

Winslow House Limited

Winslow House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Winslow House is a residential care home providing accommodation and personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

The service accommodates people in one adapted building across 2 floors. Each person has their own bedroom with a toilet and washing facilities. There are lounge and dining areas on both floors with additional communal toilets and adapted bathrooms. Outside there is a large terrace, which is accessible by wheelchair, overlooking a mature garden.

People's experience of using this service and what we found

The service had improved since our last inspection, but more time was needed for improvements to be completed, evaluated and embedded into ways of working.

People were not always protected from risks associated with medicines as the provider's systems were not always followed, and medicines audits were not robust enough to identify this.

Improvements to care records and use of universal assessment tools, (to support staff to identify and manage risks to people), were underway. However, the provider's new electronic records system, (introduced to support these improvements), had yet to 'go-live'. The go-live date had been delayed, as a significant amount of work was still needed to update risk assessments and improve support plans as they were entered into the system.

Staff had received training in the use of universal assessment tools. However, most staff found them difficult to use and people had yet to benefit from this proactive approach. Managers anticipated use of the e-system would help resolve this.

Care records staff had access to, were not always complete or up to date, and lacked important information to guide staff in managing people's needs. Staff lacked confidence in managing some risks to people, including risks associated with diabetes, and insulin use.

All the above meant risks to people may not always be recognised or managed in a timely way to ensure people always received safe and effective care.

The provider had revised their systems to monitor the quality and safety of the service, however these systems were not yet established. Time was needed to fully implement, evaluate, and adapt these, (reduce duplication and address gaps), to ensure they were effective.

We were unable to check whether improvements to recruitment practices were effective at this inspection as recruitment records were not available. We will follow this up at our next inspection.

Despite the shortfalls we found, people and their relatives were positive about the service and told us they felt safe and well cared for. Response to safeguarding incidents, managing falls, and managing weight loss had improved. The service worked closely with health and social care professionals, seeking advice, and following recommendations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us their views were listened to and they were happy with how managers responded to their complaints.

The provider had notified us of significant events as required and were working openly and transparently with other agencies to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 April 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 13 and regulation 18. However, the provider remained in breach of regulation 12, regulation 19, and regulation 17.

The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected

We carried out an unannounced focussed inspection of this service on 3 November 2021 and 2 breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve fit and proper persons employed and good governance.

We carried out an unannounced focussed inspection of this service on 23 January 2023 to check they had followed their action plan and to confirm they had met legal requirements. The provider had not met legal requirements in respect of fit and proper persons employed and good governance. We also found 3 new breaches in relation to safeguarding service users from abuse and improper treatment, safe care and treatment, and notifications of other incidents.

Enforcement action was taken in relation to good governance and safeguarding service users from abuse and improper treatment, and the provider was informed what action they must take by when to meet legal requirements. The provider completed an action plan to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, and notifications of other incidents.

We undertook this unannounced focussed inspection to check whether the Warning Notices we previously served in relation to Regulation 17 (good governance) and Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Also, to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at previous inspections to calculate the overall rating. The overall rating for the service has not changed based on the findings of this inspection.

We found evidence that a number of improvements have been made. However, the provider needs to make further improvements to become compliant with regulatory requirements. Please see the safe, effective, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Winslow House on our website at www.cqc.org.uk.

Enforcement

We have identified ongoing breaches in relation to safe care and treatment, fit and proper persons employed and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Winslow 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 13 (safeguarding service users from abuse and improper treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. 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

Winslow House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Winslow House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was not a registered manager in post. The manager had been managing the service (initially as acting manager) since 4 January 2022. The manager intended to register with CQC and had completed required police checks prior to submitting their application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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.

