

The Council of St Monica Trust

The Garden House

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This was an unannounced inspection. When The Garden House was last inspected in December 2013 there were no breaches of the legal requirements identified.

The Garden House provides personal and nursing care for a maximum of 102 people. At the time of the inspection there were 96 people living in the home. The home has four separate units. The Oaks, Maples and Cedars units provide general nursing and personal care for people. The Sundials unit specialises in providing care to people living with dementia.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they received their medicines on time. However, the recording of medicines was not always

Summary of findings

accurate and where people received a variable dosage of pain relieving medicines this was not always accurately recorded. The absence of this recording meant it was unclear what medicines people had received.

People told us they felt safe and the provider had made appropriate arrangements to identify and respond to allegations of abuse. Staff were aware of the provider's safeguarding policy and how to respond to actual or suspected abuse to keep people safe. The provider had a whistle-blowing policy which provided information for staff as to how they could raise concerns.

People told us their needs were met promptly and staff told us that there were sufficient staff numbers to enable them to perform their roles effectively. The staffing rota showed that staffing levels had been consistent with the registered manager's assessment as to the numbers required to meet people's needs. Appropriate recruitment procedures were undertaken.

People at The Garden House spoke positively of the staff at the home and the standard of care they received. Staff had the knowledge and skills they needed to carry out their role and were provided with regular training and opportunities to develop further. Regular staff appraisal and supervision was undertaken to monitor and feedback on performance.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and where required the appropriate applications had been made. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

People were provided with sufficient food and drink and positive feedback was received on the standard of food provided. Arrangements were made for people to see their GP and other healthcare professionals when required.

There were positive and caring relationships between staff and people at The Garden House. People and their relatives spoke highly of the staff at the home. However, a negative comment was received about the home's current dependency on agency staff. The home was undertaking a recruitment process in order to reduce the number of agency staff required. Where possible, people were involved in making decisions about their care and treatment. People's privacy and dignity was maintained.

People received personalised care that met their individual needs. People and their relatives, or people acting on their behalf, were encouraged to express their views and opinions. The staff listened to them and acted upon any concerns to improve the service. The provider had a complaints procedure and people felt confident they could complain should the need arise.

The registered manager was well respected by staff, relatives and the people who lived at The Garden House. The staff described the culture of the home as 'open doored' and said the registered manager and senior staff were very approachable and supportive. Staff felt they were able to raise suggestions or concerns and contribute to the way in which the home was run. The quality of service provision and care was continually monitored.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the accurate recording of medicines given to people. 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 safe. Although people told us they felt safe we found this service was not providing consistently safe care. Medicines were not always recorded correctly.

Staff were aware of how to identify and report abuse in line with the provider's policy.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The provider undertook appropriate recruitment procedures to ensure only suitable staff were employed at the home.

People's risks were assessed and plans formulated for care to be delivered safely.

Requires Improvement



Is the service effective?

The service was effective. People received care from staff that were trained and supported effectively. Staff received regular supervision and were supported by the registered manager.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager had taken appropriate steps to ensure the correct authorisations were in place.

Where a person was at risk of poor nutrition or dehydration, there were measures in place to monitor and manage the risk and they were supported to eat and drink enough.

The staff ensured that people's healthcare needs were met and worked with the GPs and other healthcare professionals to enable people to use relevant services.

Good



Is the service caring?

The service was caring. There were good relationships between people, their relatives and the staff team. People were treated with consideration and respect by staff.

Staff were aware of people's preferences and offered people choices.

People's privacy was respected and they were able to entertain their visitors. People were looked after in the way they wanted and the staff took account of their personal choices and preferences.

Good



Is the service responsive?

The service was responsive to people's needs. People received care which met their needs when they needed it.

Good



Summary of findings

The provider had a complaints procedure and people felt able to complain and were confident that they would be listened to.

Is the service well-led?

