

Barchester Healthcare Homes Limited

Cadbury Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection

Cadbury Hall Care Home is a care home providing accommodation and personal care for up to 34 people. At the time of the inspection, 7 people were living at the home.

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

The provider had failed to identify or act to mitigate the risks to people. We identified through our inspection that the home did not have safe staffing levels on two occasions in January 2023. On these occasions one waking staff was left working alone in the building. This had put the staff member and people at risk. On some occasions one waking night staff worked with a staff member sleeping in. No risk assessment was in place or guidelines as to when the sleep in staff member would be called upon.

Safety monitoring and management checks of the building were taking place. However, we found inconsistencies and improvements were required. Staff had attended a fire safety training session during their induction. However, some staff had not attended a fire drill or there were gaps in them attending one from their initial induction. Some staff did not know what to do in the event of the fire alarm sounding.

Governance systems to monitor the home were not effective. They had not identified the improvements that were required and shortfalls which we identified. The home had had several managers in post since it opened in April 2022 which they had been unable to retain. This had an impact on morale and the staff. The oversight of the provider needed improvement to ensure systems were fully embedded by a stable, consistent staff team and manager. A new manager was recruited in December 2022. They planned to continue to build on staff morale and to drive improvements.

All staff understood their responsibility to keep people safe from harm. Risks to people had been assessed with actions in place to help keep people safe. Checks were carried out on staff before they started work to assess their suitability. Medicines were well managed, and people received their medicines as prescribed.

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 home supported this practice.

People's needs were assessed and they were supported to maintain a healthy and balanced diet. People who lived at the home were treated with respect and equality. Care was person centred and staff understood the importance of promoting choice, consent and independence. People's dignity and privacy were maintained.

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

Rating at last inspection

This service was registered with us on 22 April 2022 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Prior to this inspection we were made aware of some concerns raised about the home. We used this information as intelligence and to help us plan this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this report. The overall rating for the service is requires improvement. This is based on the findings at this inspection.

Enforcement

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to ensuring safe levels of staffing, managing risks, and around good governance. This meant that improvements were required to ensure quality monitoring and management and that provider oversight was more effective.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Cadbury Hall Care Home

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.

Inspection team

This inspection was carried out by two inspectors. A third inspector supported with phone calls to staff and relatives.

Service and service type

Cadbury Hall 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. Cadbury Hall 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.

A new manager had been in post for two months. They were in the process of submitting an application to register.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 3 people who were receiving care and support from the home and 2 relatives.

We spoke with 7 staff members, the maintenance person, the manager, regional director and the regional support manager.

We looked at a range of records. This included 3 people's care files, medication records, 3 staff files in relation to their recruitment, the training matrix, health and safety checks and relating to the management of the home.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Each person had an emergency evacuation plan with information to enable safe evacuation by emergency services when needed. A copy of the evacuation plan was displayed in the manager's office, clinical room and in the entrance hall by the fire panel. Four staff that we spoke with were not aware of the evacuation plan despite having fire safety training during their induction. The four staff had not attended a fire drill at the home and were not confident if the alarm sounded.
- We looked at the fire drill records of the home. This showed fire drills were being carried out but had not been incorporated into the staff induction. There was a delay in the staff attending a drill from starting in post. One senior staff started in post in December 2022 but they had not undertaken a fire drill until the 19 January 2023.
- The fire drill records in place needed improvement. The timings of each drill/evacuation needed to be taken and recorded. A summary of each drill and how this went was not being recorded.
- We brought this to the attention of the manager and regional managers who told us they would ensure all staff had attended a fire drill straight away.

The provider had failed to safely monitor and manage risks within the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans contained risk assessments. These were reviewed and updated by staff when necessary. For example, if someone had a fall their risk assessment was reviewed to see if any further action needed to be taken to prevent a reoccurrence.
- The provider employed a maintenance person. They undertook regular safety checks of the building. This included health and safety checks, fire safety checks and of water temperatures.

