Abbeyfield Society (The)

Sycamore House

Inspection report

700 Mansfield Road
Sherwood
Nottingham
Nottinghamshire
NG5 3FW

Tel: 01159565205
Website: www.abbeyfield.com

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Sycamore House is registered for 42 beds and provides personal care and accommodation for older people. On the day of our visit 37 people were using the service. Eleven people were living in Kenyon Lodge, this is a separate unit within Sycamore House for people living with advanced dementia. 26 people were living in the main service – Sycamore House.

People's experience of using this service:
People's medicines were not managed following national best practice guidance. This put people at greater risk of not receiving their prescribed medicines safely. Risk assessments lacked guidance for staff about the action required to manage known risk and people's care plans lacked detail for staff to provide person centred care.

The deployment of staff did not consistently ensure people's safety. Whilst permanent staff had been safely recruited, profiles for agency staff (who worked at the service only when required) were not readily available for staff to review to verify their identity.

People's hydration needs were not fully assessed, provided for or monitored, putting people at greater risk of becoming dehydrated and unwell. Where people were unable to make specific decisions regarding their care; there was inconsistencies in how the Mental Capacity Act 2005 principles were applied. This meant people were not consistently supported to have maximum choice and control of their lives and may not have been supported in the least restrictive way possible.

Improvements were required in end of life care. We have made a recommendation about staff training about end of life care.

The manager had introduced a system that analysed accidents and incidents for patterns and trends and these confirmed, there had recently been a decline in the falls people had experienced. Safeguarding concerns were reported to the local authority safeguarding team and CQC. Some shortfalls were identified with the measures in place for the prevention and control of infections.

People's health needs were monitored and staff made referrals to external healthcare professionals when people's health needs changed. Staff were kind and caring and respected people's privacy and dignity.

Activities and opportunities were limited and may not have met people's interests, hobbies and pastimes. People's diverse needs were known and understood. People had access to the provider's complaint procedure. People received opportunities to be involved in the development of the service.

The manager was introducing many improvements at the service. This included improved opportunities in how people, relatives and advocates were involved in their care. How information was shared between staff.

Staff training and support was also being improved. An action plan was in place to drive forward the improvements the manager and regional manager had identified.

The service met the characteristics for a rating of "Requires Improvement" in all key questions.

Please see the 'action we have told the provider to take' section towards the end of the report.

Rating at last inspection:
Good (report published 12 January 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We have requested the provider for an action plan to advise us how and when they will make the required improvements. We will also continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received we may inspect sooner.

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 always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Sycamore House

Detailed findings

Background to this inspection

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

Inspection team:
Two inspectors and an expert by experience conducted the inspection over one day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Sycamore House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection, a manager was in place and had been since December 2018. They were in the position of submitting their registered manager application to CQC. We will monitor this.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider for feedback. We assessed the 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. We used all this information to plan our inspection. However, information

from the provider was dated 2017, we therefore, during the inspection, invited the manager to share up to date information with us.

During the inspection we spent time with people across the service and received feedback from four people and three visiting relatives. We also spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, regional manager, the cook, a housekeeper, activity coordinator, deputy manager, two senior care staff, two care staff and an agency care staff member. We reviewed a range of records. This included eight people's care records and medicine records. We also looked at a sample of staff files for recruitment checks, training and supervision. Various records in relating to the management of the service, including audits and checks and incident records.

After the inspection the registered manager sent us further information in relation to the provider's quality checks and audit process. These were returned within the timescales required. We have reviewed these as part of the inspection process.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety.
There was an increased risk that people could be harmed.

Using medicines safely

● People did not always receive their medicines as prescribed. Before our inspection, we had been made aware that staff administrating people's medicines, did not always remain with the person to ensure they had taken their medicines safely. On the day of our inspection, we observed the administration of medicines at lunchtime and saw people were left with their medicines without staff checking they had taken them. One person left their medicines on the table when they moved from the dining table to another room after lunch, approximately 15 minutes after they had been given them. This put people at risk of avoidable harm. We took the tablets to the deputy manager who spoke with staff.

