

Mrs W Collinson

Four Seasons Residential 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This was an unannounced inspection that took place on the 14 March 2017. Four Seasons Residential Care Home is registered to provide accommodation for up to 16 people who require personal care. It is a two storey detached property set in well maintained gardens. It is situated close to Littleborough Village and the open countryside. There are 16 single bedrooms with 12 rooms having en-suite toilet facilities. There were 15 people using the service at the time of the inspection.

The home had a manager registered with the CQC who was also the registered provider. The registered manager was present on the day of the inspection. A registered manager is a person who has registered with the CQC 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.

We last inspected Four Seasons Residential Care Home on 1 February 2016 where we found there were several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the lack of appropriate arrangements in place for consent to care and treatment, the management of medicines, safeguarding procedures, the lack of staff supervision, inadequate quality assurance systems, fire safety and unsafe equipment. Following the inspection the registered manager sent an action plan informing us that they had taken action to ensure the regulations had been met.

During this inspection we checked to see if the previous breaches of the regulations had been met. We found the registered manager had not met all the regulations.

We found that the management of medicines continued to be unsafe as there was no guidance in place for 'when required' medicines were prescribed, medicine keys, including controlled drug keys, were not kept securely, prescription doses had been altered and there was no evidence to show why staff had done this. This placed the health and welfare of people who used the service at risk of harm.

The registered manager had failed to act in accordance with the principles of the Mental Capacity Act 2005 (MCA). People's rights were not protected as the registered manager had not made the necessary Deprivation of Liberty Safeguard (DoLS) applications to the supervisory body.

Following the last inspection the registered manager had taken action to have the portable electrical appliances tested (PAT) and a fire risk assessment undertaken. During this inspection we found they were overdue. There was no evidence to show that they had been undertaken again. Information was sent to the CQC several weeks after this inspection. The information sent confirmed that the fire risk assessment had been undertaken however no information had been received to confirm that the PAT testing had been done.

During this inspection we also found further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. This was in

relation to;

A lack of appropriate arrangements in place to ensure the safety of people who used the service. There was no business continuity plan in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply. There were no personal emergency evacuation plans in place for people who used the service. This placed the health and safety of everybody who lived, worked and visited the home at risk of harm.

Records that were necessary for the management of the home were not always in place. This was in relation to the recording of fire checks and fire drills.

People's care records did not contain enough information to guide staff on the care and support they required. We found that risks to people's health and well-being had been identified, such as poor nutrition, falls, and the risk of developing pressure ulcers. It was identified that a person was at risk of developing pressure ulcers but the provider had failed to record the action that needed to be taken to reduce or eliminate the risk. This placed the health and safety of people who used the service at risk of harm.

The registered manager had failed to provide the Commission with information that is required by legislation. This was in respect of the Provider Information Record (PIR). The registered manager had also failed to notify the Commission of incidents that had been authorised by a supervisory body in respect of DoLS applications.

Where regulations have been breached information regarding these breaches is at the back of this report. Where we have identified a breach of regulation which is more serious we will make sure action is taken. We will report on this when it is complete. Where providers are not meeting the fundamental standards we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service. When we propose to take enforcement action our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found people were cared for by sufficient numbers of suitably experienced staff who were safely recruited. The provider was reminded however of the need to improve the application form to ensure that a full employment history was requested of prospective employees, as required by the regulations. Staff received the essential training necessary to enable them to do their job effectively and care for people safely.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection. Records showed that, apart from the PAT tests, equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care

needs were met. People told us they enjoyed their meals. We saw that food stocks were good and people were able to choose what they wanted for their meals.

We saw people were provided with clear information about the procedure in place for handling complaints.

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.

There was a lack of appropriate arrangements in place to ensure the safety of people who used the service. This was in relation to no business continuity plan in place to deal with any emergency that could affect the provision of care and no personal emergency evacuation plans in place.

Medicines were not managed safely. This placed the health and welfare of people who used the service at risk of harm.

We found that suitable arrangements were in place to help safeguard people from abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's rights were not protected as the registered manager had not made the necessary DoLS applications to the supervisory body.

Staff received the essential training necessary to enable them to do their job effectively and care for people safely.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

The staff showed they had a very good understanding of the needs of the people they were looking after.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records did not contain enough information to guide staff on the care and support they required.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

The service was not well-led.

The registered manager had failed to supply to the Commission the Provider Information Record that had been requested.

The registered manager had failed to notify the Commission of incidents that had been authorised by a supervisory body in respect of DoLS applications.

Records that were necessary for the management of the home were not always in place.

Inadequate ●

Four Seasons Residential Care 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 checked 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 was an unannounced inspection on 14 March 2017 and consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service including notifications the provider had made to us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection we asked the registered manager to complete a Provider Information Record (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. The PIR was not returned.

