

Supreme Care Services Limited

Liberty 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?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

We visited the service on the 23 and 24 July 2015. The first day of the inspection was unannounced and we informed the manager that we would be returning on the second day to complete our inspection.

The aim of the inspection was to carry out a full comprehensive review of the service and to follow-up on the three required actions made at the previous inspection in May 2014. Between September 2014 and March 2015 the home was dormant which meant there

were no people using the service and we were unable to inspect the service during this period. At this inspection we found the provider had followed their action plan and improvements had been made in the required areas.

Liberty Lodge provides care and accommodation for up to five people who have mental health needs. There were five people using the service at the time of this inspection.

There was a registered manager who had worked at Liberty Lodge since February 2014. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

The manager had improved the arrangements for staff supervision and training to ensure that people received appropriate care and support.

She had also strengthened the arrangements to monitor the quality of the service. New audit systems had been introduced and regular checks were being carried out. People using the service, their relatives and staff were provided with more opportunity to share their views.

The environment was well maintained and decorated to comfortable standards. Since our last inspection essential repairs and redecoration had been carried out.

Although there had been improvements we found that the provider's arrangements for assessing people's needs were not always effective and this could place individuals at risk of receiving inappropriate care or treatment.

We also found that the service did not follow consistent safe practice for the recording and safe administration of people's medicines. We have made a recommendation about the management of medicines.

People told us they felt safe living at Liberty Lodge. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role. Risks to people's health and safety were being well managed and the service encouraged people to take positive risks.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The manager and staff understood the requirements and took appropriate action where a person may be deprived of their liberty.

People were positive about their day to day lives and their experiences of the home. They told us that staff listened to them, were approachable and respected their choices.

People's needs were regularly monitored and reviewed to make sure the care was current and relevant. The care records included guidance for staff to safely support people by reducing risks to their health and welfare. The manager and staff team were developing a more person centred approach to recording people's care and support needs.

People were supported to keep healthy and the service made sure health and social care professionals were involved when people became unwell or required additional services.

There were effective recruitment and selection procedures in place to help ensure people were safe and being cared for by suitable staff.

People told us they were actively involved in decisions about their care and treatment. Staff showed understanding, patience and treated people with respect and dignity. People were encouraged to build and develop their independent living skills both in and outside the service. Individuals were supported to maintain relationships with their relatives and friends.

There was an open and inclusive atmosphere in the service and the manager showed effective leadership. Staff were clear about their roles and responsibilities and felt supported by her.

People were involved in reviewing and providing feedback on the care and support they received. The provider carried out regular audits to monitor the quality and health and safety of the service and to plan improvements. Where improvements were needed or lessons learnt, action was taken.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessing for the needs of people using the service. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. This was because there was inconsistent practice around the recording and safe administration of people's medicines. The provider was taking action to improve practice around medicines management following a recent pharmacy audit.

People felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Staff knew how to minimise risks whilst supporting people to live their life as independently as possible.

Staff were recruited safely because the appropriate checks were undertaken. There were enough staff to provide the support people needed.

The environment was regularly checked to ensure the safety of the people who lived and worked there.

Requires Improvement



Is the service effective?

The service was effective. Staff had the skills and expertise to support people because they received on-going training and supervision.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

Good



Is the service caring?

The service was caring. People were involved in making decisions about their support and setting their own goals about what they wanted to achieve.

The relationships between staff and the people they cared for were friendly and positive. Staff spoke about people in a respectful way and supported their privacy and dignity.

People were supported to maintain relationships with their friends and relatives. Staff knew people well and what was important to them.

Good



Summary of findings

Is the service responsive?

The service was not always responsive. People's needs were assessed, but risks to their health and welfare had not always been effectively identified and managed.

People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded quickly when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were asked about their preferences, staff encouraged them to follow their interests and to develop independent living skills.

Requires Improvement



Is the service well-led?

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

People who used the service and their relatives were encouraged to express their views about the standards of care. Quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Good



Liberty 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the service on the 23 and 24 July 2015. The first day of the inspection was unannounced and we informed the registered manager that we would be returning on the second day to complete our inspection.