● Relevant national guidelines about storing of medicines were not always followed. For example, the temperature of the fridge in Sycamore House was higher than the recommended limits. In Kenyon Lodge, a staff member admitted they did not know how to check the maximum and minimum temperatures and had copied the readings from the entry above on the recording sheet. It is important fridge temperatures are monitored to ensure the effectiveness of medicines are not compromised.

● Handwritten medicines were not always signed in Medicines Administration Records (MAR) charts by two people to ensure accuracy of transcription.

● We checked the medicine administration records of three people receiving their medicines in the form of skin patches. Two had no patch application record and there was no system to record that patches had been removed, when a new patch was applied. This is important to ensure the safe administration of this medicine.

● Some people, due to their health condition, required their medicines at set times. A staff member told us they always remembered, but it was difficult when they were busy. We saw there was no system in place to ensure this medicine was administered in a timely manner. Whilst we did not see evidence this medicine had been missed, we were not sufficiently assured it had been administered at the correct times.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● The deployment of staff needed to be improved upon. The management and staff team told us, staff presence was required in communal areas to monitor people's safety. A staff member said, "We are supposed to ensure there is a member of staff in the lounge or dining room when a number of residents are there, particularly those at risk of falls." We observed short periods during the morning when people were left unsupervised in the dining room. However, when people were in the lounge we saw staff were consistently present. We discussed deployment with the management team who agreed to discuss this with staff as a matter of priority.

● Due to staff vacancies, that the management team were recruiting to, agency staff were used to cover any shortfalls. We checked the agency staff profiles file and found three agency staff had no profile to confirm who they were. The deputy manager told us they had an email from the agency but had not printed their profiles, this was completed during our inspection. This meant agency staff had not had their identity and details verified when they arrived for work because this information had not been made available by the management team. This could have impacted on people's safety.
● The provider used an assessment tool to determine people's level of dependency, this determined the staffing levels required. People's dependency was regularly reviewed to ensure staffing levels remained correct to meet people's needs. People and relatives spoken with did not raise any concerns about staffing levels.

Assessing risk, safety monitoring and management
● Risks associated with people's needs were not consistently assessed, planned for or effectively managed. For example, a person who had experienced falls had assistive technology such as sensor alarms to inform staff if they were walking independently. However, incident records stated the person's sensor alarm had not always activated when the person moved and this had resulted in them having a fall. Their care plan also stated the person's sleep pattern was poor, but staff were only required to check them two hourly. We were concerned the action to mitigate the risk was not robust.
● Another person who had moved to the service in the four weeks before our inspection, had experienced a fall in March 2019 and had no falls risk assessment completed. This meant staff had no guidance of the action required to reduce this risk. A third person who experienced a fall in March 2019 resulting in a fracture, required a hoist for transfers. Their risk assessment did not provide staff with guidance of what sling was required to safely transfer the person. This is important information staff required to ensure the person's safety. An additional consideration was the high use of agency staff who had limited knowledge of people's needs.
● Where risks had been identified to people's skin, pressure relieving mattresses and cushions were seen to be used to reduce the risk. However, care plans viewed for people at high risk, did not provide staff with guidance on re-positioning or frequency of re-positioning.
● Staff described safe moving and handling techniques, including repositioning. At the time of our inspection no person had developed a pressure ulcer, indicating this was likely a recording issue. Incident records also showed they was a decline in falls. The manager told us they were aware risk assessments needed to be reviewed as a matter of priority and they told us they had an action plan to address this. The manager forwarded us this action plan to confirm what we were told.
● Checks were regularly completed on risks associated with the premises and environment including the maintenance of equipment. This included checks on fire safety and ensuring personal evacuation plans had been completed, these instructed staff on how to safely evacuate people from the building if required. Water testing was also completed to assess and control the risk of exposure to legionella bacteria, that can cause serious illness.

