

Bupa Care Homes (GL) Limited

Cleveland House Nursing Home

Inspection report

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Huddersfield
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The first day of our inspection of Cleveland House Nursing Home took place on the evening of 26 January 2015 and was unannounced. We also visited during the day on 27 January 2015; this visit was also unannounced. We visited for a third time on 6 February 2015, we telephoned the registered manager the day before this visit to tell them we would be visiting them.

We previously inspected the service on 25 November 2013. The service was not in breach of the Health and Social Care Act regulations at that time.

Cleveland House Nursing Home is registered to provide accommodation and personal care for up to 45 older people. The home is a converted property and provides accommodation and communal areas over three floors. There is also a garden that is accessible for people who live at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The recruitment processes at the home were not robust. We found that one member of staff had not been thoroughly checked before they commenced employment to ensure they were safe to work with vulnerable adults.

The registered manager was aware of their responsibility towards safeguarding vulnerable adults and was also aware of the safeguarding referral process.

We found people's medicines were managed appropriately. Not all the registered nurses had yet completed role specific training in medicines management and we found one nurse had not had an assessment of their competency reviewed.

Not all the staff we spoke with were not clear about the care and support individuals required and staff were not all aware they could access people's care plans. This meant people may be at risk of receiving unsafe care and support.

New staff received support when they commenced employment at the service. The registered provider had a system in place to ensure staff received regular training and attended refresher training as required. Staff told us they received regular supervision with their manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. When we spoke with the registered manager they showed an understanding of how this legislation impacted upon the people they supported. We saw that all staff had received training in this subject, however, a number of staff had not updated this training for over two years.

People were offered a choice for their meals and drinks and were able to choose where they ate their meals. Fresh fruit was available and snacks throughout the day. When some people received their breakfast it was not always hot.

Feedback from people who lived at the home, was that staff were caring. We observed friendly, appropriate interactions between staff and people who lived at the home. Staff were able to tell us how they respected people's privacy, they said they did this by closing doors and curtains.

We were unable to clearly evidence that the provision of activities for people was person centred and was provided to people on a regular basis. We saw the service had put life history books in people's room but the three we looked at were all blank.

The registered provider had a system in place to deal with complaints.

We found a number of examples where people's care and support records were not accurate. This included records of people's dietary intake and wound care records. This meant we could not evidence these people had received the care and support they required.

The registered provider had a system to monitor and assess the quality of the service people who lived at the home received. The registered manager was aware of the need to ensure staff practice was in line with current good practice guidelines. A nurse we spoke to was confident in speaking to a member of staff in the event they witnessed poor practice.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

We were not able to evidence that one staff member had been properly checked to make sure they were suitable and safe to work with people.

Staff we spoke with were able to recognise signs of abuse. The registered manager was aware of the safeguarding referral process.

People medicines were stored and administered safely. However, not all the registered nurses had completed role appropriate training in medicines management.

Requires Improvement



Is the service effective?

The service was not always effective.

Not all the staff we spoke with were able to clearly answer our questions regarding people's individual needs.

New staff were supported and the registered provider had a system in place to ensure staff were offered updates to their training.

Not all staff had received recent training in The Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People were able to eat their meals in their rooms or the dining room. People were offered a choice of food and drink.

Requires Improvement



Is the service caring?

The service was caring.

Feedback from people who lived at the home and their relatives was that staff were caring.

Staff were respectful in their approach and were able to tell us how they maintained people's privacy and dignity.

Peoples bedrooms were clean and contained personal mementos.

Good



Is the service responsive?

The service was not always responsive.

We were not able to clearly evidence that people participated in a regular programme of activity.

People's care plans contained details about the care and support they required to meet their needs.

The registered provider had a system in place to monitor formal complaints.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

The service did not maintain accurate records.

Meetings and briefings were held with staff and the registered provider was seeking new ways to engage with staff.

The registered provider had a system in place to assess and monitor the quality of the service provided to people.