The service was well-led. People and staff told us the home was well run and attributed this to the registered manager and senior staff

The provider encouraged people and staff to express their views and opinions.

Monitoring systems were used to ensure the service was running safely and to a good standard.

Good



The Garden House

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.

This inspection was carried out by two inspectors and an expert-by-experience who had experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The last inspection of this service was in December 2013 and we had not identified any concerns.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us.

We contacted the quality assurance team within the local authority and they provided us with information they held

about the home. We also contacted the GP with whom most people in the home were registered, a member of the community mental health team and the local Clinical Commissioning Group (CCG). We asked them for their views about the service. We received only positive comments from all the health and social care professionals we requested information from.

On the day of the inspection we spoke with 10 people who lived at Garden House who were able to share their experiences and views with us. We spoke with two people's relatives who visited the home whilst we were there. We also spoke with 10 people employed at the home. This included the registered manager, senior management, care staff and housekeeping staff. We observed how people were supported and looked at 11 people's care and support records.

We looked at records relating to the management of the home such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Not every person was able to express their views verbally. We therefore undertook a Short Observational Framework for Inspection (SOFI) within the Sundials unit. SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home.

Is the service safe?

Our findings

People were not always fully protected from the risks associated with medicines. Although people told us they received their medicines when they needed them, a sample of Medicine Administration Records (MAR) identified that staff had not always recorded people's medicines when they had been administered. Within the Cedars unit, four different MAR identified recording omissions by staff. For example, one person's MAR contained two recording omissions for their medicines in the 19 days prior to the inspection and another person's contained three gaps in a 16 day period prior to the inspection.

Variable dosage pain relieving medicines were not always correctly recorded. A MAR on Cedars showed that staff had not consistently recorded the administered dosage for people's pain relieving medicines that were administered 'as required'. For example, one person's MAR showed that a person was prescribed paracetamol on an 'as required' basis. The MAR showed the maximum daily dosage the person could have, and showed that the person could either be given one or two tablets as required. Although staff had signed the MAR chart that indicated that the medicines had been administered, the record did not consistently show whether one or two tablets had been given. The absence of this recording meant it was unclear what medicines people had received. This meant that people were placed at risk of receiving the wrong dose of the medicines and the effectiveness of the medicine could not be accurately monitored.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people at The Garden House felt safe. People told us "I feel safe here, there's nothing dangerous. There are enough staff to look after me and they are extremely happy and cheerful." Another person said, "It's alright here they look after me well. I feel safe and have no concerns."

The provider had appropriate arrangements to identify and respond to the risk of abuse. Staff were aware of the different types of abuse and the signs that may indicate that someone was being abused. Staff said they felt they received sufficient training in safeguarding people. Staff told us they would inform the registered manager or other senior staff within the home immediately if they suspected

someone was being abused. The provider had a policy relating to safeguarding people from the risk of abuse which contained information such as the types of abuse and reporting procedures.

Risks to people were assessed and plans were in place to reduce these risks. Care records contained risk assessments for people to reduce their risk of harm or receiving inappropriate care or treatment. For example, assessments for people's risk of falls, pressure ulcers and continence were recorded. Where a risk had been identified, an intervention or care plan had been completed. For example, where people were identified at risk of falls, the mobility equipment they used to keep them safe was recorded.

The provider had arrangements for reporting incidents and accidents to aid prevention or reduce reoccurrence. The registered manager told us they, or a lead member of staff reviewed every reported incident or accident. The supporting records showed that incidents and accidents had been reviewed to establish any trends and to see if any action could be taken to reduce the risk of reoccurrence. We looked at the provider's analysis of incidents over a two month period which showed no trends in the reported incidents.

