

RKL Care Ltd

The Hollies Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We conducted an unannounced inspection at The Hollies on 22 June 2018. The Hollies is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Hollies accommodates up to 22 people in one building. On the day of our inspection, 14 people were living at the home, all of these were older people, some of whom were living with dementia.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During the home's previous inspection on 07 December 2015, we rated the home overall as 'Good'. During this inspection, we found some areas of concern and the overall rating has now changed to 'Requires Improvement'. The details of the reasons why are explained in the summary below and in the body of the main report.

People were supported by staff who understood the risks people could face and knew how to keep them safe. Some risks to people's health and safety were not being clearly identified and managed.

People were provided with their care and support when this was needed because there were enough staff on duty. People's medicines were not managed safely and they may not receive these safely at the time they needed these. People were being protected from infection because safe practices were being followed.

People were being cared for and supported by staff who had been trained to do so. The provider was not following the Mental Capacity Act 2005 legal framework to ensure they made the least restrictive decisions in people's best interest. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were provided with the support they needed to have sufficient nutritional and fluid intake. Staff understood people's healthcare needs and their role in supporting them with these. People lived in a building that had character which required ongoing maintenance due to this.

People were cared for and supported by staff who respected them and their privacy and dignity was respected. Where possible people were involved in planning their own care.

People received care that met their needs and they were able to participate in meaningful interaction and activities. Measures were in place to provide information to people in the most suitable format for them.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with. People approaching the end of their life were supported in a caring and sensitive way at that time.

People used a service that was responsive to their needs and views. They had confidence in the registered manager who was respected and supported by staff. However the systems to monitor the quality of the service and make improvements were not being used to achieve this.

We found two breaches 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 report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People could not be assured their medicines were safely managed and they would be given these as prescribed.

People may not be protected from known risks because these were not being fully assessed.

Staff understood the processes for protecting people from avoidable harm.

People were supported by a sufficient number of staff on duty.

People used a service where good practices were followed in preventing the spread of infection.

Improvements were made within the service when shortfalls were found

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People may not make decisions they are able to because their capacity to do so was not being assessed. People were supported to make choices and decisions for themselves.

People were supported by staff who received appropriate training and supervision who had an understanding of people's care needs. People liked the character and individuality of the property.

People were provided with a nutritious diet and were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

Is the service caring?

Good 

The service was caring.

People were cared for and supported by staff who built relationships with them and respected them as individuals.

People who used the service were encouraged to express their views independently or through the use of an advocacy service.

Staff had positive relationships with people who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs, although records made about how this should be done were not always kept in good order.

People had access to information in a format suitable for their needs.

People were able to raise any complaints or concerns they had and felt confident that these would be dealt with.

People nearing the end of their life received caring and compassionate support.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People may not receive the best service they could because the systems in place to monitor the quality of the service were not being followed or used effectively.

The registered manager was well respected by people who used the service and staff, but she did not always spend the time needed on ensuring the service was being managed effectively. The registered manager was supported by the provider.

The Hollies Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 June 2018 and was unannounced.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector. During the inspection, we spoke with seven people who used the service, three relatives, five members of staff a visiting community matron and the registered manager.

We looked at the records relating to four people who used the service. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints. We asked the registered manager to send us their training matrix and they also sent us an update on the actions they had taken to address some of the issues we found during our visit.

Is the service safe?

Our findings

People may not receive their medicines safely because there were some procedures that were not being followed correctly. We saw one person being given their tablets by a staff member by hand without wearing any gloves. A person who used the service told us that staff, "Put my tablets in my mouth for me."

There were some blank spaces on several people's medicine administration records (MARs) meaning we could not be assured these people had been given their medicines as intended. There were occasions where the controlled drug register had not been completed correctly with missing witness signatures and one entry did not include any details about the medicine and dose administered.

People could be administered their medicines incorrectly. When staff need to make handwritten entries of people's medicines on MAR sheets the member of staff who makes the entry should sign to show who had written this. Another member of staff then checks this is correctly written and signs to confirm that the entry is correct. We found some handwritten entries on people's MAR sheets that had not been signed at all or only signed by one staff member.

Medicines that are prescribed to be given when required (known as PRN) require a protocol to be in place describing when and why these should be given. There were some PRN medicines that had protocols in place but there were others that did not.

Some people had been prescribed topical medicines, which include creams and ointments that are applied externally. Staff should make a record of when a person is administered topical medicines, which was not being done. This meant it was not known if and when people had been administered these.

Systems for returning unused medicines were not sufficiently robust. One recent safeguarding investigation found some medicines due to be returned to the pharmacist had been passed onto another person's new placement by mistake and the error had not been detected at the home.

There were not suitable arrangements in place for the storage of medicines. The controlled drugs cabinet was dirty and had areas of rust on it. In addition it was secured on the wall above the cellar steps which were dimly lit and unsafe as it required staff to lean over the steps to access this. The medicines trolley where people's medicines were stored was being used inappropriately as a secure storage for other items other than medicines, such as purses and wallets. As a provider you failed to ensure that people received their medicines in a safe way and as prescribed. Good practice guidance was not being followed as recommended by the Royal Pharmaceutical Society.

The failure to manage medicines properly and safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 12 (2)(g)

When we discussed our findings with the registered manager they said they would be addressing these as a matter of urgency and confirmed by mail the action they were taking.

People may not receive their care in the safest way. Risk assessments did not always contain the amount of detail to provide safe care. For example, the assessment for the use of a hoist for one person did not provide detail of the sling needed and the way this should be fitted and used. We also saw a sling in use did not have the manufacturer's label attached to show the safe working use for this and any limitations, such as the maximum weight to be used with the sling. Following the inspection, the registered manager informed us the sling had been taken out of use and three new slings had been purchased.

Records that were made by staff to show people who used the service had received their intended care and support correctly, such as food, fluid and repositions charts were not completed at the time the care was given. This meant staff had to rely on remembering the details of the care provided, such as how much someone had to eat or drink at a mealtime, which introduced a risk of these records not being accurate.

There were occasions when people had risks to their safety reduced. There were some people who used the service sat out in the garden enjoying the nice weather. Staff were applying sun cream and gave people large sun hats to protect them. One person asked, "Do I look good with this hat on?" There was a risk assessment completed when anyone had fallen or was assessed to be at risk of falling. This identified anyone who needed additional support such as involving the Falls Prevention Team. Staff told us about one person who had been referred to this team following a review of their risk assessment.

The registered manager told us they had received training from the Falls Prevention Team. They said this had included guidance on how to assess when it was safe to help a person up following a fall and when they needed to wait for the emergency services to assess whether there were any serious injuries.

People were provided with equipment to help them reduce risk to their safety. We saw people with skin integrity risks and poor mobility sitting on pressure relieving cushions and using walking frames. A staff member told us how they personalised the walking frames to encourage people to use them. We saw one person had a key ring of a car make they liked attached to their frame. We also saw people using wheelchairs had footplates fitted. Staff said they were very strict about this to prevent any injury when assisting people with a wheelchair.

There were Personal Emergency Evacuation Plans (known as PEEPs) with some people's MAR charts, but these had not been prepared for people who started to use the service more recently. This would mean the safest way to evacuate some people in the event of an emergency was not known.

People felt safe living at the home. They told us staff supported them in a way that made them feel safe. One person told us, "I feel safe here they (staff) come every two hours (in the night) to make sure I am comfortable and see if I need to use the toilet." Five other people we asked if they felt safe living at The Hollies all said that they did.

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. They told us they were alert for anything that may indicate a person had been abused, such as a change in a person's usual behaviour or having unexplained marks or bruising. Staff told us they would report any concerns they suspected or identified to a senior member of staff on duty or contact the local authority safeguarding team. The registered manager said staff were provided with safeguarding training and records confirmed this to be the case. There was information about safeguarding and how to contact the local authority displayed on one of the notice boards and the local authority confirmed the registered manager worked positively with them.

People told us there were sufficient staff on duty to meet their needs. One person said, "There is always someone nearby when you want them." Another person said, "I never have to wait for long when I need

them (staff). I might have to wait a short while if they are busy with someone else, but not for long." A relative agreed there were enough staff on duty to meet their relation's needs. We saw people's needs were promptly responded to throughout our visit.

Staff also told us there were enough staff on duty to meet people's needs. The registered manager said they always had the intended number of staff on duty and that the staff team were very good and always covered any absence when a staff member became unavailable for work. Staff confirmed this to be the case. The registered manager told us there had recently been a slight decrease made to staffing levels due to lower occupancy, but added that this would be increased again when the occupancy of the home rose. The staff rota showed the intended number of staff were allocated to be on duty.

We were not able to inspect staff files during our visit as the key to the filing cupboard was not available. The registered manager assured us that the correct recruitment procedures had been followed when appointing new staff, carrying out a DBS check.

People lived in a home that was clean and staff followed good hygiene practices. A person who used the service told us, "It's clean, that's the main thing for me." Other people's description of the home included it being "comfortable and clean" and "homely". A relative said that the home was, "Always kept clean."

During a tour of the building we saw the home was clean. Protective clothing (PPE) was sited in areas around the home and being used by staff when needed. The registered manager showed us an award the staff had won for the 'Best display of hand hygiene' from the Infection Control Team in May 2018.

The registered manager said they had sufficient housekeeping hours allocated to ensure the home was kept clean and night staff would also undertake some domestic duties. During our visit we saw designated staff cleaning and carrying out maintenance of the building. A new sluice had recently been installed which a staff member said was a "good improvement."

The registered manager told us they acted on findings from any incidents and accidents to improve their practice and prevent any repetition occurring. They described discussing incidents in staff meetings so staff had opportunities to see what may have contributed to an accident or incident. The registered manager kept a file of all safeguarding incidents so these could be referred to when needed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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). We checked whether the service was working within the principles of the MCA and had applied for a DoLS when needed.

Staff had a knowledge of the principles of The MCA and knew the purpose of DoLS. There was one person who had an approved DoLS in place. However, there was no record available of the assessment and the best interest decision needed to apply for this, as required by the MCA. The registered manager said she had not completed any mental capacity assessments and had not realised this was her role to ensure these were done.

People were asked for their consent before care and support was provided. We saw people being asked for consent and to make choices over everyday matters throughout our visit. One person told us, "I will say what I am going to do." Another person said, "I always like to sit in this chair." Staff we spoke with understood their responsibilities in relation to obtaining consent prior to giving care to people. One member of staff said, "I will only help them (people who used the service) if they are in agreement." Staff were aware of people's individual preferences and described assisting them with these.

People were cared for by staff who were trained and supported in providing them with their care. One person told us how staff gave them "such care an attention" when helping them. Another person said staff, "Always know what I want, they have a sense for it." A relative told us, "The staff could not be better."

Staff were required to attend monthly face to face training sessions. Staff told us they enjoyed having the opportunity to get together and talk about their work. Staff said they felt they had the training and support needed to carry out their duties. The training and supervision matrixes showed that staff had attended the training sessions that had taken place. There was a training plan for all courses to be provided throughout the year.

Staff said they had regular opportunities to discuss their work and any support they needed in planned supervision sessions. A staff member told us they found the sessions useful and that they gained feedback on their work performance. They also said they felt able to raise any topics they wanted to discuss.

People were complimentary about the meals provided and said they had enough to eat. One person said, "There is plenty (to eat). We have two good cooks". Another person told us how staff had improved their nutritional intake saying, "They (staff) encourage me to eat, I do eat more because of their encouragement." A relative said there was, "Food and drink always on the go" and added that the food was "wonderful." We

saw people eating their lunch and they were clearly enjoying this.

Staff told us that people who used the service ate and drank well and they did not have any concerns about people's nutritional intake. However, we found each person who used the service had a record made of what they had to eat and drink. These records were time consuming for staff to complete and were not used as a way to detect any changes with people's nutritional intake. There was a system to increase or decrease the frequency a person was weighed which could be used to trigger when a person needed their food and fluid intake to be monitored. There were details of people's likes, dislikes and any allergies kept in the kitchen for catering staff to follow to ensure people had meals that suited their dietary needs and preferences.

One person described how staff were helping them to recover following their discharge from hospital and said, "I have made a lot of progress." A relative said this was, "The best place for [relation] they are doing very well." Other people we spoke with were positive about how they were supported with their healthcare.

Staff spoke of working well with other healthcare professionals and requested their involvement when needed. A community nurse described working well with staff in meeting people's healthcare needs. They spoke of staff following the guidance they gave and contacting them when needed. The registered manager said there were good links with the local healthcare services and they worked well together in meeting people's healthcare needs.

People who use the service and relatives we spoke with described the service as homely and having "character" and "charm". One person said, "The building is lovely, it is old and has character." A relative said "It wouldn't be such a nice place if it was more institutional with big rooms. There are plenty of rooms so we can sit with people in private when we want to."

During a tour of the building we noted there was some maintenance underway. A visiting contractor was carrying out some essential work needed on the hot water system. We also noted that there were some further areas of maintenance and decorating needed. The registered manager had informed us in their PIR that they were 'Updating all of the home and have already completed redecoration to all lounges and the dining room. We are modernising the home and adding ensembles to some of the bedrooms of our residents with poor mobility.' The lounges had been recently decorated and one bedroom had an ensuite fitted.

Is the service caring?

Our findings

We were told by people who used the service and relatives that they found staff to be kind and caring. One person told us, "I love them (staff) I can only find praise for them." Another person said, "I feel cared for." A third person said, "If you want anything they get it for you, I like a glass of wine every now and then and they bring me one." A relative spoke highly of the service their relation received and said The Hollies was, "A marvellous place." Another relative said there was a "lovely atmosphere." One of the relatives said that it had been their relation's idea to stay at The Hollies which they said "demonstrated a lot".

Staff spoke of being caring and enjoying their work. One staff member said, "I really enjoy my job." Staff talked about getting to know about people's earlier lives which helped them know and understand them now. They also talked about sharing a laugh and a joke with people who used the service. We saw one person teasing a member of staff which was done and taken in good humour. Some staff planned to come in to work in their own time to take people who used the service to some local events over the coming weeks.

People's diversity and individual needs were respected. The registered manager gave examples of where they had responded to people's religious and dietary needs. They also said staff had received training in diversity the previous year and it was scheduled to be provided again later this year. There were policies in place to promote equality within the service regarding gender, race and religion. There was also a policy that would be followed in the event of any bullying within the service.

People told us they felt involved in their care because staff asked them about what they wanted and listened to what they said. Staff spoke of providing people with the care they wanted.

There was an annual visit to the home by an advocacy service who sought people's views on the care they received. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The advocacy service's most recent report (written in 2017) included many positive comments about people's care and experience of living at The Hollies. The registered manager told us there was no one who used the service that had the support of an advocate at present but they would arrange for this support if needed.

People were encouraged with their independence. One person told us, "I am very independent, I keep that." A relative said that staff knew what each person who used the service could do as well as what they could not. This meant that they were able to encourage people to be as independent as they were able to be. We saw one person going on a trip into the local town with their relative.

Staff frequently referred to good practices in promoting and maintaining people's privacy and dignity, such as ensuring any visiting healthcare professionals attended to people in their room rather than in communal areas. One staff member told us, "We promote independence by not doing everything for them." We observed staff taking the time to encourage people to do things rather than doing this for them. The registered manager said they promoted that people maintained their independence where possible.

Is the service responsive?

Our findings

People told us they received the care and support that had been planned for them to receive and this met their needs. One person told us, "They find out how I want my care, I can only say good things about them." Another person said, "They are there for you if you need them." Staff spoke of knowing people's needs and preferences as well as details of any allergies. We observed staff being very attentive to people who used the service. This included giving clear and supportive direction when assisting someone to use a hoist, in a comforting and reassuring manner.

Care plans were well presented and contained clear personalised information about people's needs. They described where and how people had been involved in preparing their care plans. Plans described people's preferences and other details such as what equipment people needed. There was a system in place to review people's care plans monthly. Some of the care files holding the care plans, assessments and other information were well organised, however others were not, which made it difficult to find information in these easily. The registered manager said they would ensure all care files were well ordered as a matter of priority.

People were supported to follow their own interests and preferences. People had the opportunity to take part in organised activities. There was an activities coordinator who organised a range of activities for people to take part in. In addition there was a twice weekly movement to music activity provided. One person told us how much they had enjoyed doing some gardening recently and pointed out the pot of flowers they had planted on a display of residents' planted pots.

Several people who used the service said how much they like the quizzes. One saying, "The best entertainment is the quizzes, they keep my brain occupied." We saw people were following their individual interests such as reading books and newspapers and watching television. Records made of activities showed that people had regular and frequent opportunities to take part in activities.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The provider was meeting this standard. There were picture signs on doors to help people using the service with orientation around the home. We were shown a picture menu book to help people to make a selection about what meal they would like from the choices available. The complaints policy included a statement that this was available in other formats. We asked staff what other formats were available and they told us it was available in large print.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with. There was a procedure which explained how to make a complaint. People we spoke with told us they were happy with their care and did not have any complaints. However, they said that they would be able to raise any issue they had and were confident that these would be dealt with. One relative told us the only thing they had needed to complain about were the uneven flagstones in front of the home. The registered manager told us although this had not been recorded as a complaint the issue was being addressed to ensure this was made a safe area in light of comments they had received and their observations. The

registered manager had informed us in their PIR that one of their plans over the next twelve months had been to revamp the garden to 'Make it more accessible for our residents with poor mobility problems.' The registered manager told us that they were currently obtaining quotes for this work and following our inspection visit the registered manager sent us details of the work that was being undertaken.

Complaints were seen as a positive way of making improvements within the home. Staff told us that if they were made aware of anything not being right they would try to sort this out. They added that all formal complaints were dealt with by the registered manager. Staff meeting minutes included discussions held about any recent complaints made and what had been done to address these. The registered manager said they followed the provider's complaints procedure in the event of any complaint, and information about this was readily available for people who used the service and their relatives. The registered manager said they saw any complaint as "feedback and a way of improving."

There was a file kept on any complaints made and the records kept showed that these were investigated and outcomes reached. The investigation into one recent complaint had examined all aspects of the concerns raised, and identified where some situations could have been managed in a way that would have prevented situations from arising. Records made of complaints that had been received addressed the issues that had been raised. For example, following one complaint there had been a change made to one of the catering suppliers.

People were treated with care and compassion when they were nearing the end of their life. Staff told us they had provided end of life support to some people who used the service. They said that they were supported by healthcare professionals to be able to provide this. Staff said relatives were able to spend the time they wanted with their relations when they were nearing the end of their lives. There were care plans prepared which described how people would like their end of life to be.

There was a record made in recent staff meeting minutes thanking staff for the way they had provided end of life care to a person using the service. We also saw cards from relatives of people who had used the service thanking staff for the way they had supported their relations as they reached the end of their life.

Is the service well-led?

Our findings

During this inspection we found that there were improvements needed in some areas. These included the safe management of medicines, identifying and assessing risk to people's safety and ensuring the Mental Capacity Act 2005 was applied appropriately. We were unable to inspect staff files to ensure the correct recruitment procedures had been followed as these were not accessible to us.

There were systems followed for auditing the home, however these were not then used to identify where improvements could be made. For example, questionnaires completed by people who used the service were not analysed to identify any trends or other issues. Similarly, there was no evidence that records made of kitchen checks were reviewed to ensure safe practices had been followed. One kitchen file contained records from 2015 which did not show these had ever been reviewed or signed off as satisfactory. The registered manager said they undertook quarterly audits of the services provided in the home, however these had not identified issues we found during the inspection.

We found the system in place to manage people's cash allowance to cover any additional expenditure, such as paying the hairdresser or having a daily newspaper was not being followed correctly. This included having money for some people that had not been added to the cash records. We also found some records made did not follow the best practice guidance of having a second signature to show every transaction had been witnessed.

The registered manager said they organised the way they worked so they could keep an eye on what was happening "on the floor". They also said they would help out on a regular basis, such as assisting at mealtimes. We discussed with them whether this 'hands on' approach allowed them to spend sufficient time in ensuring the management systems were working effectively.

The failure to operate systems or processes effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people who used the service and others who may be at risk which arise from the carrying on of the regulated activity is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the service as being well run and having a positive culture. One person told us, "I think it is a well-run home, they don't seem to be short of anything." Another person said that, "Everything is nice." Relatives told us they thought it was a well-run service.

There were monthly staff meetings held. Staff told us they discussed how things were going and whether there were any improvements needed. Staff said they were able to raise any issues and ask any questions in the monthly staff meetings that took place. One staff member said all staff "looked to improve things."

Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People who used the service, relatives and staff we spoke with spoke highly of the registered manager and referred to her as "approachable", "supportive" and "dedicated". One person said the registered manager was, "Very good, she helps you in every way."

Staff told us the manager was "hands on" and they all worked well together as a team. They referred to her as being "great" and that she, "Listens to you and sort things." They described being able to contact the registered manager outside of her working hours and spoke of her having come in at various times of the day or night when needed. A staff member said that if they needed any help the registered manager was "always there." Staff said the registered manager dealt mainly with the provider and they had limited direct contact with them. The registered manager said they spoke regularly with the provider, who provided them with the support they needed and would arrange for contractors to attend the service when needed. The registered manager said they mostly spoke with the provider on the phone, but they did come to the service occasionally.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager had submitted some notifications to us but they had not informed us about safeguarding investigations being undertaken by the local authority. The registered manager had not realised they had needed to inform us of these and assured us they would do so in future. Providers are legally required to display the rating we give them in the service and on their website if they have one. The rating from the previous inspection was displayed as required.

The registered manager described working with other health and social care professionals when need and of having good working relationships with them. The registered manager spoke of attending professional meetings where joint working was needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being safely and properly managed. Regulation 12 (2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and mitigate risks to people who used the service were not being implemented effectively. Regulation 17 (2)(b)