

Lister House Limited

Sherrington House Nursing Home

Inspection report

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Date of inspection visit:
20 August 2018
23 August 2018

Date of publication:
29 November 2018

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sherrington House Nursing Home is a purpose-built care home accommodating up to 39 people over three floors. There is a lounge and dining area on each floor and disabled toilet and bathing facilities. The home is situated in the Heaton area of Bradford with good access to local amenities and public transport.

Sherrington House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A new manager had taken up post at the home in May 2018 and recently been registered with the Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 20 and 23 August 2018 and was unannounced. Our last inspection took place on 25 January 2017 and at that time we found a breach of Regulation 17 (Good governance) of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

On this inspection we found a very similar situation and concluded that the service was still in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. However, although the registered manager had only been in post a short period of time they had a good oversight of the service and had put an action plan in place to ensure compliance.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. However, we found the service had failed to notify the Local Authority Safeguarding Unit or the Commission [CQC] about two safeguarding incidents.

Risk assessments identified individual risks to people's health and safety and there was information in each person's care plan showing how they should be supported to manage these risks. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

Systems were in place to ensure people received their prescribed medicines safely. However, staff did not always follow correct procedures when completing documentation to evidence this.

Staff were being recruited safely and there were generally enough staff to take care of people. Staff received appropriate training and told us the training provided was informative and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their

ongoing development needs.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

People told us they enjoyed the food and there was a good choice at every mealtime. However, we found the food and fluids charts in place for some people were not always being completed correctly by staff or their weight recorded at the intervals agreed in their care plan.

The care plans and supporting records and reports identified specific risks to people health and general well-being, such as falls, mobility, nutrition and skin integrity but they did not always provide accurate and up to date information.

Infection control policies and procedures were in place. However, staff did not always follow the correct procedures when managing clinical waste.

Relatives told us they were made welcome and encouraged to visit the home as often as they wished. They said the service was good at keeping them informed and involving them in decisions about their relative's care.

There was a complaints policy available which detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required. However, although the audit systems had identified the shortfalls in the service the registered manager had only been in post since May 2018 and therefore was still in the process of ensuring the systems in place were robust.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance and was a continued breach from the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People were protected by staff who knew how to recognise and report any concerns about people's safety and welfare.

There were enough staff available and appropriate checks were made before new staff started work to make sure they were suitable to work in a care setting.

The home was clean and tidy. However, care staff did not always follow correct infection control procedures.

People's told us they received their medicines as prescribed, but this was not always reflected in the documentation completed by staff.

Is the service effective?

Good 

The service was effective.

People received a varied and nutritious diet and people told us they enjoyed the meals provided. However, food and fluid input charts were not always completed correctly.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they

received.

People were supported to maintain relationships with their friends and relatives.

Is the service responsive?

The service was not consistently responsive.

Care plans and records and reports relating to people's care and treatment were in place.

However, the daily records completed by staff did not always accurately reflect that care and support was provided in line with people's agreed care plans.

There was a programme of social and leisure activities both within the home and the local community which people told us they enjoyed.

A system was in place to record, investigate and respond to complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

A new registered manager had recently been appointed who provided leadership and direction to the staff team.

The provider had introduced new quality assurance systems to check the quality and safety of the service.

However, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

Requires Improvement ●

Sherrington House Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 20 and 23 August 2018. The inspection team consisted of two adult social care inspectors.

We used information the provider sent us in the Provider Information Return [PIR] submission. This is 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.

As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection. We also spoke with the local authority commissioning service.

During the inspection we looked at four people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at six staff records and records relating to the management of the service. These included complaints, accidents and incident records, medicines records and the provider's self-audit records.

We also spoke with the registered manager, ten people living at the home, three relatives, six care staff including the activities co-ordinator, two nurses and catering and housekeeping staff.

Is the service safe?