The inspection was carried out by one inspector. We spoke with all five people using the service, the registered manager, area manager and two members of staff during the course of our visit.

We looked at three people's care records to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we spoke with a professional involved with the service to obtain their views about the care provided. They agreed for us to use their feedback and comments in our inspection report. The manager also sent us the most recent record of staff training.

Is the service safe?

Our findings

At our previous inspection in May 2014 we found that areas of the home were in need of redecoration, repair or refurbishment and some parts of the premises were unsafe.

At this inspection we found the provider had made improvements and people were provided with a safe and well maintained environment. Fence panels had been replaced in the rear garden and the garden was free of hazards. Replacement flooring had been fitted where needed and appropriate window restrictors had been installed. Broken furniture had been replaced in people's bedrooms and there were records to show that health and safety checks were routinely carried out at the premises.

People told us they collected their medicines independently from community mental health services and gave them to staff for safe keeping. One person took responsibility to self-administer their medicines and had signed a risk assessment to support this. Medicines were stored safely in a locked cabinet and staff kept up to date records for their receipt, administration and disposal. Most of the records we looked at were correct but the dose information for one person's medicine was recorded incorrectly on their medicine administration record (MAR). The medicine was prescribed as required [PRN] but staff had recorded that the dose should be given four times a day. This information was different to the pharmacy advice on the label. For the same person, there were also three gaps in the signatures for administration. We evidenced that the person had received their medicines and identified this was a recording error. The manager acknowledged that further checks were needed and planned to carry out more audits and observational checks on staff competency around administration.

The registered manager told us the supplying pharmacist had recently completed a full medicines audit and identified some improvement actions. These included checking for missing signatures on the MARs, to record the temperature where medicines were stored and to label topical medicines such as creams when they were opened. We saw that the manager had begun to address these improvements and undertaken her own audit of medicines. Staff had attended training on the safe handling of medicines through the pharmacist in June 2015. The

manager told us they were also in the process of completing an additional distance learning course. We saw workbooks to support this. As a further safeguard, staff completed daily checks on medicines administration.

People had written profiles about their medicines which included details about the name of the medicine, the dose and date of prescription. We discussed adding information about the reasons why people were prescribed PRN medicines and the circumstances and frequency they should be given. We saw that the pharmacist had provided protocol forms for the manager to complete.

There was an up to date policy and guidance about the safe handling of medicines and staff we spoke with were clear about their roles and responsibilities in relation to medicines. For example, they knew what action to take if people refused to take their medicines.

We recommend that the service refers to current best practice as outlined in the NICE Guidance on Managing Medicines in Care Homes.

People confirmed they felt safe living at Liberty Lodge. One person said, "I have no concerns" and commented they "would tell the police" if they were concerned about abuse. Another person said, "We are in safe hands here." Staff knew about the different types of abuse people may face and what action to take to safeguard people from harm. They had received safeguarding training and were clear about their responsibility to report any suspected abuse.

Records held by CQC showed the service had responded appropriately to any allegation of abuse and made appropriate safeguarding referrals when necessary. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. A professional involved with the service confirmed that recommendations made by the local authority had been addressed following a recent safeguarding incident. They told us, "They [the manager and staff] have worked well with safeguarding."

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was up to date guidance for staff on the ways to keep people safe in their home and in the local community. Where risks had been identified, information on the person's progress was also monitored and recorded. Individual risk assessments included information about

Is the service safe?

protecting people from discrimination and exploitation. Staff knew about situations where people's safety may be at risk. They gave examples of this such as ensuring one person had one to one support in the community and to inform the relevant professionals if a person's mental health deteriorated or they refused to take their medicines. Staff were also aware of the reporting process for any accidents or incidents that occurred.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. Practice evacuation drills were regularly held involving both people using the service and staff. The manager told us that the home had recently been inspected by the local authority fire safety team. In response to their findings, she had revised the fire risk assessment for the building and written personal emergency evacuation plans (PEEPs) for each person.