Learning lessons when things go wrong
● The manager had introduced a new system to monitor incidents and this analysed data for any themes and patterns such as the time, place and people involved in the incident. Incident analysis for the last four months showed there was a decline in the frequency of falls. The manager told us they believed this to be due to staff's increased awareness, improved communication and delegation of roles and responsibilities. Referrals to the community falls team for assessment had also been made when concerns had been identified.

Systems and processes to safeguard people from the risk of abuse

● Staff knew how to recognise abuse and protect people from the risk of abuse. Staff had completed safeguarding training and had access to the provider's safeguarding policy and procedure. The provider had reported alleged abuse to the local authority safeguarding team when it was identified. At the time of our inspection we were aware there were ongoing safeguarding investigations.
● People were supported to understand how to keep safe and to raise concerns when abuse occurred. Relatives were confident their relation was cared for safely. A relative said, "Staff seem to know my relative, who is safe, they took great care when they fell and kept them comfortable."

Preventing and controlling infection
● Some shortfalls were identified in how good practice guidance in the prevention and control of infections were managed. This was in relation to the system used to wash mop heads and the cleaning of some equipment. We discussed this with the manager who agreed to speak with staff. Staff used disposable gloves and aprons to prevent the spread of healthcare related infections. The service was found to be clean and people told us they had no concerns about cleanliness and hygiene.
●The home had been rated four stars by the food standards agency in January 2019. This means the service was rated, 'Good'. The food standards agency is responsible for protecting public health in relation to food.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

● People's hydration needs were not effectively managed. From viewing a sample of people's fluid intake, we were not sufficiently assured people received adequate fluids. Five people's fluid charts showed long gaps of when they had not been offered fluids. For example, one person's fluid chart for 15 March 2019 showed the last entry of fluid received was 6pm and the next entry was 3pm the following day. This was a concern because the person's nutritional health care plan stated the person was at risk of dehydrated if they did not drink. Fluid charts also showed people were frequently consuming small amounts of fluid such as less than 500mls a day. Nutritional care plans and fluid charts did not provide staff with guidance of the fluid target for good hydration. There was also no evidence to show people's fluid charts were being monitored to ensure people were sufficiently hydrated.

● Nutritional assessments were completed and nutritional care plans were in place, however they did not always contain necessary detail. For example, one person was low in weight and had been weighed monthly. However, staff had not recorded whether the person had lost or gained weight since the last time they had been weighed. The assessment used to monitor and screen a person's weight had not been completed since September 2018. We found further examples, where there were no evidence weights were being monitored.

● We saw three occasions where people separately asked for a drink, but staff asked them to wait until it was 'drinks time'.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We observed people's mealtime experience and saw how independence was promoted using plate guards and adapted cutlery when needed. Staff were attentive to people's needs and supported them on a one to one basis when needed. Staff also offered other people encouragement and assistance. The cook was seen to ask whether people had enjoyed the meal and if anyone wanted additional helpings.

● People had a choice of meals and no person raised any concerns about the food options available. A person said, "I have no complaints about food, if it is presented in a nice way."

● Staff were aware of people's nutritional needs. Improvements in information sharing including changes to any dietary needs, were in the process of implementation. This included daily head of department meetings and 'resident of the day'.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● The principles of the MCA were not consistently applied. For example, a person had been identified as requiring a DoLS application because they lacked capacity to consent to specific decisions about their care. We noted they had a sensor alarm on their cushion and bedroom, but a capacity assessment and best interest decision had not been completed. Another person's care plan suggested they may lack capacity to consent to specific decisions, but no MCA assessment had been completed. Whilst, two other people's care plans showed capacity assessments and best interest decisions had been completed, in line with legislation requirements.

● Two people had authorisations to restrict their freedom and liberty that had no attached conditions. Other DoLS applications had been submitted to the local authority for assessment. The manager was in discussion with the local authority in monitoring the progress of these applications.

