

# Lothlorien Community Limited

# Maple House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 20 July 2016 and was unannounced. The previous inspection was carried out in November 2013 and no concerns were identified.

Maple House is registered to provide accommodation and personal care for up to six people who have a learning disability and other complex needs. Maple House is situated in a residential area of Folkestone with access to the town centre, leisure centre and public transport. Six people were living at the service at the time of inspection and each had their own personalised bedroom with wash basin. People had access to a lounge, dining room, a kitchen, two bathrooms, toilets and a large garden.

The service had a registered manager, who was also registered manager for the service located next door and who was present throughout the 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.

Records were not always easy to navigate as they often contained old information that was no longer required or current.

Medicines were not always managed safely or administered in line with current guidance. People received their medicines when they should.

People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted.

Staff encouraged people to be involved and feel included in their environment. People were offered activities and participated in social activities when they chose to do so. Staff knew people and their support needs well. The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager and senior management at any time and they would be listened to. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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 did not always receive their medicines in a way that was safe or in line with published best practice.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Incidents and risks were monitored to make sure the care provided was safe and effective.

There was sufficient staff on duty to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

### Is the service effective?

**Good** 

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

### Is the service caring?

**Good** 

The service was caring.

Staff took the time needed to communicate with people and

included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and dignity.

Staff supported people to maintain contact with their family.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care and support was planned in line with their individual needs.

People were supported to take part in activities.

Staff had a good understanding of people's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

Records were not always accurate or up to date. They were stored securely.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the registered manager and area manager.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

# Maple 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 took place on 20 July 2016 and was unannounced. The inspection was carried out by one inspector.

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 improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included two care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with three people who used the service and with two members of staff, the registered manager, regional manager and quality manager. After the inspection we spoke with two relatives and received feedback from three social care professionals who had had recent contact with the service.

## Is the service safe?

### Our findings

People told us they felt safe living at Maple House, one person said "I'm happy here." Communication plans were in place that explained how people would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each individual to reduce anxiety or worries. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

People received their medicines when they needed them and there were policies and procedures in place to make sure that people received their medicines safely and on time. However, people did not always receive them safely or in line with the organisations policy or best practice guidance as defined by The Royal Pharmaceutical Society, in their guide 'The handling of medicines in social care.' This guidance states 'Repackaging of medicines by care workers should not take place in care homes.' This is known as secondary dispensing. This is because medicines must be given from the container they are supplied in. One person's medicines were being secondary dispensed. We spoke with the registered manager and following the inspection they immediately stopped this and ensured that no further secondary dispensing took place. Best practice is also to date medicines on opening and to store creams and ointments away from internal medicines. The service was not following best practice guidance at the time of the inspection.

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise medicines were in good order and well managed. All medicines were stored securely in locked cabinets and clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed 'when required' medicines. Regular medicine audits were carried out by the manager or senior staff; we saw clear records of the checks that had taken place. The registered manager completed competency checks every 6 months for all staff responsible for administering medicines. This helped to ensure people received their medicines safely.

The provider had clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. In the office there was a flow chart for staff to follow, detailing steps to take if they needed to report concerns. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there was a team leader, two support workers and the registered manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Overnight there was a sleep night, who was on call should they be required to provide support. The manager worked a variety of shifts throughout the week, this included both office based hours and time working with people on shift. The registered manager made sure that there was the right number of staff on duty to meet people's assessed needs and kept staffing levels under review.

The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed. Staff we spoke with felt they usually had enough time to talk with people and that there were enough staff to support people. One member of staff told us, "We often have time to sit and talk with people, sometimes we can be a bit rushed, it depends what's happening." An on call rota was on display in the office, this ensured there was always a senior member of staff available for the service to contact.

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.



# Is the service effective?

## Our findings

One person told us, "I like them" and another said, "They're kind." (both referring to the staff). Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs. There was a shift plan and handover sheet, which detailed who was on shift, their allocated tasks, such as cleaning and cooking responsibilities along with other daily tasks to support people. They also identified specifics for each day such as any health or other appointments and any planned visitors or contractors to the service. For example on the day of our inspection it was recorded that the chiropodist was due to visit, some people had been out shopping and others chose to stay at the service.

Staff had an induction into the service, this involved spending time reading people's care records, e learning, policies and procedures and getting to know the service. They would also attend some classroom based training; spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on-line training and qualifications. A training schedule was maintained by the registered manager on the organisations computer systems. It showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about positive behaviour support, proactive interventions, Epilepsy, Autism and Aspergers, and person centred care.

Staff had individual supervision meetings and annual appraisals with the registered manager or team leader. Staff told us this time gave them the opportunity to discuss any issues or concerns they may have, and gave them the support that they needed to do their jobs effectively. Staff told us that they felt supported in their roles.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were either authorised or being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Each person had a health needs checklist and action plan, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People also had a hospital passport, which contained important details about how to support them should they need to go to hospital. People who had specific medical conditions, such as epilepsy, had detailed personal guidance for staff to follow.