Requires Improvement



Cleveland 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 inspection took place on the evening of 26 January and the days of 27 January 2015 and 6 February 2015. The first two visits were unannounced, however, the third day of our visit was announced.

The inspection team consisted of three adult social care inspectors. Before the inspection we reviewed all the

information we held about the service including notifications and local authority contract monitoring reports. We had also received some information of concern regarding Cleveland House. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

During the inspection we spoke with 6 people who used the service and three relatives. We spoke with the area manager, the registered manager, two registered nurses, an agency nurse, four care staff and four ancillary staff. We observed how people were cared for, inspected the premises and reviewed care records for three people and a variety of documents which related to the management of the home.

Is the service safe?

Our findings

Visitors we spoke with told us they felt their relative was safe. One relative said, “I have never seen anything that has caused me concern”. Another relative said the staffing seemed ‘very stable’.

We looked at the recruitment records for four members of staff. We found that recruitment practices were not thorough. We saw evidence in one person’s file that two references had been requested however, only one reference had been received. This reference was from a friend of the employee and did not provide evidence of their suitability to work with vulnerable adults. The registered manager assured us this discrepancy would be addressed. In another personnel file we saw the Disclosure and Barring Service (DBS) check had not been updated since 2007. We asked the registered manager and the area manager how often staff should have their DBS rechecked. They told the time frame for rechecking DBS’s was currently being reviewed by the registered provider..

We asked the registered manager how they staffed the home. They said they worked to a slightly higher ratio of staff due to the home being spread over three floors. They explained staff were allocated to work in a particular area of the building which enabled staff to be more timely in meeting people’s needs. One member of staff we spoke with confirmed this was how staff were allocated to work. The registered manager told us they were able to use agency staff in the event of them not being able to cover shifts with their own staff. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability.

Staff we spoke with told us they had received training in safeguarding vulnerable adults. One member of staff told us abuse could include physical and verbal abuse. They said, “Abuse can be if you don’t listen to the resident”. Staff told us they would report any concerns they may have to the registered manager or the area manager, however, not all the staff we spoke with were aware of how to report a safeguarding concern to anyone external to the service.

The registered manager told us they had attended role specific training with the local authority and aware of the safeguarding referral process. They told us of an instance

where they had made a referral to the local safeguarding authority. This showed the registered manager was aware of their responsibilities in relation to safeguarding the people they cared for.

We saw individual risk assessments in each of care and support records we looked at. For example, we saw one plan contained risk assessments regarding the use of their wheelchair, bed safety rails, skin integrity and falls. The registered manager told us the service aimed to manage risk using the least restrictive option. One person we spoke with told us they liked the bed safety rails being in place as they made them feel secure and meant they would not roll out of bed. This showed this persons care and support had been planned and delivered in a way that reduced risks to their safety and welfare.

We saw the home was clean and tidy. One of the registered nurses we spoke with said they had all the equipment people needed. The registered provider employed a maintenance person for the home. The maintenance person told us they ensured that routine maintenance jobs were actioned in a timely manner.

One of the people we spoke with had bruising on their face. They told us they had recently had two falls. We asked to look at the accident records for the service and saw both these accidents had been recorded. The registered manager told us all accidents were documented and the accident form was then given to him so he could review the information. He told us all accidents were logged on the registered provider’s quality monitoring system, he said this then provided an overview of accidents and incidents. This showed the registered provider had a system in place to record and monitor all accidents. This enabled the service to analyse incidents and provided an opportunity to learn from the incident and implement preventive measures to reduce the potential for a recurrence.