During the inspection we spoke with four people who used the service, three relatives, a visiting community nurse, two people who were visiting from a local church, one care assistant, the cook and the registered manager. We looked around all areas of the home, looked at how staff cared for and supported people, looked at food provision, two people's care records, seven medicine administration records and the medicine management system, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

Comments made to us showed that people felt safe. Their comments included; "It's lovely here and I have absolute trust in the staff" and "I know [relative] is well cared for and safe."

We looked to see how the medicines were managed. During the last inspection we found the medicines were not managed safely. The issues of concern were in relation to; the recording of medicines, including controlled drugs, a lack of medication competency assessments and a lack of guidance for staff when giving 'when required' medicines. During this inspection we found there had been some improvement in the recording of the medicines and competency assessments had been carried out. We found however that some issues had not been addressed and other issues of concern had been identified.

During this inspection we again found that guidance (protocols) for 'when required' medicines prescribed were not in place. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually needed them.

We saw that the keys to the medicine trolley and the controlled drug cupboard were kept in an unlocked drawer in the manager's office. We looked in the controlled drug cupboard and found a controlled drug was stored in it. Controlled drugs are very strong medicines that may be misused and because of this are subject to strict controls around storage, recording and administration. The registered manager told us that the office was not kept locked. This placed people who used the service at risk of harm as their prescribed medicines could be taken by people they were not prescribed for.

We found that on two of the medication administration records (MARs) the prescription dose had been altered by staff. There was no evidence to show when and why they had been altered. Prescriptions must not be altered as it could result in people not getting the medication they were assessed by the prescriber as requiring.

We found that medicines were not managed safely and this was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we found there was a lack of appropriate arrangements to ensure the safety of people who used the service. This was in relation to fire safety, the lack of a business continuity plan and no evidence of portable appliance testing (PAT).

During this inspection we found that the fire safety issues had been addressed and PAT testing had been undertaken in February 2016, following the inspection. We found however there remained no business continuity plan in place; necessary to deal with any emergency that could affect the provision of care. We also found that the annual fire risk assessment and the annual testing of portable appliances were overdue once again. The registered manager told us they felt sure the PAT testing and the fire risk assessment had been undertaken but if not they would contact the appropriate people. We were told the information would be sent to us electronically following the inspection. Information was sent to the CQC several weeks after the

inspection. The information sent confirmed that the fire risk assessment had been undertaken however no information had been received to confirm that the PAT testing had been undertaken.

We asked the registered manager if the home had personal emergency evacuation plans (PEEPs) in place for the people who used the service. This information helps to assist the emergency services in the event of an emergency arising, such as floods or fire. We were told there were no PEEPs in place.

The lack of appropriate arrangements to ensure the safety of people who used the service is a continued breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that risks to people's health and well-being had been identified, such as poor nutrition, falls, and the risk of developing pressure ulcers.

Records showed that, apart from the PAT testing, equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. These included checks to the gas safety, five year electrical safety, the passenger lift, legionella checks and hoisting equipment.

We looked at three staff recruitment files. The staff files contained proof of identity, application forms, a medical questionnaire and at least two professional references. We saw however that the application form that prospective staff were asked to complete required them to document their employment over the last 10 years. The regulations require that people document a full employment history. This had previously been discussed with the registered manager and noted in the last inspection report of February 2016 but no action had been taken to rectify this. We reminded the provider of the need to update the application form to ensure that a full employment history was requested.

We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. We saw the home had a whistleblowing policy contained within the employee handbook. This told staff how they would be supported if they reported poor practice or other issues of concern.

We were shown the accident book where any accidents that occurred were properly recorded.

Inspection of the staff roster showed that, in addition to the registered manager, there were three care staff on duty in the morning and from three o'clock in the afternoon this was reduced to two care staff. We were told that care staff also undertook laundry duties. We asked the registered manager and a staff member if they felt this was sufficient to meet people's needs. We were told that it was usually sufficient but more staff would be provided if it was thought necessary. People who used the service that we spoke with told us they felt there were enough staff to meet their needs.

We looked at all areas of the home. The bedrooms, dining room, lounge and corridors were well lit, clean and bright and there were no unpleasant odours. The registered manager had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and radiators.

were suitably protected with covers.

We looked at the on-site laundry facilities. The laundry was small but we found there was sufficient equipment to ensure safe and effective laundering. Hand-washing facilities and protective clothing of gloves and aprons were in place.

We saw infection prevention and control policies and procedures were in place and staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste .

Is the service effective?