Where they wished to be, people were involved in planning the menus, buying food and preparing some meals. During the inspection people were supported by staff to go shopping. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. In the kitchen there was a large picture board displaying the weeks menu and who had chosen each meal. At the beginning of the week each person was supported to make a daily choice, if anyone didn't like the chosen meal an alternative was offered. Staff respected people's choices about what they wanted to eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. There were signs and pictures in some people's rooms to help them remember where things were kept and where they should put their things. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

# Is the service caring?

## Our findings

One person's relative told us, "The staff are caring; I can always talk to them. They do a good job."

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. During the inspection staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicated happily using verbal communication, noises and gestures. Different approaches were used to suit people's personalities. People said they were happy living at Maple House and their comments about the staff were positive. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. People had specific needs and routines that were accommodated well by the staff. The routines at the service were organised around people's needs and were flexible. Staff supported people in a way that they preferred. People's preferred names were recorded in the care plan and we heard staff using these during the inspection.

There was a relaxed and friendly atmosphere. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke. Discussions around upcoming trips and potential holiday destinations were all discussed eagerly.

Staff were attentive. They observed and listened to what people were expressing. Pictures and photos were used to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have contact with and visit their families, relatives and friends.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. One person had specific health care

needs; we saw that the service had worked with their family to ensure they were supported by staff they knew well to regular appointments.

People were moving freely around the home, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "I know them well." People's care plans told us how their religious needs would be met if they indicated they wished to practice; one person chose to attend a church service most Sundays, supported by a member of staff. People's information was kept securely and staff were aware of the need for confidentiality.

## Is the service responsive?

### Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health.

Most people had lived at the service for several years. When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Staff were able to demonstrate a good understanding of the people they supported. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Staff told us, "They make their own choices; what to wear, what to eat and drink, what they want to do." Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Challenging behaviour care plans detailed what people may do, why they do it, warning signs and triggers and how best to support them. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

Planning and review files had been introduced for people who were considering moving into more independent living. These contained detailed information about the individual, including their five year aspirations, pros and cons of moving and an action plan.

People who were important to people like members of their family and friends, were named in their care plan. This included their contact details and people were supported to keep in touch. Some people went home to their families and families also visited the service. One health professional told us, "Staff always have the time to talk to visitors and ensure they are made welcome and comfortable."

People were supported to take part in activities and staff supported people to undertake a choice of leisure activities within the service and in the community. Individual activity timetables were in place but were flexible to each person. Some people had pictorial displays on their bedroom walls to help them to remember what they would be doing. Activities included gardening, discos, swimming, local walks, social clubs and football. Some people attended organised day services or college on set days. As well as trips out

bowling and to local seaside towns. People were supported to go on shopping trips and lunches out in the services' vehicle. Activity charts were on a large display in the dining room, along with pictures and photos of activities people had taken part in.

'Your Voice' meetings' gave people an opportunity to raise any issues or concerns in a group and individual keyworker meetings an opportunity to discuss anything they wanted to with their keyworker. People told us they had been able to choose their key worker. Any concerns raised were taken seriously, recorded and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes demonstrated discussions about what activities they would like to happen and upcoming events that they were looking forward to, such as holding a fun day, going to a football match and the new mini bus that the service had recently got. The registered manager showed us newly designed keyworker meetings records, which were more focused on involving and engaging people into discussions.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection.

## Is the service well-led?

### Our findings

The service had a registered manager who was supported by team leaders and support workers. They had recently been registered by the Commission but had worked at the service for some time in a different role. Staff felt that they were well supported and spoke highly of the registered manager. One staff member commented, "The service is blossoming, they (the registered manager) is 100% on top of everything." One relative said, "The manager does a good job."

Records were not always maintained in an adequately. We reviewed peoples' daily logs and found that we were not able to read them all. We asked the registered manager to read them and they agreed that it was not always possible. This meant it was difficult to obtain an accurate picture of the care and support people had received, and to be certain that it met their needs.

Some files, both care files and other documents, contained paperwork that was no longer relevant, and although the risk to people not receiving the appropriate support was minimal, should a new staff member begin employment following some records could prove difficult and time consuming, this could mean that staff do not follow the most up to date guidance.

Records relating to the care and treatment of people were not always fit for purpose. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager demonstrated a good knowledge of people's needs and spoke with passion when talking to us about supporting people. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses. They were clear about their role and responsibilities and were confident throughout the inspection.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

The registered manager had good oversight and direction of the service; they said they felt well supported by the senior management team. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks, which were completed by the area manager. A detailed report was produced after each visit with an action plan for the registered manager; this was reviewed at the next visit. Recent quality assurance surveys from relatives gave positive feedback.

The visions and values of the organisation were putting people first, being a family, acting with integrity, being positive and striving for excellence, the registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2) (g) of the Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to the care and treatment of people were not always fit for purpose. This is a breach of Regulation 17 of the Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>