The provider had robust recruitment procedures which helped ensure that people were protected from unsafe care. Records evidenced that the correct recruitment checks were undertaken before staff started work. These checks included a proof of identification, eligibility to work

in the United Kingdom, two references, training and qualifications, a full employment history and criminal records checks via the Disclosure and Barring Service (DBS). There was also information about employees' physical and mental health and a record of interview questions held on file. Staff confirmed that they were not allowed to start work until the necessary checks had been completed. Staff records were well organised and the manager used a recruitment progress report to ensure that all required checks had been obtained.

People told us they received enough staff support. On the day of our inspection we saw that staff were available for people when they were needed. There were two care staff on duty throughout the day with one staff available at night. In addition the registered manager worked flexibly throughout the week and was available to provide support if required. Staffing rotas confirmed that this staffing ratio was maintained. Staff felt the levels were sufficient to meet people's needs; they were not rushed and were able to spend time with people. Where individual needs directed, staffing levels were adjusted. For example, the number of care staff had been increased during the day in response to a person's changed needs, which determined more staff were needed to keep the person safe.

Is the service effective?

Our findings

At our inspection in May 2014, we had concerns that staff did not receive adequate supervision and training to fulfil their roles effectively and meet people's needs. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken to address this.

The registered manager had improved the systems for staff supervision, training and development. She told us a new staff team had been employed since the home re-opened in March 2015. Staff confirmed they completed an induction which involved one to two weeks of mandatory training depending on experience. Records supported what they told us and staff completed a workbook of learning objectives. The provider's induction training consisted of learning modules that covered key aspects of care such as person centred support, effective communication, equalities and safeguarding. Mandatory courses included infection control, fire safety, food hygiene, health and safety, first aid awareness and moving and handling. An electronic training record enabled the manager to monitor the training staff received and ensure they were up to date. Staff files also contained certificates to show what training had been completed and when.

Our discussions and records showed that staff had previous experience in caring for people with mental health needs. The manager explained that the local authority had been supporting the home with training and they were awaiting availability for refresher courses on mental health awareness, person centred care planning and safeguarding. Staff told us they were encouraged to undertake qualifications to develop their skills and knowledge.

People felt that the staff team had the right skills to support them. A professional told us, "The care is more than sufficient, staff have worked hard to manage behaviours for [name of person using service]."

Staff told us they met with the manager every two to three months for supervision. There were records to support this with dates set for further supervision sessions. Staff felt supported and able to discuss any issues with the manager at any time. One staff member told us, "I have had

supervision and suggested more community activities. I'm always being asked for more ideas by the manager."

Another staff member said, "The manager always asks how you are." The manager had also planned yearly appraisals for staff to review their work performance and personal development.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and when these applied. This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. A DoLS application is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests. Following a recent incident the registered manager had identified it was unsafe for one person to access the community unaccompanied. There were records to show they had submitted an appropriate application to the local authority.

Staff demonstrated that they gained people's consent and involved people as fully as possible in day to day decisions. Some staff had completed MCA training provided by the local authority and there were plans for remaining staff to attend. Staff were clear about respecting people's decisions to refuse and what action to take if they were concerned about the impact on a person's health or wellbeing, for example, if a person declined to take their medicines. Staff were aware also that family and other professionals must be involved if a person lacked capacity to make a decision.

Policies and guidance were available to staff about the legislation there was also a poster displayed about the principles of the Mental Capacity Act.

People commented that the food was good and included their choices. We observed that people had chosen different meals for lunch and staff had supported them with their preferences. Care plans included information about people's food preferences, including cultural choices, any dietary needs and any risks associated with eating and drinking. Staff demonstrated they were aware of individuals' needs. For example, one person needed encouragement to eat and sometimes refused their meals. Staff explained they completed record charts to monitor the person's food intake and weight and would contact the GP as necessary.

Is the service effective?

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Individuals told us they regularly met with health and social care professionals to ensure that they stayed as well as possible. Following a person's admission, a new patient check was arranged with the GP. Care records showed that other professionals were consulted and involved when there were changes to people's health or wellbeing. For example, one person had involvement from a physiotherapist following a change in their mobility needs.

Records showed that staff had followed the advice and guidance provided by health and social care professionals.