As part of our inspection we looked at how the service managed people’s medicines. We saw people’s medicines were stored and administered safely. Medicines stored in the fridge which had a limited shelf life once opened, had the date of opening annotated on the bottle. This reduced the risk of staff using medication which had passed its ‘best before’ date. We reviewed a random sample of two medicines and a medicine which was stored in the controlled drugs (CD) cabinet. In each case we found staff had recorded the amount of each medicine the home had received and the stock tallied with the number of recorded

Is the service safe?

administrations. When we looked at the CD register we saw that staff recorded a weekly check of the stock for the medicines which were logged in the CD register. A nurse told us that a number of the medicines stored in the CD cupboard were not administered on a regular basis. They said completing a weekly check of the stock ensured each of the medicines could be accounted for. This demonstrated the registered provider had a system in place to reduce the risk for CD medicines to be used inappropriately. The nurse was also able to show us the actions they took to dispose of unused or unwanted medicines. This demonstrated people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The registered manager told us nursing and care staff all received training in medicine awareness. They explained

care staff received level one training. This ensured staff were competent to administer topical medicines for people. Nurses completed level two training which the registered manager said was more appropriate to their role. We looked at the registered provider training matrix which recorded that only three of the seven nurses had completed their level two training. We asked one of the nurses if their competency to administer people medicines had been assessed. They told us an assessment had been completed when they commenced employment the previous year. On the visit 6 February 2015 we checked the training records for another registered nurse. The competency assessment recorded the nurse required their competency to be re-assessed during January 2015. There was no record this had been done. This meant this nurses' competency had not been re-assessed within the specified time frame.

Is the service effective?

Our findings

Staff told us they had a handover each day where they received an update on people's needs. However, a number of staff we spoke with were not able to tell us basic information about people's care and support needs. For example, a person who lived at the home had been admitted to the hospital two weeks previously and had just returned to the home. Two members of staff we spoke with were not clear about recent changes to the person's needs in regard to eating and drinking. One of these members of staff told us they had attended the handover that morning but were still not able to clearly explain how this person's needs had changed in regard to their eating and drinking. This meant this person was at risk of receiving inappropriate care and support.

We asked care staff if they read people's care plans. One member of staff told us they did, however, two other staff we spoke with told us they did not read the care plans. They told us they were confidential and for the nurses to use. The care plan is a useful way of letting staff find out more about a person, so that they are able to offer the appropriate level of care and support.

This demonstrated a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked to see how new members of staff were supported in their role. One member of staff told us they had recently commenced employment at the home. They said they were shadowing a more experienced member of staff and were due to complete training in a number of topics. During our visit we had seen the maintenance person explaining the action staff should take in the event of the fire alarm being activated. This showed this staff member was being supported in their new role.

All the staff we spoke with told us they received regular training. They listed a number of courses they had completed, this included, moving and handling, fire and food hygiene. We saw from the training matrix that staff received training in a variety of topics. We saw the majority of staff were up to date with their training. We also saw the training matrix identified where staff required an update to their training needs and the registered provider emailed

information to us after the inspection which provided dates for future training and listed the names of the staff who were scheduled to attend. This showed the registered provider had a system in place to ensure staff training was updated regularly.

Staff we spoke with also told us they received regular supervision. One member of staff told us they had received their supervision two weeks ago. The registered manager explained staff received two appraisals and three supervisions as a minimum each year. They said key staff were allocated a number of staff for whom they were responsible for completing their appraisal and supervisions. This showed staff received regular management supervision to monitor their performance and development needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager demonstrated an understanding and knowledge of the requirements of the legislation and told us about a person who lived at the home who was subject to a deprivation of liberty authorisation. The registered manager and the nurse we spoke with all told us that people who lived at the home all had some degree of capacity. The nurse said, "We try to involve people, we ask them, but they have the right to refuse".

One of the nurses we spoke with told us they had received training in MCA and DoLS. We saw from the registered provider training matrix that all staff had received training in MCA and DoLS. However, we noted that of the 64 staff listed on the matrix, 28 staff had not updated this training for over two years. This meant not all staff may be aware of their roles and responsibilities in ensuring compliance with this legislation.