During the inspection

We spoke with 14 people who used the service and observed people interacting with staff. We spoke with 10 people's relatives and 3 professionals about their experience of the care and support provided by the service. We spoke with 7 staff including the nominated individual, the manager and deputy manager, 4 care staff, the maintenance person and the head housekeeper. The nominated individual (NI) is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included people's care records and records of incidents and accidents. A variety of records relating to the management of the service, including the service's action plan and recent audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had not ensured the proper and safe management of medicines and risks to people had not always been mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were not always protected from risks associated with medicines as provider processes were not always followed and medicines audits had not identified these shortfalls. One person was not storing their medicines safely, but their related self-administration risk assessment had not been reviewed to manage this risk. Protocols for 'when required' medicines were not always available to guide staff in appropriate use of these medicines.
- Handwritten medicines administration records (MARs), and changes to prescriptions, were not always signed and countersigned by staff in line with national guidance. (Countersigning reduces the risk of 'transcribing errors' which are mistakes made when writing information.) Allergies were not always recorded on the MAR to reduce the risk of people receiving unsuitable medicines.
- The date of opening (medicinal) creams had not always been recorded, and some open creams had not been disposed of after 3 months, as recommended by the manufacturer. MARs had not always been completed, so it was not clear if people were receiving their creams as prescribed.
- Best practice recommendations were not followed in relation to medicines stock checks, this limited opportunities for early identification and management of medicines errors, including seeking timely medical advice and identifying staff who may need further training.
- Limited action was taken after incidents to identify and act upon lessons learned. Following an incident in March 2023, where a person needed hospital treatment for hypoglycaemia (low blood glucose), further diabetes training was planned but had yet to be delivered. A hypoglycaemia protocol and emergency box were kept in bedrooms of people at risk.
- The 3 staff we spoke with about managing hypoglycaemia each gave different blood glucose levels they would act upon. None mentioned following the hypoglycaemia protocol or relevant support plan. This demonstrated the risk some staff may intervene unnecessarily, while others may not act when needed, to manage hypoglycaemia safely.
- People's support plans lacked sufficient information to support staff in managing risks to people including

risks associated with diabetes and constipation.

The provider had failed to ensure the proper and safe management of medicines. Risks to people relating to their care had not always been mitigated. This is a continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection, the GP practice had been involved in updating the provider's homely remedies policy to ensure these medicines were suitable.
- Systems for monitoring and responding to weight loss had improved. People's weights were monitored, and action had been taken to ensure people's risk of malnutrition was managed.
- Incident reports were reviewed by managers to identify and manage ongoing risks to people. Falls were monitored to identify patterns and trends for individuals and across the service.
- Feedback from people and their relatives about the safety of the service was positive. One person said, "I don't have any problems with the meds they are correct, and they are always on time". A relative said, "Yes, I think she is safe. She now has a pressure mat following a couple of falls which is much more reassuring, and mum feels safe too."
- Environmental risks had been assessed and recommendations by external specialists were followed. Environmental checks were completed regularly in line with the provider's fire and legionella risk assessments.

Staffing and recruitment

At our last 2 inspections, despite improvements, the provider's recruitment process was not fully meeting the requirements of Schedule 3 of the regulations. This was a continued breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Records were not available to check if enough improvement had been made at this inspection, hence the provider remains in breach of regulation 19.

- The nominated individual (NI) told us they had revised their recruitment processes and recruited 3 new staff since our last inspection. However, we were unable to check these recruitments as the NI was away on leave and recruitment records could not be accessed in their absence.
- The provider had reviewed their recruitment policy, but we found requirements relating to Schedule 3 of the regulations were not clearly specified, to ensure these requirements were met.

The provider had not established safe recruitment procedures to ensure staff employed were suitable. This is a continued breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We signposted the provider to recruitment resources / information after the inspection. The provider told us they would review their policy with reference to these and ensure all recruitment records were available for future inspections.

- Managers and staff were positive about staffing levels and use of agency staff had reduced. The manager told us they had increased care staff in the evenings and were recruiting to cover 16 care hours. Staff told us staffing had been "ok" for the last few months and they were fully staffed.
- Feedback from people and relatives suggested staff start times and break times needed review to ensure people's needs were met at busy times. Their comments included, "The call bell wait can be a long time", "By early morning I am desperate for the loo but can have to wait a long time until someone is free" and,

"You can wait 10 minutes or more to get in [the building] if there is no one at the front [entrance] and it is busy."

- The manager said they had not reviewed call-bell times recently but planned to do this regularly and they were using their falls/complaints log to assist in determining correct staffing levels.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse and report safeguarding incidents to the relevant authorities. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider's safeguarding policy had been updated to include local and national guidance and this had been followed to safeguard people from risk of abuse. Staff understood their responsibilities and had reported incidents and involved external agencies as required. Action had been taken following incidents to prevent similar incidents from happening.