Our findings

People and relatives said they thought people were safe living in the home. One relative said, "There is no abuse, nothing odd going on." Staff understood safeguarding matters and how to report allegations of abuse. They said they were confident people were safe living in the home.

Systems and processes were in place to safeguard people from abuse. Staff received safeguarding training and understood the different ways people could be subjected to abuse. Staff knew how to report any concerns and were confident any concerns raised with the registered manager would be dealt with appropriately. However, we found two incidents in the complaints register which should have been referred to the Local Authority Safeguarding Unit and the Commission (CQC)]. Both incidents had been dealt with appropriately, but appropriate referrals had not been made. One incident occurred prior to the registered manager coming into post and the second while they were in post. This was discussed with the registered manager who acknowledge their mistake and assured us this would not happen again.

The service supported some people to manage their personal money. We found there were clear procedures in place for staff to follow to reduce the risk of errors or financial abuse. We saw regular checks were carried out by senior staff to ensure these processes were being followed. We checked the records and monies held for four people and found they were correct.

Risks to people's health and safety were assessed and mitigated. One person said, "Care staff are very careful with me, they don't hurt me at all during transfers." Each person had a range of risk assessment documents in place which covered areas such as falls, skin integrity, moving and handling and bed rails. These were subject to regular review. Staff we spoke with had a good understanding of the people they were supporting. For example, they knew how much thickener they needed in their drinks to keep them safe, those that were of risk of pressure damage and what the plan of care was.

Regular checks were undertaken on people to help ensure their safety. This included periodic welfare checks and daily skin checks. Care and nursing staff were clear on their responsibilities in these areas to help ensure people were kept safe.

Accidents and incidents were logged and investigated. We saw evidence action was taken following incidents to help ensure people were kept safe. Accidents were subject to monthly analysis which looked at each incident, whether appropriate measures had been put in place and what the lessons if any needed to be learnt.

When we inspected the service in January 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the topical medicine administration records (TMAR) indicated some people had not received their prescribed creams at the frequency shown on their prescription.

On this inspection we found improvements were still required to ensure medicines were administered as

prescribed. For example, we found the TMAR were still poorly completed by the care staff therefore it was difficult to establish if people's creams and ointments had been applied as prescribed.

In addition, we saw several omissions on the medicine administration records (MAR) charts we reviewed, whereby nurses had failed to sign the MAR or entered a code if the medicine was not administered for any reason. We also found when nurses transcribed medicines on to the MAR it was at times difficult to read their handwriting which could lead to mistakes being made.

However, the people we spoke with told us they received their medicines as prescribed and had their creams and ointments applied as directed, therefore we concluded this was a documentation issue. This was discussed with the registered manager who told us they had already identified the above through the internal audit system and were in the process of addressing this matter. This was evidence by the records and reports we looked at during the inspection.

There was a stock control system in place for medicines prescribed on an 'As and when required' (PRN) basis and the protocols in place gave clear guidance to staff on under what circumstances PRN medicines might be administered. Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These are called controlled medicines. We checked the stock control figures against the actual stock held in all three controlled drug cabinets and no concerns were raised.

There were generally sufficient staff on duty to care for people safely. The registered manager told us they had trialled different ways of deploying staff considering people's dependency levels and the layout of the building. For example, on the first day of the inspection staff were working across multiple floors. Staff told us this overly stretched them, caused confusion and meant that care tasks and documentation didn't always get completed in a timely manner. We discussed this with the registered manager who told us they had already identified this system did not work. By the second day of the inspection, staff had gone back to working on assigned floors and the feedback we received from staff was that this had improved the situation. The registered manager and provider told us they were also committed to increasing staffing levels during the day to ensure people's needs were being met in a timely manner and had recently introduced a new system for allocating roles and responsibilities at the start of each shift.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included checks prior to people commencing employment such as references from previous employers and a satisfactory Disclosure and Baring Service (DBS) check. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Additional checks were made on qualified staff's current registration with the Nursing and Midwifery Council (NMC).

The accommodation at the home was arranged over three floors, with a passenger lift serving all floors. All of bedrooms were single occupancy and had en-suite facilities. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

All areas of the home were clean, tidy and with exception of one bedroom were odour free. The registered manager informed us the floor covering in this bedroom was due to be replaced to eliminate the problem. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. We spoke with the head housekeeper who told us they had sufficient staff and equipment to maintained standards. However, we saw care staff did not always follow correct procedures regarding the disposal of clinical waste which requires products to be double bagged. We spoke with the registered

manager about our concerns and their response gave us confidence this would be addressed.

The service had been awarded a 'Five star' rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Is the service effective?

Our findings

People said the service provided effective care that met their individual needs. One person said, "I would be dead if it wasn't for here, it is fantastic." They went on to describe how the service had helped rehabilitate them and increase their confidence and independence.

The registered manager told us all new staff received comprehensive in-house induction training and staff with no previous experience in the caring profession were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at the training matrix and found staff completed mandatory training which included training on fire awareness, health and safety, safeguarding and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). In addition, the registered manager was in the process of sourcing a range of training courses specific to the needs of people using the service. We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the registered manager.

The staff told us they received the training and supervision needed to carry out their roles effectively and felt well supported by the registered manager. One staff member said, "We do a lot of training and are informed when our mandatory training is due for updating." Another staff member said, "Having worked in residential care for a number of years the training we receive at Sherrington is as good if not better than some other homes I have worked in."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity, we saw examples of best interest decisions being followed involving a range of stakeholders for example for the use of covert (hidden) medicines. However, this was not consistently the case. Some people had bed rails in place. Although there was evidence the risks and benefits of these had been considered, where people lacked capacity there was a lack of documented evidence a clear best interest process had been followed. We spoke with the registered manager about this and had confidence it would be addressed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. At the time of the inspection there were no authorised DoLS in place, but several referrals had been made and were awaiting assessment by the local authority. A spreadsheet was maintained to keep a track of applications and the reasons why they had been submitted.

People's dietary needs were assessed, and nutritional care plans put in place to support staff in providing appropriate care. We reviewed people's weights and did not identify any concerns; However, we identified some people were not being weighed at the frequency as set out by their care plan. For example, one person's care plan showed they should be weighed weekly, but they had only been weighed twice since the 6 July 2018. In addition, some people were having their food and fluid input monitored but the charts in place were not always completed correctly or being monitored by care or nursing staff to ensure people had sufficient to eat or drink. We raised this with the registered manager who took immediate action to address these matters during the inspection.

We spoke with the chef and kitchen assistant and found they were knowledgeable about people's specific dietary requirements. They explained that for those people who required their meals to be fortified they added cream, butter or cheese and full fat milk. They told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person moved into the home. People spoke positively about the food in the home. One person said "food, I cannot fault, I get choices, hot food or sandwiches, whatever you want." Another person said, "The food is great [Name of chef] has been here a long time and knows what he is doing." We saw people were provided with an appropriate range of foods and drinks during the inspection. We observed people's mealtimes experience and noted there was a pleasant atmosphere and people received appropriate support if they required assistance to eat or drink.

We saw people's healthcare needs were assessed and the service worked with other community-based professionals to ensure they were met. For example, following the identification of skin integrity issues, referrals had been made to the tissue viability nurse and a plan of care put in place to help the skin heal. We saw multi-disciplinary team meetings were held to discuss people's healthcare needs to help ensure a range of expertise was present.

We found the building was appropriately adapted for the needs of people who used the service. For example, there was appropriate access for wheelchairs in bedrooms and a large passenger lift.

Is the service caring?

Our findings

We observed staff were kind and caring and treated people with dignity and respect. One person said, "I like the staff, there are no issues, nobody is nasty." Another person said, "staff are good, kind and caring" and a third person said, "staff are all nice and friendly."