Staff we spoke with were aware of potential triggers for people's anxiety or changes in their mental health. One staff member explained how they used discussion and reassurance to support a person and engage them in activities when they became unsettled. Staff also told us, "We have good links with the GP and mental health team."

Each person had a hospital passport. This contained information about how staff should communicate with the individual concerned along with medical and personal details. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of the person's needs.

Is the service caring?

Our findings

People spoke positively about the conduct of the staff. One person told us, "All of them [staff] are alright, they respect my choices." Another person said, "If I'm feeling low, the staff encourage me."

A professional told us staff were "flexible in the way they care" and described one member of staff as "very very good."

During our inspection people were relaxed and comfortable in the company of staff; they shared jokes together and staff were attentive to what individuals had to say. On one occasion a person became verbally abusive towards a member of staff. The staff concerned spoke with the person in a calm and reassuring way which helped the person to relax and talk about what was upsetting them. We also observed the manager reassure an individual who presented with anxieties about issues that were affecting them. The manager showed kindness and empathy in their approach and took time to discuss the issues with the person.

People said they felt involved in their care and treatment and were asked for their opinions. When a person first moved to the service we saw they were asked about their preferences and were given contract information about the terms and conditions for staying at the home. This outlined people's rights and responsibilities which they had signed in agreement. The care records recognised individual preferences and showed how people liked things done. Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans.

The registered manager and staff told us that care was about enabling and allowing people to do as much for themselves as possible. One staff member told us it was important to "empower people to gain confidence and independence." Another staff said, "We are here to make them the most independent they can be." The care plans recognised the importance of rights and values and included outcomes for people such as, "to have maximum choice and control."

People told us they chose how they spent their time and organised their lives. One person told us, "Staff respect if you want a lay in" and another individual said, "The staff give us choices, they ask about food and what I want to do." Our discussions with staff showed they knew people well and respected their decisions. One staff member told us "We always ask people what they want to do and where they need support." They shared an example where a person wanted to get up later in the morning.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional, and explained how people would continue those relationships.

During our inspection, people chose where they wished to spend their time. The staff respected people's own personal space by knocking on doors and allowing individuals time alone if they requested it. People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

Is the service responsive?

Our findings

People made positive comments about the service and felt staff responded to their needs. One person told us, "I've come a long way" and "Everything's going well."

People's care and support needs had been assessed before they moved into the service. Individuals confirmed they were able to visit the service and had met with the manager before moving in. One person told us, "The manager met with me three times before coming here." Assessments we viewed showed that people were involved in discussions about their care, support and any risks to their health and wellbeing. These assessments had been carried out by the area manager and contained information about people's life history, medical background, prescribed medicines and their care and support needs. In one person's file however, we found that incorrect information had been recorded about the management of a specific health condition. The area manager advised that they were given the information by the person during the initial needs assessment. We were concerned that the service had not fully assessed the person's medical background or consulted with a relevant healthcare professional to verify the diagnosis. In addition, management and staff had not received training on how to support a person with such needs. This meant the person was at risk of receiving inappropriate care or treatment. Following our inspection, the registered manager arranged for the person to attend an appointment with their GP and confirmed that they were arranging training for staff. However, we were not assured that the provider had fully assessed people's needs and done all that was reasonably practicable to assess and mitigate risks to their health and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other care plans we checked were up to date and reflected people's assessed needs. They included short and long term outcomes for the person and also included information about keeping people stable and well. The plans considered all aspects of a person's life, including their background, strengths, hobbies, social needs, dietary choices, health and personal care needs, preferred routines and ability to take positive risks.

The service took account of people's changing needs and their care and support needs were regularly reviewed. This

was achieved through monthly keyworker meetings and care reviews every year or more frequently where needs had changed. When this happened, people's records were updated appropriately. Keyworkers wrote a monthly report on whether goals had been achieved and highlighted any other significant events or issues. This review process helped the registered manager and staff evaluate how people's needs were being met. A professional told us they were kept regularly updated about the wellbeing of a person they worked with.

Staff had a good understanding of people's individual needs and how to support them. One staff member described how they used distraction techniques by engaging a person in activities as soon as they became anxious. Another staff member explained the importance of discussion and reassurance for another person. Staff told us they would contact the GP or relevant mental health professional if they were concerned about a person's health or wellbeing.