Equipment used within the home was maintained to ensure it was safe to use. Maintenance checks of the premises and equipment included the fire alarm systems and water temperature checks. Hoisting and mobility equipment was regularly serviced. The servicing cycle was displayed on equipment to show it had been serviced by sticking a coloured sticker on the equipment. The current colour label on equipment to show it had been serviced and safe to use was communicated to staff. Medical equipment used by the clinical staff in the home was periodically calibrated and serviced as required that ensured it was working correctly.

There were sufficient numbers of staff to support people safely. People told us that care was provided at the time they needed it and that call bells were responded to quickly. People said that they sometimes had to wait for the staff in the morning when the staff were providing people with care. However, people said that during these busy periods staff would acknowledge they had rung their bell and explain they would be with them shortly. People said that on the whole the staffing numbers in the home were sufficient. However, some commented negatively on

Is the service safe?

the current number of agency staff being used in the home. They said that on occasions, the agency staff did not know them as well as the permanent staff. The provider was currently increasing their permanent staff numbers through advertising in the local media and holding recruitment days. Staff said they felt there were sufficient staff on duty, they were generally not rushed and people's needs were met in a timely manner.

Staff files showed that safe recruitment procedures were followed before new staff were appointed. Within six staff files there was an application form, a minimum of two references and evidence of the person's identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Is the service effective?

Our findings

The people at The Garden House spoke positively of the staff at the home and the standard of care they received. One person said, “The staff are excellent here and very thoughtful.” Another person told us, “I am happy here and well looked after.” People’s relatives also spoke highly of the staff and the care they provided.

Staff received appropriate training to carry out their roles. Staff said they received effective training and support. Training records demonstrated that staff had received appropriate training in a variety of relevant topics such as, moving and handling, fire and food hygiene. In addition to the essential training provided, staff received additional training to meet the needs of the people who lived at the home. Additional training in dementia had been undertaken by some staff and they told us they had received training on how to manage behaviour that may be challenging. Nursing staff at the home undertook regular training specific to their role. For example, records showed training such as catheterisation, wound care and end of life care had been undertaken.

Staff were supported to effectively carry out their roles. Staff said they received regular performance supervision and appraisal and records supported this. The registered manager told us that the induction and supervision process was currently being altered and that staff now received a minimum of three supervision sessions per year and also had observations of practice completed. The provider ensured that new staff employed at the home completed an induction training programme that included supervisions with the new staff member’s inductor. Staff we spoke with that had completed the induction said they felt the training programme prepared them for their role.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The registered manager had responsibility for making DoLS applications and supporting records showed there were six people in the home who had an authorisation in place to deprive them of their liberty in their best interests. The registered manager had also made an additional six applications that were currently awaiting progression by

the local authority. The provider had a policy that showed when an authorisation to deprive a person of their liberty may be required and guidance on how the application should be made.

Consent to care and treatment was recorded within people’s care records. Care records contained documentation that showed people’s consent for certain parts of their care and treatment had been obtained following a discussion with them. For example, people had signed to consent to their care being provided in accordance with their care plan, for their information to be shared with other healthcare professionals, for their medicines to be administered and their photograph to be taken. Staff told us that verbal consent was obtained prior to providing care or treatment and people we spoke with confirmed this. One person said, “Staff are always polite and ask permission before carrying out any treatment.” Examples within people’s care records detailed when people had declined certain care and treatment, for example a monthly recorded observation of their blood pressure and pulse.

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA) and DoLS. They said this had been done through the both practical and on-line training. Staff told how they supported people in making decisions and promoted their independence with their daily lives. Staff showed an understanding of what may constitute a deprivation of liberty and said matters such as this would be reported to the registered manager. One member of staff clearly demonstrated they were aware that although people could make decisions about their daily care, more important decisions required a process to be followed. They told us about how best interest decision meetings could be held with people’s families and other suitable healthcare professionals. They said this was to ensure important decisions were discussed formally, and ultimately to ensure any decisions were made in the person’s best interests.

