality of care had been developed and were in use to monitor the quality of care. Action was taken promptly when issues were identified.

The registered manager was receptive to inspection feedback and working collaboratively with external agencies to improve people's care.

We could not improve the rating for Well-Led from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Higher Park 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Higher Park Lodge on 10 August and 11 August 2016. The first day of the inspection was unannounced. This inspection was completed to check improvements to meet the legal requirements after our comprehensive inspection on 22 December 2015, 7 January 2015 and 22 January 2015 had been made. The team inspected the service against all of the five questions we ask about services: is the service safe, effective, caring, responsive and well-led. This is because the service was not meeting some of the legal requirements in each of these areas.

The inspection was undertaken by one inspector for adult social care and a pharmacy inspector on 10 August 2016. The second day of the inspection, 11 August 2016, was announced and was undertaken by one inspector for adult social care and a specialist nurse advisor.

Prior to the inspection we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. Notifications are reports on specific events registered people are required to tell us about by law. Before the inspection we also sought feedback from professionals involved with the service. This included health and social care professionals.

During the inspection we spoke with eight people who lived at the service and one relative. We asked them their view on the service and their care. We looked at the care of four people in detail to check they were receiving their care as planned. We spoke with them where this was possible. We discussed the care needs of all 32 people in general with the registered manager. We looked at the systems in place for managing medicines. We spoke to staff involved in the administration of medicines, observed medicine administration for 18 residents, examined 26 medicines administration records (MARs) and the medicine information in five care plans. We observed how staff looked after people in the lounge room and in the dining room at meal times. We also spoke with two visiting professionals during the inspection about people's care.

We spoke with the registered manager and four staff. We spoke with the registered manager about improvements made since the previous inspection and reviewed their new care planning documentation and checklists. We reviewed the records the provider kept to monitor the quality of the service, audits, training records and maintenance records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in December 2015 we found medicine management was not safe. We also found risk assessments were not always reflective of people's identified needs. We told the provider they had until the 30 June 2016 to put this right. At this inspection we found improvements had been made however, a continuing breach of legal requirements relating to the management of medicines was found.

Although managers and staff were making changes and improvements to the way medicines were managed, at the time of inspection people's medicines were not always managed safely.

Medicines were stored in locked cupboards or trolleys. At our last inspection, we found that the medicines refrigerator was not locked. At this inspection, we saw that staff secured the medicines refrigerator with a child-lock, but this did not meet the requirements for medicines storage. The fridge was within a small, locked office. Although we observed that staff locked this office when empty, different staff needed access to records kept in this office meaning that people who were not medicines trained could have access to the medicines fridge.

Staff recorded the maximum and minimum temperature of the refrigerator every day. Medicines requiring storage in a fridge should be kept between 2-8°C. Records showed that the maximum temperature of the fridge was significantly above 8°C every day since 1 May 2016 and below 2°C on 36 days since 1 May 2016; but staff did not take any action to address this. On the second day of inspection, managers told us the thermometer probe used to record fridge temperature was faulty; however, the internal fridge thermometer was functioning and showed the fridge to be within the correct range for storing medicines. The registered manager stated they would contact the pharmacy for advice about whether the medicines stored in the fridge were safe or effective. A new fridge was being supplied shortly with the introduction of the new electronic medicine system.

Staff recorded people's medicines administration on printed medicines administration records (MARs) supplied by the pharmacy. When staff made handwritten entries or amendments to MARs, they were not signed as having been checked for accuracy by a second member of trained staff. We saw that one person had the dose of their medicine changed by hand on their MAR. This person's care plan contained a handwritten 'daily report sheet' from their previous carers stating that the doctor had increased the dose of this medicine, however there was no written information from the person's doctor to confirm this. Staff had signed neither this dose change, nor a handwritten entry for an inhaler for this person. This means that staff might be recording medicines information incorrectly which could lead to errors.

Staff did not record people's allergies to medicines on the MAR, although this information was available in people's care plans. One person had differing information about medicine allergies recorded on their records; the medicines profile said no known allergies, a mid-month MAR said "allergic to penicillin" and the regular monthly MAR was blank. Another person's care plan and doctor's summary report said they were allergic to high doses of a medicine used for dementia. They were currently prescribed this medicine as a patch at a low dose, but the MAR allergy section was blank. This could lead to confusion and the person

being given a medicine to which they are allergic.

There were body maps and directions for care staff to apply creams and other external items, but these did not always match the creams indicated on the person's MAR. This could mean that people are not having creams applied as prescribed by their doctors.