This was confirmed in our observations of care and support. We saw staff engaging people with conversation for example at mealtimes. Nursing staff greeted people warmly and talked to them whilst they were administering medicines. We saw the registered manager was also friendly and caring towards people, asking how they were and taking an interest in how their day was going.

We observed people being addressed by the staff using their preferred names and the staff knocked on people's doors before entering their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed to ensure their privacy and dignity was maintained.

We saw people's bedrooms had been personalised with photographs and ornaments. People's clothing had been put away tidily in wardrobes and drawers showing staff respected people's belongings. People told us they were treated with dignity and respect by staff. We saw staff were patient with people for example whilst helping them to mobilise around the home.

The service promoted people's independence. Care records showed that promoting people's independence was a key feature of the care planning process. People told us staff encouraged them to do as much for themselves as possible. For example, one person said, "Before I was completely dependent on staff, now I do all my own cares and dress myself." They said staff encouragement had helped them achieve this.

We saw people were supported to maintain on-going relationships with their families and could see them in private whenever they wished. One relative we spoke with said they visited the home on a regular basis and were always made to feel welcome and offered a drink and light refreshments.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We found people's cultural needs were assessed. We saw adjustments had been made to care practices based on their diverse needs including culture or disability. For example, in the provision of cultural appropriate food and making adaptations to the living environment. People's religious needs were assessed and catered for. We saw no evidence anyone living in the home was discriminated against.

We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We

saw staff had received information about handling confidential information and on keeping people's personal information safe. There were robust arrangements for the management and storage of data and documents. Records and reports relating to people's care and welfare were stored securely and data was password protected and could be accessed only by authorised staff.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The people we spoke with expressed their general satisfaction with the care provided. One relative said, "There is no doubt [Name of person] looks so much better since moving into Sherrington House. I think it's because they are having regular meals and socialising more with other people" Another relative said, "The staff keep me well informed of any changes to [Name of person] general health and look after them very well." We saw people looked clean and well dressed, which indicated their personal care needs had been met by the service.

Prior to people using the service the registered manager conducted a thorough assessment of people's needs to ensure the service could meet them if they were admitted to the home. On admission, a range of care plans were produced which covered areas including diet, skin care, mobility and any specific health conditions. Whilst most of these were appropriate we saw some people were missing oral health care plans which is a requirement of National Institute for Health and Care Excellence (NICE) guidance. We spoke with the registered manager about the need to ensure these were consistently in place. Care plans were subject to regular review and helped ensure staff provided appropriate care.

Staff we spoke with were familiar with people's plans of care which provided us with assurance they were followed. We saw appropriate equipment in place such as pressure relieving equipment. However, on the first day of the inspection we found some pressure relieving mattresses were on the wrong setting which meant they may not have been as effective in reducing the risk of skin integrity issues. Whilst mattresses had been checked, these checks had not been carried out effectively. We raised this with the registered manager and by the second day of the inspection these issues had been addressed.

When we inspected the service in January 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records did not always provide accurate and up to date information.

On this inspection we found in most cases documented evidence that care was provided in line with plans of care. New paper records had been introduced as the registered manager had recognised that the electronic recording system was not always being utilised correctly. However, on the first day of the inspection some daily charts such as reposition charts, food and fluid charts and room checks were not being fully completed, dates and names had not been added and they had not been reviewed by nursing staff. On the second day of the inspection we saw documentation was better organised and completed. We saw evidence people's care plans were subject to regular review however there was not always a formal review with the person and their representative. We spoke with the registered manager about the need to introduce these.

People had access to a range of activities. People said they thought there was enough to do within the home. An activities co-ordinator was employed who undertook both group and one to one activities with people who used the service. External entertainers also visited for example entertainers who provided

'active minds' sessions, 'creative arts' and 'exercise groups.' In addition, some staff were specifically employed by the provider to accompany people to outpatient appointments and access social and leisure activities in the community.