Staffing and recruitment

- We could not be satisfied the systems in place ensured safe levels of staffing. There were potential risks because of staffing levels during the night. Prior to this inspection we had received intelligence that on the nights of 8 and 15 January 2023 one waking staff worked alone. We spoke with the manager and both regional managers about this. We asked them to investigate this due to discrepancies recorded on the rota and the information provided.
- On the 8 January 2023 two waking staff were rostered to work a night shift. One staff member phoned the home to let them know they would not be able to work. The deputy left their shift leaving one waking night staff alone until the manager arrived shortly after. The manager stayed until 01.00 hrs. This then left one waking staff working alone until 07.30hrs.

- On the 15 January 2023 one staff was rostered to work and one staff was due to sleep in. The staff member due to sleep in left their shift at 21:00 hrs and did not stay. The manager told us they were on call. They did not receive a call from the home to let them know about this.
- There were potential risks because of staffing levels during the night. The building was over three floors. No risk assessment was in place for staff sleeping in. No guidelines were in place as to when staff should wake the sleep-in staff member. Some staff had often worked 12 hour shifts prior to the sleep in and staff did not feel comfortable waking them.

People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- We asked to look at the staff rotas for the previous three weeks and the week of the inspection. This showed that some nights two waking staff worked and on other nights one waking staff worked and one staff member was sleeping in. The staffing levels were not always consistent at night. The regional manager reassured us that in future two waking night staff would be on duty.
- People were supported by staff who were recruited safely. Records showed completed application forms, checks on identity and right to work in the UK, employment history, references and a disclosure and barring service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. They received care from staff who were familiar with them and had undertaken safeguarding training. Staff understood their responsibility in identifying and reporting concerns or allegations of abuse or poor care practice.
- People felt safe at the home. They told us, "I have no concerns. I feel very safe", "Yes, I feel safe."
- The manager understood and reported safeguarding incidents to relevant authorities which ensured people were protected from the risk of avoidable harm.

Using medicines safely

- Medicine administration records (MARs) were accurate and detailed when people's medicines were administered or refused.
- The medicines system and records were regularly audited by senior staff and the manager. This was to ensure the medicines system was safe and that people received their medicines as prescribed.
- Medicines were safely stored, and the temperatures were monitored to ensure they were in line with manufacturer's guidance. Systems were in place to ensure any unused medicines were disposed of by returning safely to the pharmacy.

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

- The manager encouraged visitors to the home which reflected the latest government guidance. Visits took place without any restrictions.

Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- We found incidents were responded to promptly and staff were made aware of any changes to people's care needs to minimise risks.
- Audits of incidents and accidents were analysed by the manager and regional management team. Some safety measures had been put in place, such as the use of low beds and sensor mats.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Most of the staff employed had not worked at the home for long. Some of the staff we spoke with had completed their induction or were in the middle of completing this. We were told by the manager the induction was classroom based during their first week of employment.
- After their induction we were told new staff had the opportunity to shadowing existing staff. This was until they were competent within their role and ready to work independently. Some of the staff we spoke with felt their induction period was rushed.
- Previous staffing shortages had also meant when some should have been shadowing, they had ended up covering some days as competent staff. The manager was able to show us the rota for the next couple of weeks. This showed staff new staff had shadowing opportunities.
- We were told that all senior staff led each shift, administered medicines to people and had been trained. We had received intelligence prior to the inspection that not all staff had been trained or had a medicines competency carried out. On speaking to the manager, they told us one ex staff member had not received training. This was an oversight from previous manager's in post.
- The manager confirmed all senior staff had received training and a competency assessment was in place.
- Staff were up to date with mandatory training. Examples included, safeguarding, moving and handling, fire safety, infection control and health and safety.
- The staff were spoke with confirmed they received regular one to one supervision and had attended staff meetings.

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

- People were assessed before admission to the home. This helped to ensure the home could meet people's needs, preferences and aspirations. On admission to the home a range of further assessments of the person was carried out. This was to ensure that the staff had an understanding of the care which people needed. The assessments helped to form each person's care plan.
- People's care records contained information about how their diverse needs such as religion and sexuality would be met. This was also discussed with them prior to moving to the home.
- People's care was planned and delivered in accordance with best practice and current guidance. For example, the manager liaised with and followed the guidance of healthcare professionals.