Our findings

During the last inspection it was identified that there was a lack of appropriate arrangements in place to protect the rights of people who used the service and this was a breach of the regulations. During this inspection we found there was a continued breach of the regulations because people's rights were not always protected.

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

Records showed that all the staff had undertaken training in the MCA and DoLS. As the inspection progressed it became apparent however that the registered manager had a limited understanding of the legislation.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We checked whether the service was working within the principles of the MCA. We asked the registered manager about the number of people for whom DoLS applications had been made. We were told that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority) for three of the people who used the service.

Following our observations throughout the day and inspection of the care record of one person, we had a discussion with the registered manager about whether they felt there were other people who met the criteria for a DoLS application. We were told there were possibly another eight people who met the criteria but that applications had not been made to the supervisory body. The registered manager could offer no explanation as to why the applications had not been made. This meant that these people's rights were not protected. We found this was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we found there had been a breach of the regulations as staff had not received formal supervision and appraisal. Appraisal and supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. During this inspection we found there had been some improvement in the way that staff had been supported. We saw that annual appraisals had been undertaken for all the staff although regular formal supervisions sessions had not been undertaken. The registered manager told us this was 'work in progress'. Staff told us they were supervised on an almost daily basis by the registered manager and could approach the registered manager

at any time about any issues of concern.

People we spoke with told us they received the care they required when they needed it. They told us they considered the staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "I get well looked after" and "They all know what they are doing and I get my medicines when I need them. I am never without."

Our observations during the day and our discussions with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal report on each shift change. This was to ensure that any change in a person's condition, care or treatment was relayed to them. This helps to ensure the health and welfare of people who use the service is protected.

We looked to see how staff were supported to develop their knowledge and skills. The registered manager showed us the induction programme that all newly employed staff had to undertake when they first started to work at the home. It contained information to help them understand what was expected of them and what needed to be done to ensure the safety of the staff and the people using the service. We were shown the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service.

People we spoke with were happy with the meals and drinks provided. Comments made included; "The food is good, really nice", "I get plenty to eat and drink" and "I have what I like for breakfast and I'm always having a cup of tea." Staff told us that the kitchen was always open and food was always available 'out of hours'.

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We looked at the menus and saw they were on a two week cycle and a choice of meal was always available. We saw however that the meals provided on the inspection day and also on the previous day did not reflect what was on the menu. We asked the cook what was the reason for this. We were told that the correct food had either not be taken out of the freezer on time or was not available. We did see however that what was provided on the day was recorded. This helps to ensure that the meals provided are nutritionally balanced and varied.

We saw that, following a national food hygiene rating scheme inspection on 15 October 2016 the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as community nurses, speech and language therapists, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

We spoke with a visiting community nurse who told us they had no concerns about the care provided for the people whom they also cared for. They told us they felt the staff were pro-active in seeking advice from the community nurses and they were good at following guidance and instructions about people's care.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was

limited. The corridors had handrails to assist people when walking. Bedroom accommodation was provided on the ground and first floors and access was via a passenger lift.

The lounge and dining room were situated on the ground floor and there were enough accessible bathrooms and toilets that were equipped with aids and adaptations. Staff told us that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Is the service caring?

Our findings

We asked people who used the service, their relatives and other visitors if they felt the staff were caring. All agreed that they were. Comments made included; "It's very free and easy here and the staff are lovely", "The staff are lovely with people. It is all so very nice", "It's like a home from home. They always make you welcome" and "My [relative] always looks clean and smart and I think they are very caring."

For those people who were not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. Staff interactions were seen to be polite and friendly. The atmosphere in the home was cheerful, calm and relaxed. We saw that people looked well cared for, were clean, appropriately dressed and well groomed. The hairdresser was visiting whilst we were in the home and we saw that some people were having a 'perm'. One person told us they continued to have their 'own' hairdresser visit them weekly.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them. We were told that one of the staff was a Eucharistic Minister and therefore able to give Holy Communion to the people who were of the Roman Catholic faith. Whilst we were in the home people from a local church visited to deliver a church service. We saw and heard people who lived at the home joining in with the hymns and prayers. We were told the church visited the home every Tuesday morning.

We saw that people's bedrooms were personalised with their own pictures, ornaments and small pieces of furniture. Throughout the day we saw that people moved freely around the home and at times one person went into the garden. Bathrooms, toilets and bedrooms had over-riding door locks and we saw that staff knocked and waited for an answer before entering. This was to ensure people had their privacy and dignity respected.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that 'end of life' training had been undertaken by some of the care staff but they had not yet finished it. We were told the training had been provided by the local hospice. The registered manager was not able to show us any evidence of what training had been done to date. The registered manager told us that the staff at the home received good support from the community nurses and the local GPs when caring for a person who was at the end of their life.