Staff support: induction, training, skills and experience

● Staff had received an induction and ongoing training. The staff training record showed some gaps, but the manager provided details of training that had been booked between March and May 2019. Staff confirmed they received an induction that included shadowing experienced staff and that they felt training was supportive.

● The manager told us of the provider's staff supervision and competency requirements. In addition, staff had 'responsive' supervisions to discuss their work and development needs. Staff told us supervision meetings had been infrequent. The manager confirmed this to be correct, but provided a supervision plan that identified when meetings had been planned with staff.

Adapting service, design, decoration to meet people's needs

● The internal environment needed decoration and refurbishment and the provider had a plan for this work to commence. The manager told us this included improving signage around the service to support people with short term memory needs, to orientate around independently.

● People had access to spacious wet rooms and bathrooms with specialist baths. We were concerned to see the lounge was cluttered, but the manager explained they were in the process of changing a store room into an office and that the space would be improved upon imminently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

● People had access to health professionals such as doctors, dementia outreach nurses, community nurses, opticians and chiropodists. We saw referrals had been made to a range of health and social care professionals when required to support people's changing health care needs.

● information about people's health conditions and care needs were shared with external professionals. This included, ambulance and hospital admission staff to effectively support a person in their ongoing care.

● Staff were knowledgeable about people's health needs. People who used the service and relatives were confident health needs were monitored and managed well.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. Recognised assessment tools were used in the assessment and

monitoring of needs related such as nutrition, skin care and oral health.

● Assessment of people's needs included the protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This was important to ensure people did not experience any discrimination.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the approach of staff as were relatives. A person said, "They (staff) are all very nice, I've settled in alright." Another person said, "Staff seem to be kind, not seen any bossy staff here, yes, they are kind and respectful." A relative said, "We are very happy, staff are very good, kind, treat people with dignity and respect, they are cheerful and beyond."
- Staff were positive about their work and we saw caring, sensitive and kind interactions of staff with people. This included giving people choices, being patient and asking about people's comfort needs and welfare. For example, a staff member was heard to say to person, "I've opened the window behind you, if you get cold please tell me." Staff used effective communication and listening skills, this included gaining eye contact when speaking with people.
- Staff had guidance about people's personal social history, routines, preferences and what was important to them. This supported staff to form good relationships with people.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt involved in their care and relatives reported they had good communication with staff and were kept informed of their relations' needs. The manager told us how they were in the process of implementing formal opportunities for people and their relative or advocate, to be better involved in discussions and decision making. This included implementing review meetings and monthly manager's surgery dates, where people could book a time to meet with the manager. This was due to commence in March 2019.
- Staff understood the importance of helping people to maintain their autonomy. A staff member said, "We encourage people to be as involved in their care as fully as possible, it's so important for people to maintain their independence."
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy and dignity. Staff were seen to be courteous and polite towards people. We saw how people's dignity was promoted when they were supported to use the bathroom, this was done discreetly and with consideration to the person.
- People were supported to maintain relationships with people that mattered to them and there were no restrictions on when people visited.
- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection

Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans that were used to provide staff with guidance about how to meet their needs lacked detail in places. This included informing staff of changes to people's needs and support.
- One person's eating and drinking care plan did not reflect the recommendations made by a speech and language therapist about how their food needed to be presented. However, the cook was aware of this information.
- One person's tissue viability and pressure ulcer care plan stated the community nurses was involved and providing treatment to the person's lower legs. However, there was no further information about the problems with the person's legs and what staff needed to be aware of.
- One person's evaluation of their health and wellbeing care plan stated they had attended fracture clinic in December 2018 and a cast was removed from their hand, and replaced with a splint. There was no explanation of the previous injury and in February 2019, the evaluation stated the person no longer had a splint on their hand. However, there was no information to advise if the person had regained full function or whether there was some weakness.
- Information and guidance of how people's health conditions impacted on them was not consistently recorded.
- The manager told us they were aware care plans were not sufficiently detailed and advised training in developing person centred care plans had been arranged for March 2019. The manager also showed us new care plan documentation and records they were in the process of implementing. They also had a time scale for having these completed. The example documents viewed were a great improvement and supported a person-centred approach to care.
- People received opportunities to participate in activities but these were limited. For example, the weekly activity plan showed three days of activities available. Mondays included an external hairdresser visiting and a Sunday service was provided by an external religious group. It was not clear if the activities reflected people's interests, hobbies and pastimes.
- One person's care plan stated in September 2018 the dementia outreach team had reviewed the person and advised one to one activities. However, there was no indication of one to one activities the person might enjoy or evidence there had been any one to one activities provided.
- A person told us about the activities and said, "They (activity staff) do activities, they have nice afternoons, we've been doing little bits for St Patricks day…children came from a school, we've done colouring…I'm quite happy." On the day of our inspection we saw four people helped to bake soda bread for the lunch. We saw how the activities co-ordinator moved around the service and mainly talked to people about the forthcoming lunch and St. Patricks day. They were seen to be very positive and engaging with people.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. The manager told us they would ensure information was provided in

alterative formats if required.

Improving care quality in response to complaints or concerns
● People told us they felt confident to make a complaint if they had cause to and felt staff would respond positively. A person said, "I'd talk to one of the seniors (if a problem arose) they always seem good and helpful."
● People had access to the provider's complaint procedure. There were no ongoing complaints and where a complaint had been received, this had been responded to as per the provider's policy and procedure.

End of life care and support
● Some concerns were raised by an external healthcare professional about staff's lack of awareness and understanding in end of life care. Staff told us they had not received end of life care training and the staff training record confirmed this. Staff also confirmed end of life care plans had not been developed when a person was at the end stage of their life.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the needs of people at the end stage of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Oversight by the provider's senior management and quality team, had not identified in a timely manner, the decline in the fundamental care standards.
- The manager had been in post since December 2018 and was an experienced manager, who showed a good understanding of the improvements required in promoting a person centred, high quality service. The manager with the support of a new regional manager responsible for the service, had developed an action plan to raise standards in care. New care plan records and documentation were being implemented, staff training needs had been identified and planned for and staff's roles and responsibilities were being better defined. The involvement of people and their relatives or advocates in their care was also being improved. This included the introduction of monthly manager surgeries as a means of increasing engagement with people. and formal review meetings were being developed.
- The manager had implemented new style staff meetings and ways of exchanging information with staff and these were held monthly. Meeting records showed how new systems and processes were being developed. Staff welcomed these positive changes and initiatives.
- The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.
- The provider had policies and procedures that reflected current legislation and best practice guidance, and set out what was expected of staff when supporting people.
- A whistleblowing policy was in place. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it and raise their concerns with appropriate authorities.
- There was a system of audits and processes in place that continually checked on quality and safety. Whilst these had not always identified areas for improvement, these were being further developed and improved upon in areas such as health and safety, medicines, incidents and care plans to ensure the service complied with legislative requirements and promoted best practice. The regional managers recent audit, had identified some areas for improvement identified during this inspection and an action plan was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● The manager had plans to send feedback surveys to people who used the service, relatives, advocates, staff, professionals and stakeholder in April 2019. The manager told us feedback would then be analysed and any required improvements would be actioned.

● People received opportunities to attend meetings where they were invited to share their experience about the service and make any suggestions. We saw the last meeting record where the manager introduced themselves and advised people about a recent external audit completed by the local authority and new and improved ways of working. This included sharing information about the refurbishment plan and welcoming people to meet with them.

Continuous learning and improving care

Working in partnership with others

● The manager was working well with the local authority and had embraced opportunities for the service to receive support to help improve the care provided. This included additional training and development. The manager had a positive approach and enthusiasm to want to develop working relationships with others, and to attend local external forums which they were seeking.

● The manager also attended internal meetings and had the support from a regional manager.

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 The registered provider had not ensured the proper and safe management of medicines. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The registered provider had not ensured people's hydration needs had been met. Regulation 14 (1)