We saw people eating various things for breakfast including, cereals, toast, porridge, bacon and eggs. A member of the catering team told us people could have what they wanted which included a full cooked breakfast. They said many people ate breakfast in their bedrooms. They showed us a book which detailed people's breakfast

Is the service effective?

preferences however, they added that if they did not want what was written in the book they could change their mind and care staff would ring down to kitchen with their choice. They said there was always a chef on duty from 6am.

We saw people's breakfast was set out on individual trays which were then distributed to people by the care staff. We noticed one person had buttered toast on their tray, we saw the toast was cold. One person who lived at the home said they always had porridge, toast and marmalade. They said, "The toast was medium in temperature, you sort of put up with it, it is acceptable". We asked another person if their breakfast was hot enough when they received it. They said they had breakfast in bed, they said 'it was not that cold but they were not bothered about it'. This demonstrated that not all people may be receiving their breakfast at an acceptable temperature.

While we were talking with one person who lived at the home a member of the catering team came into their room to ask them what they wanted for lunch and tea. The choice was roast beef or mince and onion pie for lunch. Tea was salmon sandwiches, ham salad or lamb hotpot with a

cream bun, mousse, ice cream or yoghurt. We also saw fresh fruit was available for anyone who wanted it, on the second day of our inspection we saw people being offered strawberries and melon.

On the second day of our inspection we observed lunchtime at the home. We saw ten people were in the dining room, sat at three tables. Staff told us that numbers did vary depending on where people chose to eat their lunch. People who required support were assisted in an appropriate manner. We heard one person comment that their pudding was 'very nice'. We saw that each person had a drink of juice or water with their meal and everyone was asked if they wanted tea or coffee after their meal. We saw people were chatting with each other and with the staff who were serving lunch. The atmosphere was relaxed and friendly, people left the room when they had finished at their request.

We saw documented evidence where people had received the input of external healthcare professionals. For example, GP, optician, dietician and a palliative care nurse specialist. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

We asked people who lived at the home if staff were caring. Feedback was positive, comments included; “All are very nice, very good. They do their job as well as they know how”. “People who attend to us are very nice”. “It’s very nice here, the staff are lovely”. One relative we spoke with said, “”Staff are nice and caring”. Another relative we spoke with said, “All the girls are lovely. They speak to (relative) nicely. (Relative) is always nicely dressed and their hair is nice”.

The atmosphere in the home was calm and relaxed. Staff were busy but did not appear rushed or pressured. We saw good interactions between staff and people who lived at the home. This included ancillary, care and nursing staff. Staff spoke to people in a friendly, professional manner. For example, we saw ancillary staff, the handyman and the homes administrator speaking with residents as they went about their duties.

During our inspection we observed a member of care staff who noticed residents did not look very comfortable in their chair. The member of staff went over to the resident

and adjusted their position with the use of a pillow. We also observed staff using a hoist to transfer a person from a lounge chair to a wheelchair. Staff spoke to the resident in a caring manner and explained what they were doing and why. We saw them ensuring the person’s dignity was maintained during the procedure. They did this by checking the persons clothing was covering them ensuring their clothes during the transfer.

We asked a member of staff how they maintained people’s privacy and dignity. They told us they talked to people and explained what they were doing. They also said, “We close doors, pull the curtains. We cover them up when we are washing them, we don’t leave them naked”. While we were at the home we saw staff knocking on people’s door before they entered. This demonstrated staff were aware of individual’s right to privacy.

We saw peoples bedrooms were tidy and contained a range of personal items including photographs, pictures and ornaments. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

Is the service responsive?

Our findings

Relatives we spoke with told us they visited regularly. One of the relatives we spoke to told us about the activities organised at the home. For example, the Christmas party and entertainers. They said staff always encouraged people to participate and join in. They said their relative had recently celebrated a birthday, they told us they had held a small family party at the home.

