

Anchor Trust

Ferendune Court

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

We visited Ferendune Court on 24 and 25 February 2015. Ferendune Court provides residential care for people over the age of 65. Some people at the home were living with dementia. The home offers a service for up to 47 people. At the time of our visit 38 people were using the service. This was an unannounced inspection.

We last inspected in September 2014 when we followed up on actions we had asked the provider to take in relation to care and welfare and nutritional needs. At this inspection we found people's care and welfare needs

were not always being met. We also found people's records were not always current and did not protect them from inappropriate care and treatment. At our inspection in February 2015, we found the provider had taken action to address these concerns.

In February 2015, there wasn't a registered manager in post at the service. The provider had an interim manager was in post at Ferendune Court to ensure the service was managed effectively. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

Staff did not always report incidents where people may be at risk of harm to the manager. This meant people may be at continued risk because incidents may not be investigated and action taken to prevent them happening in the future. Staff had all received safeguarding training, and the staff we spoke with knew the importance of reporting concerns to the manager and provider.

People were treated with dignity and respect. Care staff knew the people they cared for, what was important to them and how to promote their independence. Care staff took time to talk to people and make them feel valued.

People were supported to take risks with support and guidance from care staff. People were assisted with all aspects of their care by patient and compassionate care staff.

People had access to a variety of activities and events. People enjoyed these activities. People spoke positively about the food they received. Where people had specific dietary needs, or were at risk of malnutrition action was taken to meet their needs.

Peoples' care plans provided clear details for staff to follow. Senior care staff and the home's activity co-ordinator had ensured people's preferences and life histories were recorded. Staff used this information to build positive relationships with people.

There were enough staff to meet the needs of people living at Ferendune Court. People, visitors and staff spoke positively about the relationships they had. Staff had the training they needed to support people, and had access to professional development and qualifications based in care.

The manager and regional support staff from the provider had implemented effective systems to monitor the quality of the service they provided. Information from audits and people's feedback was used to ensure improvements were made to the service.

Staff had access to training they needed to meet people's needs. The manager had made applications where people were being deprived of their liberty, these had been completed in accordance with the Deprivation of liberty safeguards. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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. Care staff did not always report allegations of abuse, where someone may be at harm.

There were enough staff to meet the needs of the people living at the home. People received their medicines as prescribed.

People were supported to take risk's and care staff ensured risk was managed to protect people from harm.

Requires Improvement



Is the service effective?

The service was effective. People were supported to maintain their nutritional needs. People had support around their on-going healthcare needs.

Where people were being deprived of their liberty to ensure their safety, the manager ensured this was done in accordance with the Deprivation of Liberty Safeguards.

Staff had the training and support they needed to meet people's needs. Staff had access to professional development to further their knowledge and skills.

Good



Is the service caring?

The service was caring. People made decisions regarding their care.

Staff were kind and compassionate. People were cared for by staff who respected their individuality.

Staff knew the people they cared for and provided support to make people feel comfortable.

Good



Is the service responsive?

The service was responsive. People were involved in planning and reviewing their care needs.

People were supported with activities and were able to spend time with staff. Relatives were informed when people's needs changed.

The service sought people's views and had acted on people's comments to change the service.

Good



Is the service well-led?

The service was well led. However, there was no registered manager in post which is part of the service's registration condition.

The provider had supplied an interim manager who was highly regarded by people, visitors and staff.

Requires Improvement



Summary of findings

<p>The manager had support from regional support staff and had effective systems to monitor the quality of service provided to people.</p>	
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Ferendune Court

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 24 and 25 February 2015 and was unannounced. The inspection team consisted of one inspector.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams. We also sought the views of one healthcare professionals.

We spoke with 10 of the 38 people who were living at Ferendune Court. We also spoke with two visitors. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

In addition we spoke with four care workers, two senior care workers, the chef, a kitchen assistant, a hostess, the manager, regional manager and a member of the regional support team. We looked around the home and observed the way staff interacted with people.

We looked at seven people's care records including their medicine records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service.

Is the service safe?

Our findings

Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and told us of their responsibility to report any concerns promptly. However one person's care plan showed two occasions where care staff or other people had reported the person had touched someone inappropriately. The allegations were documented on the 27 January 2015 and 15 February 2015, no care staff had raised these allegations to the manager. This meant people could be at risk of possible abuse because action had not been taken by care staff to report these concerns.

We discussed these concerns with the manager during the course of our inspection. The manager told us they were unaware of these concerns and immediately discussed one of the events with the care worker who recorded the incident in January 2015. The manager told us the care worker did not believe the person had acted inappropriately, however had recorded this on the person's care plan. The manager also ensured action was taken to ensure people were safeguarded after being made aware of these concerns.