We saw that people's care records were stored in the registered manager's office. This meant information was easily accessible to staff, whilst ensuring that confidentiality of records was maintained.

Is the service responsive?

Our findings

People we spoke with told us that that staff responded well to their needs. Comments made included; "Excellent, we can't fault it. It's the best place" and "They get the doctor when I need it. Never a problem."

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met and a plan of care put into place to address the person's needs. The care plans we looked at however did not contain sufficient information to show how people were to be supported and cared for. They were also not 'person-centred' as they did not always reflect the individual's preferences in relation to the care and support they required. There was very little information about the person's preferred routines.

We saw there was no pressure ulcer prevention plan in place for one person who had been identified as being at risk of developing pressure ulcers. Care plans must be put into place to help reduce or eliminate an identified risk. The other care plans in respect of this person had not been reviewed for four months. The registered manager told us that care records were normally reviewed monthly. A review is when a care record or risk assessment is checked regularly by staff so that any change in a person's needs can be identified and the appropriate action taken where necessary. We had been told by the registered manager that there had been a change in the person's condition but the care plan had not been updated to reflect this change. To ensure care is consistent and appropriate, information in the care records must be up to date. Failing to develop care plans so that people's needs are identified and met is a breach of Regulation 9(3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager about the activities available for people who used the service. They told us a member of the care staff had some designated hours to undertake activities within the home. These included such things as board games, light exercise, special afternoon teas and bingo. We were told entertainers visited the home regularly. During our inspection we saw one person playing dominoes with their visitor. We saw that some people sat in a group chatting and other people sat quietly watching the television. Magazines and books were available in the dining room for those people who liked to read.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were shown the transfer form that was sent with the person. We were told that a copy of the person's MAR sheet would always be sent with them. This helps to ensure continuity of care.

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was displayed in the entrance hall. The procedure explained to people how to complain, who to complain to, and the times it would take for a response.

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any worries. We saw that the registered manager had in place a hard-backed book that was to be used to log any complaints made and the action that was taken to remedy

the issues. There were no entries in the book. We were told this was because no complaints had been made.

Is the service well-led?

Our findings

The home had a manager who was registered with the CQC who was also the registered provider. The registered manager was present on the day of the inspection.

We found that not all records, necessary for the management of the home, were in place. We asked to see the fire log book and were given records that showed weekly checks were carried out on the fire alarm system and the means of escape only. There were no records to show that regular checks were undertaken on the emergency lighting or checks to show that the fire-fighting equipment remained in place. This placed the health and safety of people at risk of harm.

During our inspection the fire alarm was tested and we saw that staff moved to a designated safe area as required. We asked to see a record of any fire drills that had been undertaken and we were told that a fire drill was always undertaken when the fire alarm was tested. The registered manager told us that the drills were not recorded. Records of fire drills need to be in place to show that all staff know the procedure to follow in the event of a fire. Failing to have records that are necessary for the management of the home is a breach of Regulation 17 (2 (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we asked the registered manager to complete a Provider Information Record (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. Despite repeated requests from the Commission the PIR had not been completed and returned. The registered manager told us they had not finished completing the PIR. Failing to provide the Commission with the information is a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we were made aware that three people who used the service were subject to a DoLS. The registered manager must notify the Commission when a DoLS application had been authorised. No notifications had been sent to the Commission. The registered manager told us they did not know the Commission had to be informed. This is a breach of Regulation 18 (4A) of the Care Quality Commission (Registration) Regulations 2009.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. During the last inspection we found that the lack of a robust quality assurance system was a breach of the regulations. During this inspection we found there had been a slight improvement. Monthly audits had been undertaken on the medication system and the health and safety of the environment. Audits had also recently commenced on infection control. We were shown the templates that were in place for further audits to be undertaken on areas such as care planning, catering and staffing.

We asked the registered manager to tell us how they sought feedback from people who used the service. We

were told that resident, relative and staff meetings were not held as it was a small home and the registered manager was available most of the time to meet with people and staff. Relatives we spoke with told us they saw that the registered manager was regularly present in the home.

The registered manager told us they had started sending out surveys every three months, on a rotational basis, to people who used the service and to staff. We looked at the results from the surveys sent in September 2016. The comments were positive. People told of their satisfaction with the service and the facilities provided.

The home does not have a website to display their rating. We saw that the last inspection report was displayed in the entrance hall showing the previous rating of Requires Improvement.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans were not developed to meet people's identified needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. There was a lack of appropriate arrangements in place to ensure the safety of people who used the service, staff and visitors.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People's rights were not protected as applications to deprive people of their liberty had not been requested by the registered provider.

The enforcement action we took:

Warning Notice