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

- Systems were in place to prevent poor nutrition and hydration. People had access to plenty of food and drink choices throughout the day. We observed staff were attentive and encouraged intake.

- Staff documented people's food and fluid intake and escalated any concerns to the senior carer or manager on duty. Any concerns were discussed at staff handovers who continued to monitor people.
- The dining room was nicely decorated with natural light. Each table displayed the menu of the day. People we spoke with were positive about the meal choices. One person told us, "The food is really lovely here." One relative told us, "The food is very good there."

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

- Staff were observant of people's changing needs and consulted external professionals for support. During the inspection we observed a person receiving prompt medical attention from professionals.
- The GP visited the home as and when needed. The manager was in the process of trying to build links with the local GP surgery. A named GP was not linked to the home due to the home having a low occupancy. We spoke to the manager and gave them advice on how to escalate their concerns.

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

- The environment was nicely decorated, bright and airy. The home had three floors with two open at the time of the inspection. Each floor had a clinical room.
- The home had several communal areas along with a dining area. There was additional seating and tables in the entrance hall with drinks machines available. People could choose whether they wanted to spend time with others or in a quieter area. We were told this area was used mostly during the evenings by people.
- People had their own room with an en-suite. Their bedrooms had been personalised to suit their own taste, hobbies and interests.
- People had access to a downstairs hair salon situated on the ground floor of the home.

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

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.

- Staff had received training in the MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and were carried out in the least restrictive way.
- The manager told us no persons had an authorised DOLs. No applications had been made to the local authority for assessment in line with MCA as this was not required.
- We noted that one person had a ReSPECT form in place which deemed them not to have capacity. However, the person's care plan stated they did have capacity. The manager contacted the GP surgery and the ReSPECT form was updated. ReSPECT stands for Recommended Summary Plan for Emergency Care

and Treatment. The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations where you are not able to make decisions or express your wishes.

- One person's health had declined due to illness. The manager was in the process of completing a capacity assessment to see if a DoLS application was needed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The staff were calm, focused and attentive to people's emotions and needs. For example, we observed how staff supported a person who had been unwell. They carried out 10-minute checks of the person. They offered comfort and regular drinks whilst checking on their wellbeing.
- Staff knew each person well and we observed staff spending time with people communicating and supporting them.
- People's care records contained personal information, including people's equality characteristics such as people's religion and sexuality. The staff told us they would support people to practise their faith and celebrate special occasions that reflected their beliefs.

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

- People were supported to make decisions around their day to day care. For example, people could choose where to spend their time. Some people spent time with others in communal areas and other people chose to remain in their bedrooms.
- People were offered choice around their clothing and personal care. For example, what people wanted to wear and when they wished to have a bath or shower.
- Staff told us they encouraged people to take a lead on their care, with one staff member telling us, "We keep the residents very involved with their own care. We want them to make decisions for themselves."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocked on people's doors before entering their rooms. One person told us, "Yes, they always knock. I like my door a little open so I can see them walk by".
- People were supported to maintain their independence. People's care records included information about the support a person needed and what they could still do themselves. Staff told us it was important they encouraged people to continue to do as much for themselves as they were able.
- People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and tidy. People enjoyed going to the home's salon to have their hair done.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who we spoke with told us they were very happy with the care and support they received. Comments included, "Yes very happy", "I am happy as I could be. I miss my home, but I know being here is for the best."
- People's care was personalised. People told us they felt staff were responsive and support was tailored to their individual needs.
- People's care plans contained information about people's choices and preferences. A number of assessments were undertaken when people were admitted to the home. This included information about life histories, family members and hobbies. This meant people's preferences were known by the staff team to ensure people received their support in the way they chose.
- Care plans were regularly reviewed to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The staff understood how to meet people's needs in line with the accessible information standards. The manager told us information could be adapted to a suitable format as needed, and services and equipment arranged depending upon the person's needs.
- People's care records contained a detailed assessment of people's communication needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home protected people from social isolation and recognised the importance of social contact. The manager and staff supported and promoted raising the profile of the home and being part of the community. The local community were offered to attend some activities within the home.
- People enjoyed a programme of activities and a weekly calendar was on display. This included activities such as, armchair zumba, exercise and knit and natter groups. We spoke to the activity's coordinator and they told us how they provided activities at the home. They tried to incorporate each person's hobbies and

interests.