One person was administering their own medicines. Staff had completed a self-medication risk assessment in June 2015, but this had not been reviewed or updated; and their care plan contained a medication agreement form which had not been completed or signed. This was not in line with the home's medicines policy that said forms should be signed weekly. Staff did tell us that they checked whether this person was taking their medicines and ordered new medicines for them as requested.

During the lunchtime medicines round, we saw staff gave some medicines before people had eaten lunch, when the medicines' directions said they should be given with or after food or a meal. This might mean the medicines are not as effective or could cause side effects.

At the last inspection we saw four people had medicines left in their blister packs that appeared not to have been administered, but had been signed by staff as given on their MAR. At this inspection, we observed one person who had been prescribed a seven day course of antibiotics to be taken three times a day, a total of 21 doses. The MAR indicated that 21 doses of this medicine had been given between 3 August 2106 and 9 August 2016, however on the morning of 10 August 2016 there were three tablets remaining in the box. This meant this person had not received their antibiotics in the way prescribed for them and they may not have been as effective.

We found aspects of medicine management were not always safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines that require additional controls were stored in a separate locked cupboard in line with expected practice. When staff administered this medicine, the records showed the signature of the person administering the medicine and a witness signature. The cupboard contained medicines belonging to people who had left the service or passed away. Staff should have returned these to the pharmacy for safe disposal in line within seven days.

Staff gave people their medicines in a safe and caring way, and asked people if they needed any medicines prescribed to be taken when required. We saw one person had a pain assessment chart, which meant staff could help them assess their level of pain and whether they needed pain relief. People told us that they could call staff if they needed medicines outside of the set medicines round times. For example, one person told us "Everyone is very good here. I get my pain relief when I need it. I feel very safe".

At the last inspection we observed that the medicine round took a long time and this continued to be the case at this inspection. The medicines policy stated the lunchtime round should take 30 minutes to complete, yet we saw it took over 90 minutes. Medicines were stored in people's rooms and a locked trolley and taken to people individually either in the dining room or their bedroom. Staff told us they made sure that the medicines round was completed in the same order so that people do not receive their medicines too close together or too far apart. At the last inspection we saw that staff were not always observing people taking their tablets, however at this inspection every person was observed taking their medicines before the MAR was signed. Staff were very caring and encouraging to people who needed support to take their medicines.

Staff with responsibility for giving medicines, had received appropriate training and were checked to make sure they were competent. Staff told us they had access to medicines training and updates. The service had plans to introduce a new electronic medicines system supported by a local pharmacy before the end of the month. Managers told us that training was planned and that staff would be supported during the change. We saw that managers were auditing medicines practices and processes. A new medicines policy had been written with support from the local care homes pharmacist. Staff told us they reported medicines errors to the manager for investigation however, there was no system for recording, analysing and learning from incidents.

A new electronic medicine system was planned for September 2016. Staff were being trained in this new medicine management process ready for its implementation.

At this inspection we found action had been taken to improve people's risk assessments. Risk assessments were in place which addressed people's risks of falls, malnutrition and risk damage. Where people had health needs for example due to diabetes their risks were recorded, known to staff and monitored. Risk assessments were in place for the use of additional equipment required to keep people safe for example, safety rails to help prevent people falling from their bed.

The registered manager reviewed incidents and accidents and recorded people's falls. These were reviewed and monitored to reduce the potential for falls. For example, one person had had a significant number of falls at the last inspection; the registered manager encouraged them to spend more time in the day lounge where staff could be on hand to support them quickly and this person's falls had significantly reduced.

Risks related to people's behaviour were considered, for example those who might neglect their self-care or drink too much alcohol. Clear guidance was now in place to inform staff how to respond to and manage potential situations safely. People's human rights were respected and staff understood those who chose to take risks and shared these risks with health professionals. Clearer documentation of decision making was evident to protect people and staff.

Body maps were now in place which recorded any injury from accidents or areas of skin damage. Staff had a better understanding of how to monitor people's skin condition and consider equipment needed to help prevent skin damage when people were at risk, such as pressure cushions. Recording of skin repositioning was much improved. We found mattress checks were now occurring and the mattress setting checked against people's weight. These improvements helped to reduce the likelihood of skin damage.

The service had introduced regular handovers throughout the day. Staff told us this meant they knew who was not well or when there had been changes to people's health. For one person whose health had deteriorated, this meant they had been checked straight away by staff following handover. Staff noticed their decline and prompt intervention was sought by staff. Staff told us these improved handovers helped to keep people safe.

Personal emergency evacuation plans had been updated for people since our previous inspection so they reflected people's needs, risks and the support they would require in an emergency situation. Staff also now used a traffic light system to identify those who might have particular health needs. This alerted staff to people with particular health needs quickly.