This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us if they felt their concerns weren't acted upon they would contact local authority safeguarding or the Care Quality Commission.

People told us they felt safe at the home. Comments included: "I'm safe here", "I'm as safe here as I would be at home", "I'm happy and safe here, it's better than where I've been before" and "I feel safe here, I have no complaints." Staff told us if they felt their concerns weren't acted upon they would contact local authority safeguarding or the Care Quality Commission.

People and their visitors told us there was always enough staff on duty. One person said, "staff always come when I need them. I'm never left waiting." A visitor told us, "there is always someone around if needed." We observed that call bells were answered quickly by care workers. The manager had discussed staff responsibilities when responding to call

bells, to ensure people were not left waiting for support. The atmosphere in the home was calm and we observed care staff taking time to chat with people and enjoy activities and cups of teas.

Staff told us there were enough staff to meet the needs of people. Comments included: "We do have enough staff, and we're recruiting staff so we can meet the needs of people", "We have reduced staff due to a drop in occupancy, however we have enough staff, and we're all well trained" and "we definitely have enough staff, it can still be busy, however we have time to spend with people away from providing personal care." The manager used a dependency tool to identify how many staff were needed to meet people's needs. Staff rotas showed staffing levels within the home met the target set by the manager.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. In addition staff told us they received induction training and a period of shadowing of more experienced staff.

People had assessments which identified risks in relation to their health and wellbeing. These included moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to maintain their independence. For example, detailed risk assessments were in place to enable people to safely self-medicate.

One person was supported to take risks around their care. They liked to walk around the home with a wheeled frame, however due to their dementia were not always aware of risks, including trip hazards. Care staff had sought the support of healthcare professionals to support this person with their mobility. Care staff ensured the person could walk around the home and removed any trip hazards. One care worker told us, "they like to walk, it makes them happy, however they're not always aware of risks. We supervise and make sure any potential hazards could be removed."

A senior care worker told us how they used training in falls management to protect people from the risks of falls. They said, "We've discussed about supporting people when they move in, making sure we involve them in how their furniture is set up. If we make their rooms as similar to

Is the service safe?

people have been used to, this increases their familiarity and reduces falls. They also told us they had used what they had learnt in training to discuss changes in the home to reduce the risk of people falling.

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by a senior member of staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

We observed two senior care workers assist people with their prescribed medicines. They always ensured people had time and support to take their medicines. They gave people time to refuse medicines and provided encouragement if needed. One senior care worker said, "One person sometimes refuses to take their medicines, as they have been going to bed earlier. We take time to encourage them, which usually works. We have also contacted the person's GP to see if we can change when they receive their medicines, to suit their choices."

Is the service effective?

Our findings

At our inspection in September 2014 we found people were not always protected from the risk of choking. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the September 2014 inspection the provider sent us an action plan which detailed how they would ensure people were protected from risks associated with their care and welfare. During our February 2015 inspection we found action had been taken and people were protected from the risk of choking.

Where people had been assessed as at risk of choking, they had been seen by a speech and language therapist. Their care plan and risk assessments reflected the recommendations made. These risk assessments provided care staff with clear information on people's needs such as thickened fluids. Care staff knew how to prepare thickened fluids.

One person was at risk of choking, as they were at risk of swallowing their food without chewing. This person was provided with a soft diet which protected them from this risk. Care staff told us about the support this person required to protect them from the risk of choking.

People spoke positively about the food they received at the home. Comments included: "the food is lovely, there is quite a bit of change and variety", "staff are really good at providing us choice" and "we've had meetings to discuss food and drink." People were asked for their feedback regarding their meals. Where they had any concerns the chef responded to these concerns.

The manager ensured all staff had information on people's dietary and nutritional needs. Every week the manager ensured care and catering staff had information where people had lost weight or if any of their needs had changed. We spoke with the chef who told us, "we get the information we need. I'm informed of weight loss and then we'll look to fortify people's food." The chef told us how they catered for people with diabetes and lactose intolerance, which included providing different meal options to cater for people's needs and preferences.

People and their visitors spoke positively about the support they received from care staff. Comments included: "The staff are very good, they know people's need", "the carers know how to help me" and "the staff have been wonderful, they keep me comfortable and help me with pain."