- Managers were due to complete advanced (Level 3) safeguarding training.

- People felt safe and cared for at Winslow House. People said, "I feel very safe, and they look after us very well" and, "I have never had anyone get impatient, or complain I am too slow, in here."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could receive visitors without any restrictions. People said, "We can have visitors at any time and if they are here at mealtimes or coffee time, they always get offered drinks or meals to join us" and, "My family do pop in as there is no problem with visiting."

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 rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had not ensured care records contained up-to-date information about the care people required. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection, managers had started updating people's risk assessments and support plans as they added them to the provider's new e-records system. There had been a delay in completing this work and the system was not yet 'live' for staff to access.
- While people's needs had been assessed, the paper support plans available to staff lacked sufficient detail to guide staff in managing risks to people safely. This included risk associated with diabetes and constipation; information about managing insulin, any monitoring needed, when to involve health care professionals or report to a manager.
- Paper records were not always complete or up to date; staff rarely referred to people's risk assessments or support plans. Some updates to people's support needs were noted in the staff communication book, however, this information was not always added to support plans.

The provider had failed to ensure accurate and complete care records were maintained for each person using the service. This was a continued breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Moving and handling assessments were reviewed every 6 months. This specified which equipment could be used safely in a variety of circumstances; day-to-day and should the person fall, become unwell or need evacuating.

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

At our last inspection the provider had not established systems and processes to ensure people were not deprived of their liberty without lawful authority. This was a breach of Regulation 13 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent to their care and treatment had been reviewed in March and April 2023. Where appropriate, consent to specific aspects of care, such as medicines management, had been obtained. Copies of legal documents, including power of attorney, had been obtained.
- DoLS applications had been submitted for people assessed as unable to consent to living at Winslow House and/or to the level of supervision or restriction(s) needed to keep them safe. No applications had been assessed by the authorising authority at the time of the inspection.
- A DoLS tracker had been introduced by the manager, however this did not include information about any restrictions, such as use of covert medication, included in DoLS applications. We asked the manager to check the local authority knew 1 person was receiving covert medication, as this information was also not evident in their DoLS application.
- Nine staff had completed DoLS and MCA training since our last inspection, a further 9 care staff needed to complete this training and 2 were overdue an update. The manager told us this would be completed but safety related training had been prioritised.
- Staff sought people's consent before they gave care and people had choice in how they lived. People who were able to go out unaccompanied safely were encouraged to do so.

Staff support: induction, training, skills and experience

- The care sector support team, (who offer support, education and training to care homes within Gloucestershire,) provided training to Winslow House staff in recognising and escalating physical deterioration (RESTORE2) and use of the Malnutrition Universal screening Tool (MUST) in March/April 2023. The service still needed to implement these tools to ensure people would benefit from this.
- The manager monitored staff training needs and staff had completed training for their areas of responsibility. The manager was aware of some remaining gaps in training and was addressing these at a pace the staff member(s) could cope with.
- Staff felt supported and happy in their roles, and they were encouraged to complete additional qualifications in adult social care. Staff received regular supervision and an annual appraisal.
- Feedback about staff training and approach was positive. Staff, people and their relatives felt staff had the training they needed.

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

- The service worked closely with health care professionals to manage people's health related needs. A

relative said, "The staff are very caring and there is no problem getting the GP involved; Recently antibiotics were obtained very quickly, and treatment started straight away."

- A weekly meeting was held with the GP surgery and regular medication reviews and health checks were carried out. One person was waiting for a specialist appointment.
- Staff had sought advice when in doubt. Two professionals told us the service referred to them appropriately and had responded well to their advice.
- Activities offered to people included yoga and armchair exercise.

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

- People's weight was monitored regularly, and when trends in weight loss (or gain) were identified, action was taken to ensure people received the right amount to eat and drink.
- Staff knew which people needed support to eat and drink and adapted cutlery / cups were used to increase people's independence. Staff had received appropriate training in supporting people at risk of choking.
- People had access to a healthy balanced diet and there was a system in the kitchen to record people's dietary needs and preferences. People told us they had enough to eat, and they had choices, but comments about the food were mixed. Comments included, "It is not my kind of food" and, "Mum said they must have a new chef as the food was very good today."