Staff gave examples of the different levels of support and encouragement people needed to achieve their goals and return to living independently. They recorded what support people had received on a day to day basis. This included details about each person's daily experiences, activities, health and well-being and any other significant issues. Staff knew what activities people enjoyed and supported them with their preferred interests. The manager advised they were in the process of helping one person find suitable employment.

People were encouraged and supported to carry out household tasks such as cleaning, laundry, meal preparation and cooking. We saw individuals chose and prepared their lunch with support from staff where needed. One person told us, "I get involved in cooking, can make a drink and the meals are lovely."

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to their food preferences, interests and cultural background. All staff had undertaken training on equalities and diversity and knew how to respond to people's individual needs. Staff spoke about how they met these needs such as supporting one person to buy and cook the cultural foods they liked.

People said they would speak to the manager or their keyworker if they needed to complain about anything. They

Is the service responsive?

were also encouraged to discuss any concerns or worries through monthly meetings with their keyworker. The complaints procedure was displayed within the service and available in an easy read format to help people understand the information. Records showed there had been no complaints about the service since our last inspection.

People shared their views and experiences of the service by taking part in meetings and through daily discussions with staff and management. At the most recent meeting, we saw that a new person had joined the service and people shared a meal together. Individuals spoke about wanting to participate in more cooking activities and discussed their food preferences.

Is the service well-led?

Our findings

At our inspection in May 2014, we found the provider did not have appropriate systems in place to regularly assess and monitor the quality of service that people received. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and there were more opportunities for people to share their views and opinions. A comments and suggestion box was available and quality assurance questionnaires were provided to people shortly after they moved to Liberty Lodge. One of the questions asked individuals to comment on what was most important in making their move a positive experience. A person using the service wrote, “being treated like a grown up adult” and “preparing me for independent housing and wellbeing.” The manager had also sent questionnaires to relatives and professionals involved with the service although they had not received any responses at the time of our inspection.

The registered manager had introduced more audits to monitor the quality of service provision. These included checks on records such as care plans, risk assessments, health and safety, the presentation of the environment and medicines. After audits had been carried out the manager used them to identify areas where improvements were needed and an action plan was put in place to ensure changes were made. The manager knew what was required to develop the service, such as improving people’s care records, organising more staff training and implementing further medicines audits. Following our inspection the manager sent us prepared documents for making care plans more person centred.

The manager encouraged open communication with people, relatives and staff. We observed people approach and speak with her throughout the day. The manager was welcoming and took time to listen and advise. One person said the manager was “very nice” and a staff member told us, “The manager will often interact and engage with service users.” A professional commented on effective communication with the manager. They told us, “There is lots of emails/ telephone calls; she keeps me informed as necessary.”

Staff told us they worked well together as a small team and were clear about their roles and the aims of the service. They said there was ongoing information exchange about people’s needs and matters that affected the service. This was achieved through regular meetings, a communication book and daily shift plans. At the most recent staff meeting, staff talked about engaging people more in food preparation, medicines management, MCA and DoLS, punctuality and team working.

Staff told us they felt well supported by the manager and were comfortable to raise any issues with her. One told us, “She always asks how staff are and makes you feel comfortable, there no restrictions.” Another staff member described the manager as “very supporting” and “fair with staff, responsible.”

Staff also understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. There was a whistleblowing procedure available to staff.

The registered manager ensured her own personal knowledge and skills were up to date. She had attended learning events and kept up to date with best practice. This included attendance at forums and training courses run by the local authority. We saw that information from these events was cascaded down to staff through meetings.

The local authority had completed an infection control audit in the home and made some recommendations for the manager and staff to implement. We saw that appropriate action had been taken at their follow up visit. The service had also been working with the local authority to enhance staff training. This showed that the provider worked in partnership with other professionals to support care provision.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared with staff through regular supervision and meetings. Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered manager had notified us appropriately of any reportable events.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People were not always protected from unsafe care or treatment because the registered person had not done all that was reasonably practicable to assess and mitigate identified risks to them.</p> <p>Regulation 12 (2)(a)&(b)</p>