People's religious needs were assessed, and plans put in place to support them to meet these needs. For example, a fortnightly church service was held in the home.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

During the inspection we saw staff used different communication techniques to ensure information was appropriately communicated to people, so they understood what was being asked of them. For example, we saw staff observing people's body language or 'triggers' as a way of determining if they consented to care and treatment. The registered manager confirmed work to fully comply with this standard was on going and as part of this process the staff team would receive appropriate training.

Is the service well-led?

Our findings

A new manager had taken up post at the home in May 2018 and had recently been registered with the Commission [CQC]. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall people spoke positively about the service and said that the service had continued to improve under the leadership of the new manager. One relative said, "Quite happy with the place, new manager has improved it." Another relative said, "The new manager seems to be sorting things out slowly and I am pleased with the care [Name of person] receives."

Staff told us they found the new manager was approachable and they felt able to discuss any issues or concerns with them. One staff member said, "Things are changing for the better under the new manager although staff morale is still not brilliant."

When we inspected the service in January 2017 we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because although the audit and quality assurance systems in place had identified shortfalls in the service they had failed to drive improvement.

On this inspection we found a very similar situation and concluded that the service was still in breach of Regulation 17 [Good governance] of the Health and Social Care Act 2018 9 Regulated Activities Regulations 2014.

However, although the registered manager had been in post a short period of time they had a good oversight of the service and recognised the areas which needed improving. For example, evidencing the care and support people had received, and had put plans in place to address this. The registered manager told us they felt well supported by the provider and they shared the same vision about the future development of the service. However, it was of concern that there continued to be problems with the service evidencing the care and support people had received through the records and report completed by staff.

The service had installed an electronic care recording system in 2015 and ever since there had been persistent issues with staff not completing records accurately. The registered manager had therefore recently introduced paper records back into people's rooms with the aim of improving record keeping and ensuring staff completed documents immediately after providing care and support. On the first day of the inspection we found some of these paper records were not fully completed with dates, times and names missing from some sheets. By the second day of the inspection these were better organised. We had confidence that the new registered manager would continue to make improvements in these areas.

The registered manager demonstrated they were committed to continuous improvement of the service.

They said they were working to enhance staff skill and challenge the workforce over their working practices. Meetings had been held with different groups of staff as part of this process.

A range of audits were carried out. The registered manager regularly reviewed care records and flagged up deficiencies with care and nursing staff. A formal managers audit was completed monthly. This looked at a comprehensive range of areas including staffing levels, staff training, care records and people's views on the care and support they were receiving.

A review of any complaints, safeguarding, hospital admissions, weight loss and pressure sores also took place. Any actions from the audit were disseminated to staff to ensure improvements were made. Audits took place in other areas such as medicines management, health and safety and infection control. We saw these were meaningful and were picking up areas for improvement. The response times to call buzzers were also monitored to ensure people received care and support in a timely manner.

People's views were regularly sought. A staff survey had been completed which showed most staff were satisfied with the service. Service user feedback was also regularly sought through questionnaires and meetings. The registered manager said that a poor response had been received from the last survey, but they were planning to send a new improved survey out in the coming months. Resident and staff meetings were also held to keep up to date with any changes in the running of the service.

Adult social care providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found apart from two safeguarding notifications mentioned in the 'Safe' section of this report the service had met the requirements of this regulation.

It is also a requirement that the provider displays the quality rating certificate for the service both in the home and on their website if they have one, we found the service had also met this requirement.

We concluded the service was being well managed and that improvements were being made to the governance and audit systems. However, whilst it was clear the service was on a journey of improvement the new processes in place had not yet been fully embedded into the day to day running of the service.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes were not fully established and operated effectively to ensure they assessed, monitored and improved the quality of the service provided.
Treatment of disease, disorder or injury	Regulation 17(1)(2)(a)