People generally spoke positively about the food in the home. Comments included “Excellent”, “Always a good choice” and “I’ve never failed to find something I like”, although one person thought the food was bland. People were provided with a wide choice of meals and types of food. The menu available to people showed that options of different main meals, a vegetarian option and salads or sandwiches were available daily. People made their meal

Is the service effective?

choice at the time the meal was served and staff would serve it to them. People on Sundials made a verbal choice about what they wanted to eat and within all of the dining rooms there were picture cards showing the different meals available to assist people in making their selection. Where people needed to have a modified meal, for example of a smoother texture to assist them to swallow, this information was recorded in their care records and within the kitchen. The kitchen staff adjusted the consistency of food for those people who required this.

Where people had an identified risk of poor dietary and fluid intake, referrals had been completed with the person's GP and appropriate records were completed. People had a risk assessment completed in relation to nutrition, and the home used a nationally recognised tool to calculate if people may be at risk of malnutrition. People's body weights and Body Mass Index (BMI) were recorded monthly and reviewed to establish if the person was at risk of malnutrition. People who required medical intervention to ensure they received adequate nutrition and hydration had their needs met. For example, we read the care plan and associated guidance for the correct administration of liquid nutrition via a Percutaneous Endoscopic Gastrostomy (PEG) within one person's care record. PEG feeding is the

means of delivering liquid nutrition through a tube into the stomach. The guidance showed at what time the liquid nutrition was commenced daily, over what time period it was delivered and the quantity of liquid nutrition delivered.

A trolley with snacks and drinks was taken around the home at regular intervals throughout the day and people could also obtain drinks and snacks at their request. When people received drinks throughout the day, snacks such as fresh fruit and biscuits were available for people to choose from.

People were supported to use healthcare services. People were registered with one of the local GP practices. The main GP completed two scheduled visits a week to the home but visited as necessary when requested by the registered manager. People's care records displayed information that showed when staff had contacted the GP if a person had become unwell or the staff were concerned for the person. Any subsequent direction or guidance from the GP was recorded within the person's care records. In addition to the GP, people could also see chiropractors, speech and language therapists, and an onsite physiotherapist.

Is the service caring?

Our findings

People told us the staff at The Garden House were caring. We received positive comments about the caring nature of staff from people and their relatives. One person told us, "The staff are good to me and very kind and friendly." Another person commented, "The staff always ask if I want them to stay when I have a shower or shall they come back, they chat to me and we have a laugh." One relative said, "I couldn't be more pleased with the care my relative is receiving, they [the staff] are so caring, not only of my relative but me too. They make us feel welcome and never in the way."

Compliment cards sent to the home reflected the opinions of the people and their relatives we spoke with. We saw that the home had received a large number of compliment cards from people's relatives during 2014. All provided very positive feedback about the home and the staff. For example, one person's relative wrote, "We just wanted to thank you for all the care and attention you have shown our mum." Another card read, "The nursing and care team, you are all absolutely first class with a true understanding of each individual's needs."

People's privacy and dignity was respected. People said they felt well respected by the staff at the home and they said staff treated them with dignity. One person told us, "I am treated with respect, the best thing about being here is they [the staff] make sure you are treated like a human being." Another person said, "I have only ever had kindness and politeness, the staff are exceptional." People's bedroom doors were closed when they were being supported with their personal care needs and when they were receiving their medicines. Staff knocked on people's

doors before entering in the main, however we saw one occasion when a nurse entered a person's room without knocking and the person had a visitor in the room at the time.

During our visit we observed good relationships between the staff and people. Staff communicated with people in a manner suitable to the person and ensured the person understood what they had said. We heard staff speaking with somebody whilst assisting the person to move. The staff member explained to the person what they were doing, how they were going to do it and reassured the person throughout the process. The person sounded at ease and engaged with the staff member throughout.

People could be visited by their friends and relatives at any time of day. People told us that their relatives were welcomed into the home and people's relatives told us they were welcomed by the staff. The home had rooms available within different units where people's relatives could make themselves a hot drink or use the room with their relative. Within some of the rooms there were activities and games people and their relatives could play together.

People were involved in decisions about their care and treatment. For example, people were offered choices about where they would like to sit in the dining rooms and we saw that these choices were respected. People had a name card made up for them and was placed on their preferred location in the dining room. People said they made decisions about their daily living routines, for example what time they got up or went to bed. One person told us, "Staff are excellent, very thoughtful, I can please myself when I get up, or if I get up, some days I stay in bed."

Is the service responsive?

Our findings

Each person we spoke with made positive comments about the personalised care they received. People told us they felt the staff responded to their needs and said that their care needs were being met. We saw that when people had asked for something the home had responded. For example, we saw that following feedback from people, portion sizes of some people's meals had been reduced as they had communicated to the staff they did not like to see food wasted. Another person had requested a specific drink to be served to them that was not normally on offer in the home. The home had ensured this drink had been purchased to meet the person's request.

Relatives told us that people's needs were met. One person's family member told us that prior to their relative's admission, the registered manager had visited them in hospital and had a detailed discussion with the family about their relative's care needs. The person's relative said that following the conversation with the registered manager they were confident the person's needs could be met and agreed to the placement. They told us that from the time the person arrived at The Garden House, the family had all been made to feel welcome and they had total confidence in all aspects of the home.

Care records communicated information about people who were not always able to clearly express their needs. For people within the Sundials, a document entitled "This is Me" recorded information provided by the person, their relatives or representatives. The document showed information such as the person's life history, their current preferred care routines and how staff could assist if the person became anxious or upset. This information was incorporated into people's care plans so that staff were able to understand the person better and meet their needs in a personalised way.

The registered manager told us that people or their relatives were involved in annual care reviews. People's care records demonstrated that reviews had been completed and showed the involvement of people, their relatives or representatives. One person we spoke with told us they received an annual care review and told us that their family were invited and were involved in the care

review. The registered manager gave an example of how they have also recently completed a care review using a globally recognised video call system with a person's relative who was living abroad.

There were opportunities for the people who lived in The Garden House and their families to be involved and contribute to how the home was run. Resident and relative meetings were held every two months. Minutes from previous meetings showed that discussions had taken place about the redevelopment of the home, the activities, the laundry and meals.

Activities were available for people to participate in. There was a range of different activities arranged throughout the week. People we spoke with said the activities were enjoyable and records of residents' meetings showed the variety and type of activities at the home was discussed with people to meet their preferences. The home had dedicated activities co-ordinators and we saw that activities such as poetry, quizzes, music and singing were some of the arranged activities. People also had the opportunity to participate in artwork and dance therapy if they chose to. We saw that within the Sundials staff were also able to have one to one contact time with people.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure and people had access to this procedure through the information packs within their bedrooms. People said they felt confident they could raise concerns with the registered manager without fear of recrimination and they felt they would be listened to. One person said their family had made a couple of minor complaints to the registered manager on their behalf and told us these matters were resolved very quickly and to their satisfaction.

The home's complaint log showed that three written complaints had been received during 2014. The registered manager had followed the provider's complaints procedure and the supporting documentation showed the progression and conclusion of the complaint. The complaints had been responded to promptly. For example, we saw a complaint had been responded to the day after it had been received. The registered manager had arranged a meeting with the complainant within four days and a resolution was agreed and implemented on that day.

Is the service well-led?

Our findings

People said they were aware of the management structure within the home. People said the registered manager was “Very approachable” and all said they knew the registered manager by name. People said the registered manager was visible and would often walk around the home and stop and speak with them. This was observed during the inspection and people were seen openly engaging in conversation with the registered manager. One relative described the home’s culture and ethos as “Friendly, caring, professionalism.”

Staff said the service was well-led and the registered manager had a visible presence in the home and was approachable. They told us they felt they could ask for assistance or guidance at any time. Staff were positive about their employment and commented on the excellent teamwork and job satisfaction the home gave them. Some staff we spoke with commented they “would not work anywhere else.” Staff felt able to contribute to the running of the home and some staff told us how they had been listened to following the opening of the new Maples unit and that their ideas on how to run the unit had been listened to.

Staff told us they felt able to raise concerns. The provider had a whistle-blowing policy which provided details of external organisations where staff could raise concerns about the workplace if they felt unable to raise them internally. The policy made it clear that it was not an option to do nothing if staff had concerns. Staff were aware of different organisations they could contact to raise concerns, for example, care staff told us they could approach the local authority or the Care Quality Commission.

The provider had a system to obtain the views of all staff at the home. The provider sent out an annual staff survey to all staff to allow them to express their views and opinions of the home. The survey obtained staff views on how the registered manager communicated with them, if they felt their opinions counted in the home and if they felt proud to work at the home. The most recent staff survey had been completed just prior to our inspection and the full results had not yet been obtained. The registered manager told us the results of the survey would be reviewed and an action plan would be completed should any issues be identified.

The registered manager communicated with staff about the service. Some meetings were with the unit managers, some with the registered nurses and some were for all staff on each unit. Additional meetings were also held for the facilities teams including the catering, laundry and housekeeping staff. Meeting minutes showed that messages about the home were communicated along with matters such as people’s care needs and records. Additionally, staff training, supervisions and personal development were discussed. Staff we spoke with told us they had attended the meetings and found them useful. The registered manager told us that for staff who could not attend the meetings, key messages were communicated to those staff through memorandums or verbally by the staff member’s supervisor.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any events that had happened in the home. Since the beginning of 2014, notifications had been sent in to tell us about incidents such as deaths, falls and accidents where a person had sustained an injury. We used this information to monitor the service and to check how any events had been handled.

The provider had a programme of regular audits to monitor the safety of people in the home and the environment. Audits included medicines, infection control and health and safety to ensure the environment of the home was safe. An external pharmacist had audited the home’s medicines in September 2014 and no significant areas of concern were identified. Additional audits of people’s care records were completed and clinical audits were completed in relation to pressure ulcers, infections and people’s risk or malnutrition. Within some audits there was no clear record that highlighted actions had been completed. For example, an audit of people’s malnutrition risks in August 2014 had identified that a staff member had miscalculated a person’s malnutrition risk scoring. The subsequent actions highlighted that a lead nurse would ensure staff were spoken with and ensure that the malnutrition tool was being used correctly and the registered manager told us this action was completed.

The provider undertook checks of some aspects of the service to monitor the quality of the service provided by the registered manager and the staff at the home. The provider had an internal quality monitoring system in operation. The home had a quality assurance visit twice a year from a

Is the service well-led?

senior member of the provider's management team which monitored the performance and care delivery of the home. These visits monitored performance in areas such as people's choice, the social life of the home, the living environment, dignity and respect and people's health and comfort. The audits completed in July 2014 and October 2014 had not identified any significant issues in the home. The audit in October 2014 had identified the need for staff recruitment which was currently being undertaken.

The registered manager's performance was regularly monitored and discussed. The registered manager met approximately every six weeks with a senior member of the provider's management team to review the home's performance. The records of these reviews showed that

matters such as recruitment, admissions, management arrangements at times of absence and general home administration were discussed. We saw that any actions that arose during these reviews were recorded and the document showed when the actions had been completed.

The provider had already attended a presentation by the Care Quality Commission and was fully aware of the changes being implemented in our inspection process. The registered manager completed the Provider Information Return (PIR) well and returned it within the specified time frame. The registered manager also demonstrated they understood their legal obligations and make appropriate notifications to the Commission.

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 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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	The recording of medicines was not always accurate. Where people received a variable dosage of pain relieving medicines this was not always accurately recorded. Regulation 13
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.