Care staff told us they felt supported by the manager of the service. Care staff had regular supervision or an annual appraisal (a one to one meeting with their line manager). However, where staff had received supervision it was not always clear how staff were being supported with their professional development. One care worker told us, "I have been supported to develop how I choose. I have also requested access to a NVQ level 3 (A healthcare qualification), I haven't heard anything yet". We saw this person's supervision record which documented their request, however there were no actions from this meeting. We discussed this with the manager and regional manager who told us the provider was looking at their supervision process and would identify how they could meet care staff's professional development needs. This action was also part of the providers 'service improvement plan' for the service.

Most staff spoke positively about how the provider encouraged them to develop professionally. One care worker told us how they had been supported to take a qualification in dementia care. They said, "I wanted to do a recognised qualification in dementia care. I was supported to do it. I've been able to bring my training into the home." A senior care worker told us, "most staff have qualifications or diplomas around dementia." We saw training records held by the manager which showed care staff had access to professional development.

Staff told us they had a range of training to meet people's needs and keep them safe including safeguarding adults, moving and handling and fire safety. Staff spoke positively about the training they had received. Comments included: "We have the training we need", "there is always quite a lot of training, and I've been able to request the training I feel would help me, help people" and "We've had support from district nurses around catheter care, this gives us the skills we need to meet people's needs."

Deprivation of Liberty Safeguards (DoLS) authorisations were applied for appropriately. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. Where people were deprived of their

Is the service effective?

liberty, this was done in accordance with best interest assessments and legal processes. The service ensured where people could not make specific decisions, best interest decisions were conducted and respected. We observed that people were cared for in the least restrictive way to ensure they were protected from unnecessary care and treatment.

Staff understood their responsibilities under The Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). One person had a best interest assessment over their accommodation. Care staff, the person's GP, family and social worker were involved in this decision. The person's views were also sought and it was in their best interest to stay at Ferendune Court.

Staff were confident in assisting people with behaviours which may challenge. Care staff knew how to support

people to assist them without making them anxious. For example, staff knew one person could become anxious in a loud environment. Staff supported this person to go to quieter parts of the home and ensured they were comfortable and content. The person's care records showed the person had not exhibited a behaviour that challenged for a few months.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses, speech and language therapists, and other professionals from the Care Home Support Team. One healthcare professional told us staff sought their advice when necessary. They also said when advice was provided, this was followed. They told us, "There is a much better feeling within the home. Staff ask for advice, they really want to make this a good home."

Is the service caring?

Our findings

People and their visitors told us they were treated with kindness and compassion by care staff. Comments included: "The staff are so kind and caring. They care for us and we care for each other", "the staff are genuinely very caring", "the staff are caring, if there is anything not quite right we can talk to them, they listen and do something about it" and "Staff are always caring, they take time to talk to me, they treat me well."

We observed a number of positive caring interactions between care staff and people. For example, one care worker assisted a person with their choices over lunch. The person asked for a hug, which the care worker provided. The person and the care worker talked briefly and the person was supported to make a choice. The person was happy and told us they enjoyed their lunch. They also told us, "I trust them, I know they care for me."

During lunch care workers showed people meals which were plated up to assist people to make a choice over what they would like to eat. Care workers told us the importance of using visual aids to assist people with dementia to make an informed choice. One care worker said, "They can see and smell the food. It makes it easier for them to make a choice rather than telling them what's available." Another care worker told us, "I provide two options at a time and support [people] to make a choice. If you provide too many options it can lead people to become frustrated or not get the meal they most enjoy." We observed care workers offering people choice using visual prompts, care staff took time to ensure people could make an informed choice. One person told us, "I am always offered choice. They never make a decision for me."

People's choices around their health care needs were respected. Care staff told us about one person whose hearing aid had stopped working. The person did not wish to go to hospital to get the hearing aid replaced and did not wish to wear it. One care worker told us, "It was their choice, we talked to them about this. They are able to communicate their choices. We use visual aids when needed." We looked at this person's care plan which recorded the choice they had made, with the support of their family.

Care staff told us they were supported to build positive relationships with people. One care worker told us, "I have

time to talk to everybody. it's important. It gives us time to build relationships. Communication is fundamental to that." We observed this care worker sit with a person and have a cup of tea with them. The person talked throughout and was happy and smiling.

Care staff knew the people they cared for, including their likes and dislikes. One care worker told us how they talked with one person about their previous employment. They said, "they like to talk about their job and their travels" and the activity co-ordinator was going to involve the person in upcoming interactive cruise events in the home.

People's rooms had memory boxes or posters on their door. These boxes and posters were decorated with information and pictures which were important to people. One person we spoke with told us how they knew where their room was, because of the picture in their memory box. We observed another person was able to tell us where their room was, because the poster on the door had a picture they had chosen.