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

- Winslow House is a spacious Georgian property with landscaped gardens and a level terrace accessible from the dining room. A relative said, "The grounds are lovely; she loves to use them as do most of the residents.
- Bedrooms had washing and toilet facilities and some had showers. Communal bathrooms were adapted for people with reduced mobility. There was a passenger lift to upper floors. Two people's relatives felt facilities and décor within the home needed investment and updating.
- People felt at home, one person said, "I sit outside in the garden whenever we get the choice. We don't have to ask as the door is never locked shut during the day." There were several communal rooms where people could eat, socialise, do activities, or spend quiet time.
- People chose their bedroom and had the option to move when other rooms became available, or their needs changed. People could personalise their room, have a landline and lock their door if they wished.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection monitoring systems were not sufficiently well established or robust enough to demonstrate safety and quality was managed effectively. This was a breach of Regulation 17(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had revised their quality monitoring systems since our last inspection and a lot of new audits and checklists had been introduced. Time was needed to fully implement, evaluate, and adapt these, (reduce duplication and address gaps), to ensure they were effective.
- We found cleaning records had not been completed in recent months, managers were not aware of this and confirmed cleaning records had not been audited during this time. Shortfalls we found in medicines management had not been identified through medicines audits.
- Delay in implementing the e-system had a knock-on effect in addressing known areas for improvement, including use of universal tools to identify risks to people, and ensuring care records were accurate and complete. Staff had received training in MUST and using the e-system but those we spoke with lacked confidence with information technology and needed an opportunity to consolidate their learning.

The provider had failed to operate effective systems to monitor and improve the safety and the quality of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A system to regularly review and identify people who may require a DoLS authorisation, and to follow up existing applications, had been introduced.
- The provider ensured safeguarding incidents were identified and reported to the local authority safeguarding team to ensure people would be protected from risk of abuse.
- The manager had completed required the police checks and said they would be submitting their application to CQC, to become the registered manager for Winslow House.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

At our last inspection the provider had failed to complete all statutory notifications to the CQC. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager informed the NI of significant incidents in the service, and the NI ensured CQC was notified of these as required. This included serious injuries and allegations of abuse.
- The provider was displaying their ratings as required.
- The manager had informed people, their relatives, and staff when something went wrong and told them what action was being taken to put it right. A relative said, "It is easy to get in contact over the phone or email and relatives are always kept up to date."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Feedback about the staff, management and culture was positive. People's comments included, "Staff are very interested in all the residents, and they are so approachable too", "I am happy enough to have recommended it to a few others, one of which has already come to join Winslow House and is happy here" and, "The atmosphere is so friendly."
- Many of the core staff team had worked at the service for 15-20 years, the manager recognised time and support was needed to help them embrace changes in ways of working such as using technology and universal assessment tools.
- The manager welcomed feedback and responded well to concerns. One person said, "I had an incident when I first arrived, regarding 1 member of staff and how she was not being helpful. I asked that she didn't come again to help me, and they have honoured that request, so I am happy with the outcome." Relatives' comments included, "'We go to the management if we need, they are quite approachable" and, 'If I have a concern, I go to [staff names] they have kept me so well updated following his fall."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people and their relatives was sought regularly. One person said, "They have a resident's meeting every 3 or 4 months. I have made suggestions about food and sandwiches which have been taken on board." Feedback surveys had been sent out to professionals and were ready to be sent to relatives and people who use the service.
- Managers were motivated to improve the service and had sought advice and support from other organisations to help them achieve this. This included the local authority DoLS team, the care sector support team, and another care provider.

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 ensure the proper and safe management of medicines. Risks to people relating to their care had not always been mitigated.</p> <p>Regulation 12(1)(2)(b)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to monitor and improve the safety and the quality of the service. Accurate and complete care records had not always been maintained.</p> <p>Regulation 17(1)(2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not established safe recruitment procedures to ensure staff employed were suitable to support vulnerable adults.</p> <p>Regulation 19(2)(3)</p>