We saw the home had a display board dedicated to the activities within the home. The board provided information about the planned activities at the home. When we visited the home on 26 January we noted the dates displayed on the notice board were for 9 to 13 January 2015. The registered manager told me this had not been updated as the activities organiser was on holiday. We also saw a notice board which was entitled 'resident of the day'. A member of staff told us they made a special effort to focus on this person, for example make their favourite choice of food and organise their preferred activity.

Two of the ancillary staff we spoke with said they regularly took residents out. They said care staff supported them with this. They said they sometimes went to the town centre or to the local park. They told us the home had two cats and a budgerigar. They said they were planning to go out in the next day with two residents to purchase a second bird for the home.

We spoke to people who used the service about the provision of activities at the home. One person said 'they were not particularly happy with what was taking place although the activities organiser worked very hard'. Another person we spoke with said they spent most of their time in their room. They said they had friends who visited and they went out for a walk with them sometimes. One person we spoke with told us they liked books, painting and music. They said they had had to a meeting with the activities' person and talked about the things they would like to do but they said nothing had happened yet. We asked the registered manager about this, they told us the equipment was in the process of being acquired by the activities organiser.

We saw each person had an activity record sheet in their bedroom. The most recent entry on one person's sheet was 5 October 2104, the last entry for another person was 26 November 2014. We asked the registered manager about

this and they said this was a record of 'spontaneous activity' and did not represent all the activities people took part in at the home. On the third day of our inspection we looked the activity record for a third person. We saw there were three entries for February 2015, 'taken (resident) for exercise up and down the corridor', 'taken (resident) to hospital appointment, had coffee and biscuit while waiting, chatted' 'all the ladies had a pink bed jacket bought as a present, put jackets on, the ladies all seemed to like them'. We also looked at the minutes for the daily 'take ten' briefing for 20 January to 27 January 2015. We saw the only entry for 'what's on' stated '1:1' for each of the days we looked at. This demonstrated that the provision of dedicated, person centred activities was not delivered in an organised and consistent manner.

The care records provided details about people's individual care and support needs. For example one person's care plan detailed, '(person) likes their hair to be brushed daily to keep it smart'. One of the nurses we spoke with told us each nurse was allocated a number of residents who they were responsible for reviewing and updating their records. Having a regular review helps to ensure peoples care records are up to date and assists in recognising any changing needs so that any necessary actions can be implemented at an early stage. We asked the nurse if they routinely involved people who lived at the home in the review of their care and support records. They told us they did, however, we did not see any documentary evidence of this happening. The area manager told us the registered provider was implementing new care planning documentation throughout their services and therefore the care plans would all be replaced over the coming weeks.

The registered manager said the service had received two formal complaints in the previous twelve months. They said one of these had been dealt with by their head office and the second complaint was currently being looked into. We asked how verbal concerns were monitored, the registered manager said they were dealt with as they arose but were not currently recorded. They added that people could record any concerns they may have in the 'comment and communication' book. This meant we were unable to assess if there were any patterns or trends to the verbal concerns and we were not able to see if people's comments and complaints had been listened to and acted upon.

Is the service responsive?

We saw there was information on how to complain in the reception area. We asked one of the relatives we spoke with who they would speak with if they had any concerns about the service their relative received. They told us they would go see the registered manager although they added, they did not have any complaints. The area manager told us the registered provider had recently updated their policy and

systems for managing complaints and concerns. They said all staff would be attending a revised 'complaints and concerns' training programme in the near future. The demonstrated the registered provider was aware of the benefits in ensuring all staff had been trained to address people raising a complaint with them.

Is the service well-led?

Our findings

One of the residents we spoke with told us the registered manager was 'very nice and approachable'.

During our inspection we found a number of records were incomplete or did not provide an accurate reflection of people's care and support. For example, people had a document in their bedroom entitled 'my life story', we looked at three people's, and found they were all blank. Having information about people's life history and interest's enables staff to have meaningful conversations and encourage social interaction and communication.