People were treated with dignity and respect. We observed care staff assisting people with activities during our inspection. One person was sitting in a recliner chair. As they moved a care worker identified they had moved their skirt. The care worker asked for permission to reposition the person's skirt. They did this, which helped protect the dignity of the person.

Care staff told us how they ensured people were treated with dignity and respect. Comments included: "we make sure people's doors are shut when providing personal care", "We use towels to ensure people are covered to maintain their dignity" and "communication is so important, we need just do something. We explain it first."

A member of the home's domestic team told us how they used their knowledge of people to identify any concerns with people's wellbeing. They said, "I can say to care staff, someone isn't their self. I did this once and care staff came back to tell me they had an infection. I was able to identify this quickly as I talked to the person a lot."

Two visitors spoke positively about the service and the care their loved one's had received. They told us how the service always promoted people's independence and choice. They said, "We can't fault the home. Our friend is given choice over every thing and staff respect that choice. It's a great home and gives us peace of mind."

Is the service responsive?

Our findings

At our inspection in September 2014 we found people's care plans were not always current or being reviewed. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the September 2014 inspection the provider sent us an action plan which detailed how they would ensure people's care plans were detailed and current to their needs. At this inspection we found action had been taken and care staff had ensured people's care plans were person centred and current.

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. People's care records showed where people and their relatives had been involved in planning their care and documenting their preferences. Each care plan documented if people wished to have a male or a female care worker, and what parts of their personal care they liked to do themselves.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs.

People told us they were involved in planning their care. We also saw where appropriate, people signed documents in their care plan which showed they wished to be involved. One person explained how they were involved in their care, and had chosen to come to the home following discussions with their family and doctor. They said they were unable to cope by themselves at home and felt supported to settle in. Staff also told us family involvement in people's care was encouraged. People we spoke with had family members who were actively involved in supporting them to make decisions about their care.

People had access to a range of activities. These included one to one visits, quizzes, ball games and board games. People spoke positively about the activities arranged for them. People told us: "there is a good variety of activities", "It's a sociable home and I like it", "It's nice to sit with others and enjoy the quiz."

People were asked for their views about the events and activities they would like to do. People told us they had been asked where they wanted to go on a cruise event in

the home (an event where the home goes on an interactive cruise to other countries). The activity co-ordinator told us they had asked people which countries they would like to "visit". They told us, "we're looking at different type of food and drink people can try and we asked the resident what things they would like to go on."

We observed people enjoying a variety of activities. In the morning a care worker was playing a ball game with residents. People were supported to attend all activities if they wished. One person said they wanted to let the care worker have a go, and their wishes were respected. Care workers also helped people play a game of 'connect 4'. Where people wished, the care worker supported them to play the game by themselves. We saw people were happy throughout these activities.

The provider had made changes to the home and was officially opening a unit for people with dementia. This unit was due to open on the 20 March 2015. A range of equipment had been provided which people were supported to use on the day of our inspection. People were using sensory pillows, which were covered in different textile materials, zips and pieces of fabric people could touch. A sensory board had been put in the home, which contained day to day items, such as light switches and door handles. We observed people were starting to use this board. The manager and activity co-ordinator told us they planned to arrange different activities for people's varying needs when the new unit opened.

A domestic worker told us how they encouraged people to be involved in cleaning their rooms or flats if they wished. They said, "One person likes to help out. We encourage this, and give them a duster." They also told us they had time and support to talk with people and develop positive relationships with people.

The activity co-ordinator and care staff spent time with people who were unable to or chose not to join in with group activities. One person told us, "they come and talk with me, I'm not a big fan of group activities." The activity coordinator told us they supported people with one to one activities, and along with senior care staff had involved people in documenting their life histories.

Is the service responsive?

Another person was supported to attend an event in the community. Care staff discussed the risks with the person so they could make an informed choice. The person told us they enjoyed the event and were given the information they needed to make a choice.

People and their visitors told us they knew how to raise concerns. One person said, "I know how to make myself heard." A visitor said, "If we've had any problems we've told the staff and management and they are always dealt with." There was guidance on how to make a complaint displayed in the home in accessible locations for people and their visitors. We looked at the manager's complaints and complements record and saw all complaints had been dealt with in line with the provider's policy. The outcome of each complaint was clearly recorded, one person's relative

had made a complaint about a financial error, the manager responded to this complaint and apologised. The manager also documented a clear outcome to ensure this mistake did not reoccur in the future.