The registered manager had a safeguarding action plan. The service and registered manager had worked proactively with the local authority to address issues raised from the previous two inspections. This plan detailed issues which had been raised and the action required to address any areas. For example, one

action was related to moving people safely. There was now a process in place for daily visual checks of equipment, reporting of equipment faults and assessments to identify moving and handling techniques and consider referrals. These new checks helped people remain safe.

All the people we spoke with told us they felt safe at the home and felt confident talking to staff if they were worried about anything. Clear guidance was available to staff and displayed on the staff noticeboard so all staff knew procedures for reporting safeguarding.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in December 2015 we found people's mental capacity was not always being assessed which meant care may not be given in line with people's wishes. We also found care records did not clearly record people's health needs for example, those who might need their food and fluid intake monitoring or their weight. We told the provider they had until the 30 June 2016 to put this right. The provider had also submitted an action plan which advised training in mental capacity would be accessed, there would be clearer recording of people's capacity to consent to their care, and advice would be sought from professionals in relation to Deprivation of Liberty (DoL) applications. We were also told care plans and records would be updated to reflect people's health needs and staff action.

During this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. We found improvements had been made.

The 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 made on their behalf must be in their best interests and as least restrictive as possible. We found staff had a better understanding of the mental capacity act and used this in all the interactions we observed.

We found staff followed the principles of the Mental Capacity Act in their practice for example by assuming people had capacity to consent to their care. People's records were much clearer about people's capacity and gave guidance to staff on how to involve people in decision making where they did not have capacity. Records demonstrated MCA assessments were taking place as required and the principles of the MCA were being followed.

Staff told us they discussed people's care with a range of professionals and the family where appropriate to ensure any decisions were made in the person's best interests and these were now recorded.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of all people who might require one. The new care plans incorporated people's capacity to consent and DoLS information.

Staff told us "My knowledge of MCA and DoLS has definitely improved. I've done training and the new forms are easier to fill out."

People told us their healthcare needs were met. Staff often escorted people to their hospital appointments. Hospital passports had been developed since the previous inspection, these help communication between

the service and hospital as people move between services. Health professionals gave positive feedback during the inspection.

People's health needs or conditions were clearly recorded; advice sought from professionals was recorded and care plans were updated as people's needs changed. This meant all staff had the latest information and guidance to maintain their health. One health professional told us "Staff told me exactly what I wanted to know by looking at the notes; very pleased with the improvement I have seen here" and, "The communication is good, person centred."

Care records and care given by staff reflected people's dietary needs or specialist guidance. Records reflected people's needs and preferences. For example, care records reflected people's health needs such as diabetes and their allergies were recorded

Nutritional screening tools were in place and regularly reviewed. Food and fluid monitoring charts recorded people's needs when there were concerns and action was taken as needed and clearly recorded. Prompt action was taken if people were losing weight for example, and discussions with people's doctors had so consideration was quickly given to ways to reduce further weight loss.

Staff had a better knowledge of the people they cared for so knew people's food preferences and foods they were unable to eat.

People spoke positively about the food which was mostly home cooked and nutritious. People told us "The food is brilliant, all home cooked"; "All very nice" and, "Plenty to eat and drink."

During our inspection in December 2015 we found staff did not always receive appropriate training, professional development and supervision to enable them to carry out the duties they were required to perform. For example, assessments and care for people with particular health needs such as diabetes, continence needs or skin damage were not always completed correctly and staff were not always sure they were providing care which was correct. We found staff had received additional training which was ongoing. Supervision and regular staff meetings were supporting staff to embed their new learning and the changes which had been made within the service.

Requires Improvement

Is the service caring?

Our findings

At the previous inspection we found people's end of life care wishes were not always planned with them. The action plan submitted by the provider advised the new care plans would address this area. During this inspection there was no one receiving end of life care but we reviewed the care documentation related to this area and found improvement had been made.

Details about people's end of life care and wishes were incorporated into the new care planning system. Staff told us the questions in these booklets helped open up these discussions which were sometimes difficult to have.

The registered manager informed us staff would like to complete a course in this area and continue to improve people's experience at this stage of their lives.

We reviewed the treatment escalation plans (TEPs) in people's care files. These are forms which detail people's resuscitation status. These reflected people's wishes in their care records and where people did not have capacity to make these decisions the appropriate people had been consulted. Staff were clearer regarding people's end of life wishes and TEP forms matched the information held in people's care plans.

Part of the service's improvement plan was to enable people to be more involved in their care and treatment decisions. We found the new care records incorporated people's views and wishes. Staff told us, "Definitely more involvement with people in care planning." A new newsletter had been developed for people so they knew what was happening within the home and could become involved.

All the people we spoke with during the inspection commented on the kindness of the staff and we observed this throughout the inspection. Comments we received included, "It's brilliant, couldn't be looked after better"; "Staff are wonderful, they do 'carer of the month', but they all deserve to be nominated"; "I'm happy here, staff are kind and caring"; "The girls take me out for lunch which is lovely of them and such a nice change"; "It is homely, everyone is friendly, kind and the girls are good company, they come and chat to me." A relative had written to the service and to CQC prior to the inspection. The letter said, "The kindness and friendliness of the team were a key part of (x's) recovery" and, "Everyone so welcoming and supportive". Another relative commented "They helped mum build her confidence which has given me peace of mind."

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection, we found the recording of people's care was not always personalised or consistent across all records. Care records had significant gaps and staff were not always able to tell us about the care people needed or how they preferred care given. Care records were disorganised and information not recorded. The action plan the provider sent us addressed the action they were taking. We found improvement had been made in this area and was ongoing.

People now had completed and personalised assessments and care plans in place. Staff were familiar with the content of people's care plans and there was greater involvement of people and those who mattered to them in the development and reviewing of people's care plans. We found this was an area that needed embedding due to a new care planning system and people's care records were in the process of being updated. The registered manager had plans in place to achieve this in the next six months.

People's care records held details to enable staff to be responsive to their needs. For example, care records gave guidance for staff on how to care for people in relation to their skin, diet and weight, mobility and health related conditions such as diabetes. Hospital care passports and life histories were being developed so care would be consistent in the event of people needing to go to hospital.

Staff related to us how people preferred their care delivered, how people liked to be washed and dressed, what their interests were and what food they liked and didn't like. For example, staff told us one person liked their door open but their blinds shut. During the inspection we saw one person in their favourite spot in the dining room. Staff told us "We know more about people now."

Staff told us they participated in handovers and there was written information for staff which they told us kept them updated. This meant staff could keep up to date on people's care needs and they were responsive to people's needs.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the provider did not have adequate systems and processes in place to ensure the quality of the service. At this inspection we found significant improvements to the quality monitoring of the service.

Regular audits and checks had been developed since the previous inspection and were taking place regularly. Most audits identified where there were problems and the action required to remedy the issues. We spoke to the registered manager about ensuring staff understood the reasons for the checks and what they were checking for. This would help develop a culture where staff questioned practice and understood the rationale for the changes being made.
The registered manager had received guidance and support from the local authority and was acting on recommendations made to embed the changes and develop the audits needed to help monitor the delivery of high quality care. A professional from the local authority told us, "They (referring to the registered manager and one of the directors) have been very receptive, very engaging, willing to change and improve – they are moving in the right direction" and, "A new action plan is in place with ongoing monitoring, they have invested in a lot of training and there are now "champions" for specific roles."

At the last inspection we found all significant events had not been notified to the Care Quality Commission (CQC) in line with legal requirements. The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations and we had received notifications since the previous inspection.

The registered manager had systems in place to ensure the building and equipment was safely maintained. The utilities were checked regularly to ensure they were safe. Health and safety checks such as that for fire safety equipment took place regularly.

People and staff spoke positively about the registered manager and felt comfortable approaching her. They felt any issues would be heard and acted on. People and their families were asked to complete questionnaires but were also asked their opinion informally. Feedback was positive.

Staff confirmed they were able to raise concerns and said these were dealt with properly by the registered manager. Staff had a good understanding of their roles and responsibilities and said they were supported by the registered manager. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they were working better together. A recent team effort was a garden party which raised over £500 for the residents' fund.

The registered manager and provider took an active role within the running of the home and had good knowledge of the people and the staff. The lines of responsibility and accountability within the management structure were clear.

The registered provider promoted the ethos of honesty, learned from mistakes and admitted when things

had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. We found the registered manager and provider responsive to inspection feedback and keen to improve the quality of the service and care provided.

There was a whistleblowing policy in place to protect support staff and staff felt confident reporting concerns to the registered manager however an external person had also been identified that staff could speak with in confidence. The registered manager had put this in place as family members worked at the service and they wanted to ensure this would not hinder staff disclosing any information of concern.

The local authority were working closely with the service at the time of the inspection and staff and the registered manager had found the advice and support helpful. The registered manger was now attending local forums where good practice was discussed and shared and had also registered for a leadership course run locally.

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 Regulation 12(1) (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2104. Safe Care and Treatment Care and treatment was not always provided in a safe way. The management of medicines was not always proper and safe.