We looked in detail at three people's care and support plan records. In one person's plan we saw they required their nutrition by way of a percutaneous endoscopic gastrostomy (PEG) feeding system. When we visited on 26 January the document which recorded the details of their nutritional intake for that day was blank. This meant there was no record to confirm this person had received their prescribed nutrition. The care plan also recorded 'likes the company of staff and service users, prefers to spend time in the lounge'. We saw this person was nursed in bed. When we asked staff about this person, two staff members told us this person's needs had changed and they were now nursed in bed. This person also required a dressing to a pressure ulcer. The records showed the dressing was changed on 27 November 2014, 1 December 2014 and 4 December 2014, there was no further entry until 18 January 2015 and there was no record the dressing had been changed after that date. This meant this person was not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We also looked at the food records for another person who lived at the home. We saw staff recorded the food they had offered the person but the records did not accurately or consistently record what the person had eaten. This meant we were unable to evidence this person had received adequate nutrition.

These examples demonstrate a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager had been in post for over three years. They were confident in verbalising their role and responsibilities. Some of the staff we spoke with spoke positively about the registered manager. One staff member said, "It's a nice home, really good, I think it's run well, you can speak openly to (registered manager)". Another member of staff said, "(Registered manager) is a good manager, I can talk to him, he will listen, he lets me be creative". They also spoke positively about the area manager, they said he was 'very nice' and they felt they could talk to him if there were any problems.

We asked the registered manager if staff meetings were held. They told us a 'take 10 meeting' was held daily at the home. They said this was a ten minute daily briefing for staff. We saw agenda topics included, occupancy, customer feedback, service user movements and 'what's on'. They also said more formal staff meetings were held three or four times per year. Two of the staff we spoke with confirmed that staff meetings were held. One of them told us the meetings were held at different times of the day to enable all staff to attend. However, when we asked to see the minutes of staff meetings the only documented meeting minutes for 2014 were for a meeting with the registered nurses in October 2014. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people living at the home.

We asked one of the nurses we spoke what action they would take in the event of witnessing an incident of poor practice. They said, "I'd report it to (registered manager) and discuss it with the person, look at re-training them". The area manager said they were implementing 'speak up sessions' at the home. They said this was being implemented following feedback from a recent 'online' staff survey. They said the first one was scheduled for the following week and was an opportunity for staff to speak with them, to raise any issues or barriers to staff delivering good care. This demonstrated the service was developing systems to enable staff to question practice and make suggestions for service improvement.

The registered manager told us they ensured care and support was in line with current good practice. They said they did this by ensuring their training was up to date and attending good practice events held by the local authority. They also said the registered provider's quality managers

Is the service well-led?

cascaded information and guidance to them to be passed to all staff at the home. This showed the registered provider had a system in place to ensure the service provided to people met current guidelines.

One of the relatives we spoke with told us meetings were held for relatives of people who lived at the home. The registered manager said the meetings were held four times per year. We saw a notice in the home advising people of the date for the next meeting in February 2015. We asked the registered manager if they used any other method to gain feedback from people who lived at the home. They said an annual survey was carried out in November each year by an external company. The area manager said the survey had been completed in November 2014 but they had not yet received the results.

We also asked how the registered manager's performance was managed. The area manager told us when either they or the quality manager visited the home, they conducted their own audits to ensure the registered manager was meeting the requirements of the registered provider. The registered manager told us they were supported by a number of central departments. This included estates, sales and marketing, training, hotel services and an area manager. They said each month they had to submit a 'quality metric' to head office. They explained this provided key information about the operations of the home, including accidents, complaints, hospital admissions, safeguarding referrals and service improvement plans. This demonstrated the registered provider had a quality assurance and governance system in place to monitor and assess performance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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	People were not protected against the risk of unsafe or inappropriate care and treatment because accurate records in respect of each service user were not maintained 17 (c)
Treatment of disease, disorder or injury	