People were supported to attend resident and relatives meeting and could raise any issues they wanted too. We saw minutes of a residents' meeting which took place in January 2015. We noted positive feedback from people and also suggestions for improvement. People and their relatives raised concerns about staff in December, activities for people with dementia and access to the home's gardens. Where concerns were raised the manager acted on these concerns. People and their visitors told us they felt their views were listened to and acted upon.

Is the service well-led?

Our findings

The home had an interim manager, who had been in position at the home since September 2014, when the previous registered manager had left the service. It is a condition of this services registration that a registered manager is in post. The provider was in the process of recruiting a permanent manager at the time of our inspection. The interim manager was supported by a regional manager and a regional support manager. The regional manager was also regularly at the service and was visible and available to people as well as to provide support to the manager.

People, their visitors and care staff spoke positively about the manager, however were concerned that the manager would be leaving shortly. One person said, "There have been a lot of changes recently. The manager has been great." A care worker told us, "We have more support and direction from the manager. We're a bit worried things may change."

Staff told us things had changed and improved. Staff were complimentary about the changes occurring at Ferendune Court. Comments from staff included: "I am supported. Problems in the home have been sorted. We can see a big change", "I'm really supported, the management are really good" and "We have had more support, more training and we're organised. I can see the changes."

The manager and regional manager had a 'service improvement plan' after concerns the regional manager identified in 2014 and concerns raised at the last CQC inspection in September 2014. This plan included actions to ensure the service was meeting the required standards. Actions included improving how care staff managed behaviours that challenged, safeguarding reporting and staff awareness around the Mental Capacity Act 2005. Each action had clear instruction of when the action was to be completed, how it would be completed and who was responsible for completing the action. A number of actions had been completed, such as ensuring the manager reported all safeguarding concerns to local authority and how care staff administered people's creams. At the time of our inspection, a number of actions were still to be completed, such as staff supervision and professional development which meant the service was still seeking to improve the service it provided to people.

The regional manager and regional support staff conducted weekly visits to the service. Where concerns were identified, this informed the 'service improvement plan'. Following a contract monitoring visit from a local authority actions had been updated which included guidance around safeguarding. The provider was keen to take feedback from external parties to ensure improvements within the home were continuous.

The provider carried out a yearly performance rating of the home. The 2014 performance rating showed an improvement on people's views of the service compared to the 2013 rating. Any concerns identified from people's and their representatives were recorded and responded to. These informed actions as part of the service's 'service improvement plan' to help further improve the service.

Care staff told us they had been involved in discussing changes and improvements. One care worker told us, "We had been involved in discussing changes to the service, such as new furniture. We looked at which furniture was most comfortable for people, and would reduce falls and preventable odours." Another care worker said, "we've been able to access lots of training, and bring learning into the home. I've been supported to bring my knowledge of dementia to support people in the home."

The manager arranged regular team meetings to ensure staff had the information they needed to support people. Meetings were used to discuss staff responsibilities, and provide a clear explanation of staffing within the home. Care staff were able to raise concerns at team meetings. One care worker said, "we have lots of staff meetings, we discuss current things. Communication is good." People we spoke with felt staff were organised and had the information needed to meet their needs.

Senior care staff were supported to ensure staff had the direction and information they needed on a daily basis. Senior staff had a daily handover, which discussed where staff should work and their individual responsibilities. One care worker told us, "we make sure staff get allocated, have direction and the information they needed to care for people." Another care worker told us, "we have so much direction, this has a positive impact on people, as staff are organised."

Staff all understood the need to whistle blow if they felt concerns were not effectively dealt with. One care worker

Is the service well-led?

said, "I know I can blow the whistle if I needed to." Another care worker said, "I am confident there is no abuse here, and I could go outside of Anchor (the provider) if I was concerned."

The manager used incident and accident information to identify concerns within the service. For example, the manager told us they had made changes to the staffing to ensure a member of staff is always available in the home's main lounge and dining room. They had identified people had fallen or were at risk of falls when left unsupervised. We observed a care worker was always available in the lounge to ensure people were protected from the risk of falls. One person told us, "It's good that a carer is always around. It makes me feel safe."

The manager carried out a range of audits to evaluate the quality of the service and drive improvements. These audits included; care plans, medicines and infection control. The manager had identified some concerns around people's medicine administration records. An action plan had already been implemented and all care staff trained to administer medicines had undergone medicine competency assessments. Concerns around medicine records were discussed at meetings. One senior care worker said, "we're on top of medicine recording. If we identify a problem we would report it straight away."

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met: The registered person had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse by means of identifying the possibility of abuse and responding appropriately to any allegation. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>