- Other staff were also involved in providing activities. The maintenance person led a men's wellbeing club at the home. They also helped with a gardening club which we heard people were keen to attend.
- Some people that lived at the home liked to spend time in their own rooms. The staff worked hard to coax people out of their rooms where possible. This was to help provide social stimulation. One person liked their own company, but we were told how they had started to attend the knit and natter group.

Improving care quality in response to complaints or concerns

- The daily presence of the manager meant people were seen every day and asked how they were. This approach had helped form relationships with people and their relatives where they felt confident to express their views. One relative told us, "I have no complaints, but I know where to go if I did".
- No formal complaints had been made since the home opened. Systems were in place to investigate and respond to complaints should they be raised.
- Things that may have worried people or made them unhappy were documented in the daily records. This information was also shared with staff in handovers.

End of life care and support

- The home was not providing end of life support to anyone at the time of the inspection. Staff had received training in end of life care.
- Documentation was in place where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions had been made.
- We spoke to the manager about having specific records in place with information about people's wishes at the end of their life and any advanced decisions. Assessments contained some information but a separate record needed to be put into place for staff to refer to.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

- Improvements were needed to the completion of some records. This included the staff rota and staff signing in sheets. These records were difficult to navigate and were not a true reflection of the shifts the staff had undertaken. Both records did not tally with each other. It was unclear if the staff had worked the shifts. An example included a staff member's name was on the rota for a sleep in and night shift, but they did not complete the shift. We explained the importance of keeping accurate records.
- The home had a manager in post who planned to register with the Care Quality Commission. Prior to this the home had a number of managers in post who had each left. The provider had not been able to retain a stable manager. The staff told us this had an impact on morale at the home and they had found this unsettling. One relative told us, "There has been 3 to 4 managers at the home in a 6 month period."
- Given the shortfalls identified at the inspection, we could not be satisfied governance systems in place were robust. Improvements were required of monitoring systems to prevent harm to people. The oversight of the provider needed improvement to ensure systems were fully embedded by a stable, consistent staff team and manager.

Systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a rolling schedule of internal audits which were undertaken, which helped them to monitor the home. This included of medicines, health and safety, accidents and incidents, people's care records and of training. Senior managers also had access to this information.
- The manager completed daily walk arounds to support the staff and speak with people at the home. The manager was proactive in their approach and practice.
- The manager was aware of their regulatory responsibilities in submitting notifications to the Care Quality Commission as required.

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

- We received mixed feedback from staff about morale at the home. Some staff told us they felt at times they found a senior manager's approach to management intimidating. Some staff felt they were not able to express their opinions because of this. We gave feedback to the regional manager about this. They planned

to undertake a staff survey and told us they would look into this. Other staff told us they felt morale was getting better since more staff had been recruited.

- Relatives were complimentary about the home and the care people received. Their comments included, "Staff are very friendly and very good at what they do. They work very hard with the residents", "They provide good care to my mum."

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

- The manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- Systems were in place to ensure staff were kept up to date with key messages. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing. Handover sheets were completed by staff during the day and night shift.
- Staff meetings took place with the staff. The new manager had used the meetings to introduce themselves.
- Regular reviews of people's care plans took place with people who lived at the home.
- Relatives were asked to provide feedback regarding the care people received. One relative we spoke with felt communication could be improved. Another relative felt the communication between them and the home was good.

Continuous learning and improving care; Working in partnership with others

- The manager had established good relationships with partner agencies such as district nurses, commissioners and the safeguarding team. They were in the process of trying to build good links with the GP surgery and had asked the practice manager for a meeting.
- The manager held an open day at the home in January 2023. They invited the local community into the home to look around to talk about the care the home could offer.
- The local community were invited to attend activities within the home. This included the knit and natter group and the men's club. Drinks and cakes were offered to people.
- The manager was keen to improve the shortfalls which we identified during the inspection. Although they were new to the role, they were keen to strive for excellence.

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 provider had failed to safely monitor and manage risks within the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff.