Latimer Grange Limited

Latimer Grange Limited

Inspection report

119 Station Road
Burton Latimer
Kettering
Northamptonshire
NN15 5PA

Tel: 01536722456

Date of inspection visit:
03 July 2017

Date of publication:
12 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced focused inspection on 3 July 2017after negative media coverage about the service. This was that a person who used the service was allegedly 'humiliated' by being made to sit an armchair that was soiled. The person had lost weight, had bruising that staff were unable to explain and they had flea bites; and a person's medications were changed without a relative's agreement.

Latimer Grange is a residential care home that provides personal care for up to 27 older people. At the time of our inspection 21 people were using the service.

At our last inspection in February 2017, the service was rated 'Good'. At this inspection we found that the service required improvements to make it safe, effective and well led.

The service had a registered manager. 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.

Action had not been taken to support a person who had experienced significant weight loss and a series of falls. Other people who had experienced a number of falls, but these were not analysed nor was action taken to mitigate further falls occurring. Action was being taken by the management team to address this at the time of our inspection.

Not all people had assessments of their mental capacity to make decisions about their care and support where it was appropriate to do so.

People were supported to receive their medicines safely, but there was no guidance for staff about the use of PRN medicines.

When staff were recruited no assessment of their suitability was recorded at or following their interview. There were enough staff to provide care and support to people to meet their needs.

Staff knew how to recognise and report any signs that people were abused or at risk of abuse. The provider had procedures in place for staff to report concerns and for those concerns to be investigated and acted upon. Staff were familiar with those procedures.

Staff were supported through supervision and training by the deputy manager to carry out their roles and responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and they treated people with respect and dignity. People's privacy was respected.

People had care plans in place that included assessments of their needs. Staff referred to people's care plans to provide support in line with people's personal preferences.

People were supported with their hobbies and interests. A recently appointed activities coordinator was in the process of developing a wider range of activities, including activities suitable for people living with dementia.

People and their relatives felt they could raise a concern. The provider had a complaints procedure but four people told us they were not aware of it.
People's and relative's feedback about the management and running of the service was positive.

The provider had arrangements for monitoring the quality of the service people experienced. These had not always identified risks to people or resulted in actions being taken to protect people from harm. The provider was in the process of improving their procedures for monitoring the service.

We found one breach of regulation because a person had not received care that met their needs.

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

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.

Risk assessments were not always reviewed after people had accidents.

People were supported to receive their medicines but staff had insufficient instructions about how to support people with PRN medicines.

Staff knew how to recognise and report concerns about people's safety.

When staff were recruited no record of why they were assessed as suitable was made.

There were enough staff to support people with their needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported to have enough to eat and drink and they had a choice of healthy meals. However, action was not taken in response to a person's significant weight loss.

Not all people had assessments of their mental capacity to make or understand decisions about their care and support.

Staff were supported through training and supervision.

People were supported with their health needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were seated in areas where floors were marked for cleaning which was undignified.

People's privacy was respected.

People were involved in decisions about their care and support as far as they were able to be.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences.

People or their relatives were involved in reviewing their care if they were able to.

People had a range of activities they participated in.

People felt confident to raise any concerns and there was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Not all incidents where people suffered an injury were notified to CQC, such as unexplained bruising.

Arrangements for monitoring the quality of the service people experienced were in the process of being implemented and improvements made.

People's experience of the service was monitored and assessed and their feedback was acted upon.

The service had a registered manager. People, relatives and staff felt the service was well led.

Latimer Grange Limited

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 a focused inspection that we carried out after negative media coverage about the service. We 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 unannounced inspection was carried out on 3 July 2017. The inspection team was made up of an inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of service. Our expert had experience of caring for older people and people living with dementia.

Before our inspection, we reviewed information we received about the service since our previous inspection in February 2017.

During the inspection we spoke with five people who used the service and relatives of two other people. We spoke with the registered manager, the deputy manager, three care workers and the cook. We reviewed the care records of five people who used the service. We looked at a staff file to check how the provider recruited people to work at the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance records, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Northamptonshire, the local consumer champion for people using adult social care services, to seek feedback about the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. None of the people we spoke with reported any concerns about how staff treated them. Some had seen adverse media coverage about the service. They told us they had never seen anything that made them feel that staff were anything other than kind. A person told us, "The carers are all lovely" and another said, "I don't have any concerns about my safety." Referring to the media coverage a person had seen, a person told us, "No, I haven't" [seen staff acting inappropriately] and I've not been hurt by staff ever."

People told us that if they had any concerns for their safety they would tell their relatives first, but they were also comfortable about raising concerns with staff. A person told us, "If I had any concerns I would go straight to the boss [the registered manager]" and another said, "I would talk to someone about it, but I'm quite happy with the way I'm treated."

A relative confidently told us, "I can say the staff here are really good." Staff and a relative we spoke with strongly refuted the recent negative media coverage of the service. The relative told us, "This is a brilliant place, my father is in the best place he could be. I visit most days and I've never seen anything but good care." Another relative said, "I've never seen any staff issues. No, I don't have any concerns."

People's care plans included assessments of risks associated with their care and support. However, the assessments were not always reviewed after incidents where people suffered an injury, for example after a person experienced a fall. Six people had three or more falls in the period 1 January to 30 June 2017; one person had 10 falls. There had been no analysis of the falls or reviews of risk assessments to reduce the risk of people experiencing further falls. The provider was in the process of introducing arrangements for reviewing risk assessments and analysing why accidents such as falls occurred, but these had not been fully implemented at the time of our inspection. Risks that were associated with care routines, for example supporting people when they bathed, included guidance for staff about how to reduce the risk of harm during those routines.

Prior to commencing employment at Latimer Grange all the necessary pre-employment checks were carried out before a person started work including a Disclosure and Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. At staff recruitment interviews however, no record was made of why a person applying for a position at Latimer Grange was considered to be suitable to work at the service. The deputy manager told us that they assessed people's suitability but did not record their reasons for deciding a person was suited to work at the service. They told us that in future assessments of suitability would be recorded. People we spoke with felt the staff that cared for them were suitable for their role.

People who used the service told us that they were supported to take their medicines. A person told us, "I know what my medicines are for and I get them at the right times". Staff explained to people what their medicines were for. People told us, "I wouldn't take it unless they explained what it's for" and "I take my medication four times a day. I don't question, I know what it's for."

The provider's arrangements for management of medicines were not consistently safe. Medicines were obtained on time, there were enough medicines in stock and medicines were safely and securely stored. Only staff who were trained in management of medicines and who were assessed as competent to support people with their medicines did so.

Some people required non-prescribed medicines for pain relief, for example headaches or colds. These are referred to as 'PRN medicines' which means they are given 'as needed'. It is safe practice to have PRN protocols for people who used these medicines which detail when and how they should be given and for records to be kept about the reasons PRNs were used. However, we found that in one person's medicines administration records, PRNs were given 22 times in November and December 2016 without the reasons being recorded. Without PRN protocols there is a risk that PRNs will not be used safely. The provider was in the process of writing protocols at the time of our inspection because none were in place. One person told us, "I only take paracetamol when I ask for it." Whilst people appeared to have received PRN medicines when they needed them there was no guidance for staff to follow which would direct them to when, why and how people should receive these medicines safely.

People gave a variety of reasons for feeling safe. A person told us, "It's the environment here, it makes me feel safe." We saw that communal areas and people's rooms were tidy and free of trip hazards. Others told us they felt safe because the staff were caring and responded quickly when they used their call alarms. Comments from people included, "I have only used my buzzer once and they flew down here"; "When I've pulled the cord they came quickly" and "They always come quickly when I use my bell". We saw that people had call alarms within easy reach and that when they used them staff responded quickly.

We saw staff safely support people when they walked around the home or observe that people were safe when they walked alone. A person told us, "They watch me when I'm walking with my frame" and another said, "They help me have a bath and get down the stairs. I feel very safe with them".

All staff, including domestic staff, received training about safeguarding people from abuse. Staff we spoke with understood their responsibilities to safeguard people and knew how to raise any concerns using the provider's safeguarding procedures if they suspected or witnessed ill treatment or poor practice. They knew they could raise concerns directly with the Care Quality Commission, social services and the police if they felt they needed to.

People's assessed needs were safely met by sufficient numbers of experienced staff. A person told us, "I've no concerns about there being not enough staff" and another person said, "There is always someone about. You don't have to worry". The deputy manager had carried out detailed assessments of the extent to which people depended on support. The assessments rated people as having no, low, medium or high levels of dependency. The assessments were in the process of being incorporated into the system used to plan staff rotas. The intention was that if people's levels of dependency increased, more staff would be on duty. The deputy manager planned rotas and ensured that every shift had the right number of staff with the relevant skills and training. Staff we spoke with told us they felt enough staff were on duty.

The provider carried out regular maintenance safety checks in all areas of the home including safety equipment, water supplies and the fire alarms. Staff used a 'housekeeping book' to record maintenance or repairs that were required, for example replacement light bulbs in people's rooms or a cleaning of carpets. There was a system in place for ensuring that the front door was secure to prevent uninvited visitors entering the premises without staff knowledge or people's agreement which people told us made them feel safe.

The provider employed staff to keep communal areas and people's rooms clean. Areas such as floors and

carpets were cleaned when necessary. One person was the owner of a resident cat. After staff had reported seeing what they believed to be cat flea bites on people, a pest control practitioner was called to the service to deal with a possible flea infestation. Staff supported the cat owner to protect the cat from fleas.

Requires Improvement

Is the service effective?

Our findings

No people using the service were assessed as being at risk of malnutrition. People were weighed monthly as part of monitoring their health but this information was not always used to identify that a person was at risk of malnutrition. A person had experienced significant weight loss of over 10% of their body weight in four months. The National Institute for Health and Care Excellence (NICE) recommends that a screening tool (MUST) is used in such circumstances.

The MUST is used to assess a person's risk of malnutrition and to identify measures that can protect the person, for example monitoring their food and fluid intake and, if the risk is high, involving health professionals, for example a GP or a dietician in decisions about how to support the person. In such circumstances professionals would advise how to support a person with their nutritional needs. No action was taken to assess whether the person was at risk of malnutrition and no MUST assessment was made. No records were made of the person's food and fluid intake. This meant that people with significant weight loss were at risk of not having their nutritional needs met.

.

The provider failed to identify when people were at risk of harm through significant weight loss. This is was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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's care plans included a section headed 'mental state' but these did not include assessments of whether they were presumed to have mental capacity or whether they lacked mental capacity. The registered manager and deputy manager were aware of this and they were beginning a process of making assessments.

Staff sought people's consent before they supported them. A person told us, "They ask me first". This showed that staff were aware of their responsibilities under the MCA to seek people's consent.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The procedure had been used for a person because it was in their best interests to be at Latimer Grange and they were prevented from leaving the home alone by use of security lock on the front door. The provider had made the appropriate assessment and application for DoLS and any conditions were being followed.

People and relatives told us they felt that staff had the right knowledge and skills to meet their needs. Comments from people included, "Oh yes, they do know what they are doing, I don't need to explain anything"; "They know what I need"; "I haven't had any need to tell them what to do" and "I don't have to say anything to staff; they always know what they are doing." A person said, "I've never seen any untrained

staff. They do a very good job." A relative told us, "I'm here most days, I know most of the staff, they are brilliant."

The deputy manager arranged for staff to receive training that equipped staff with the knowledge they needed to support people. Training included teaching staff about the medical conditions people lived with and how to support people when they presented behaviour that others found challenging. Their training was supplemented by the support they received through supervision by the deputy manager. All staff were scheduled to have two supervision meetings a year, though they could see the registered manger or deputy manager at any time they wanted to. Staff used people's care plans to keep their knowledge of people's needs up to date. A care worker told us, "The training is good and I feel well supported by the seniors and [deputy] manager."

People were supported to have sufficient to eat and drink to maintain a balanced diet. The meals were prepared by a cook who used information about people's dietary needs and preferences when they planned meals. They meals were home-made. People told us they liked their meals and that they had a choice. A person told us, "The food is brilliant. You always get two choices, it's homemade. They came round this morning and asked what I wanted, they always do." A relative told us that people were offered choices of meal. People were able to have alternative meals to those on daily menus and could have their favourite snacks. For example, a person told us, "They did go and get me some scotch pies once." A person who opted to have an alternative meal told us, "The food is superb but I didn't want the choices for lunch, I had tomato soup". This showed that the service supported people to have meals of their choice.

We observed a lunch time to see what kind of dining experience people had. People who required support to eat their meals were supported. People evidently enjoyed their meals but there was little interaction between staff and people to make their experience a more socially enjoyable one. We discussed this with the deputy manager who told us that one of their objectives was support staff to interact more with people to add to their experience of the care and support they received.

People told us that staff supported them with their health needs. A person told us, "When I had a bad chest they called the doctor, she came the same day". People told us they had visits from doctors and that that they were supported to attend appointments with dentists, podiatrists and other health professionals. Staff used a communications book to make notes for other staff to read when they arrived for work. These notes included information about health appointments that had been made for people and advice that GPs had left after visits. This meant staff had enough information to ensure a continuity of care and support.

Requires Improvement

Is the service caring?

Our findings

People's dignity was not consistently ensured. It was the provider's practice to mark areas of carpet that required cleaning with a chalk outline. The provider told us this practice was intended to prevent people sitting in areas marked for cleaning until after the areas were cleaned and dry. However, this practice had not prevented a person being photographed in an undignified situation. We recommend the provider uses other means of isolating areas that need cleaning to prevent the risk of people being seated in those areas until after they are cleaned.

People told us that they liked the staff. A person told us "The carers are very caring really" and another person said, "They are all so caring; you can have a laugh with them." A relative told us, "The staff are wonderful, very friendly".

We saw staff treating people with kindness and compassion. Staff engaged in conversation with people. A person told us, "The staff sit and chat with us". When staff spoke with people they gave them their full attention and spoke with them politely and in a friendly manner. People told us that staff always referred to them by their preferred name and we heard that happening.

Staff took steps to check that people were comfortable. For example, staff checked with people every two hours to see if people required support with personal care such as being supported to a bathroom. This was to protect people from feeling undignified. A person told us, "The staff make sure I am comfortable." Staff supported people to be seated comfortably by supporting them to adjust their posture and adjusting cushions. They provided people with drinks when people wanted and people had fresh cold drinks available in their rooms. They were attentive to people's needs. For example, a relative told us, "[Person] had just spilt a drink. They changed him." Other relatives told us that staff were attentive to people's personal care needs and supported them promptly. When a person saw that another person was seated in her chair they told staff. The person told us, "The lady next to me was sitting in my chair. I asked them to move her and they did. I'm very comfortable." Staff handled the situation tactfully and with kindness and supported the other person to their armchair they normally sat in.

Staff developed caring relationships with people because they understood people's needs and preferences. They had insight into how people wanted to be supported because they were familiar with people's care plans and because of what they had learnt about people from talking to them. An activities co-ordinator told us they spoke with people often and their relatives as often as possible to found out what kinds of interests people had and what activities could be developed to support people to feel fulfilled.

People's care plans included information about their life, what they liked and what was important to them. Staff used this information to support people in a way that showed people mattered to them. For example, a care worker helped a person to make a model of ship and offered to arrange for them to have a shelf fitted so that they could display it.

Two rooms at Latimer Grange had double occupancy. We asked the deputy manager if the people had

chosen to share a room and chosen who with but they didn't know. There were vacant single rooms at the home but people who were sharing a room had not been asked if they preferred a single room. The shared rooms afforded limited privacy with only a mobile screen to separate the two people's areas. We discussed this with the deputy manager who told us they would speak with the people who were sharing room and their relatives. They told us they would in future let people who shared rooms know if rooms became vacant so that people could make a choice.

People were involved in every day decisions about how they spent their time, for example where they went and the activities they participated in. A person told us, "I do what I like here." Another person said, "I tell them when I want to go downstairs or upstairs. I do it when I want." People decided about the extent of support they received, which could vary from day to day. A person explained that some days they did more for themselves than on others because that was what they wanted.

People's dignity and right to privacy was protected by staff. One person told us, "They always knock and say 'It's only me" before they come into my room" and another said, "They always knock and say can I come in." We observed that people were asked discreetly if they would like to use the bathroom.

People were able to have visitors without any undue restrictions. We saw from the visitor's signing-in book that relatives visited throughout from morning to evening.

Good

Is the service responsive?

Our findings

All the people we spoke with told us that they received care and support they wanted. A person said, "Yes, I get the care I want. I know if I wanted to ask for anything, I could." Other people told us they had lived at Latimer Court for several years and were satisfied with the care they experienced.

People, if they were able or their relatives contributed to the assessments of their needs which were included in their care plans. The assessments included the extent of support people required and their preferences, for example when and how often they had baths or showers. People we spoke with knew about their care routines; for example, a person told us about routines and that they could change if they wished. They told us, "Thursday is my bath day. That does me but I could ask for one on other days if I wanted." People decided when they got up in the morning and went to bed at night. A person told us, "I can get up and go to bed when I like." People therefore decided how independent they wanted to be. Their care plans set out what they could do without assistance and what they needed to be supported with. A person told us, "I can do everything for myself". Another required support with some things but not others. They told us, "I only need help to bath otherwise I can dress and wash myself".

People were supported to increase their independence. A person told us they had become less dependent because of the support they received. They told us, "When I first came in I needed help to get up and go to bed, I don't now. I've improved lots. They do help me with a bath though".

People who smoked were able to do so at times they wanted in a sheltered smoking area in the garden. We saw that being used by people and staff as an additional opportunity to socialise.

People who wanted to be were involved in reviews of their care plans were able to do so. The deputy manager reviewed people's care plans and records monthly.

People told us about activities they participated in and enjoyed. They told us about entertainers that visited Latimer Grange and games they played such as bingo. One of the staff regularly played music, sang songs and did magic tricks that people told us they enjoyed. Some games that were played were introduced by the activities co-ordinator after they asked people about games they played when they were younger. A popular game was 'tin-can alley' which several people told us they enjoyed because it reminded them of past-times. A relative of a person who played the game told us their mother enjoyed playing it. Staff made games more enjoyable by providing prizes. People who had hobbies were supported to maintain them, for example a person was provided with what they needed to crochet and another person was supported to make models.

The activities co-ordinator supported people on an individual basis by learning about people's interests and past professions. For example, a person who'd been a secretary was provided with a typewriter they could use. The co-ordinator was exploring how the person could assist her with office type work, for example typing minutes of meetings. Another person with an interest in gardening assisted with maintaining the garden. They told us they enjoyed gardening whilst taking a break from watering plants in the garden. This

showed that people were supported to participate in activities that were meaningful to them and which enhanced their experience of the service.

The activities coordinator used the internet to find out about activities that were specifically suited to people who lived with dementia. For example, one-to-one reminiscence where staff spoke with people about the past lives. They were also looking at guidance from reliable sources about décor, for example, carpeting that was recommended for care homes where people with dementia lived.

People who had faith needs were supported with those because staff had arranged for faith representatives to visit people at Latimer Grange to conduct faith services.

Four people told us they either unaware or and had not seen the complaints procedure. Comments about that included, "I haven't complained at all. I don't know of a complaints procedure, but I'd soon find out"; "I've never needed to complain. Not aware of a procedure. If I did I would speak to Mr [registered manager]"; "Not heard of one [complaints procedure]. "I've not needed to complain" and "There's no reason to complain. No, never heard of a procedure." Eight complaints had been made using the procedure but people's comments to us showed that not everyone was aware it. The deputy manager told us the procedure would be placed in people's rooms and explained to them. Complaints were responded to within 28 days.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had discussed the unfavourable media coverage about the service with relatives and staff. Relatives and staff spoke positively about the service and they and people we spoke with told us they did not recognise the service as it was portrayed. They had spoken with people and relatives when they visited to reassure them that they were committed to providing a safe and caring service.

People and relatives told us the service was well managed. Their comments included, "Absolutely everything including the care is good"; "I score it 10/10, I can't think of anything to improve"; "I'm quite satisfied. I can't think of anything at all to improve"; "I'm very happy with everything" and "It's more than well managed here." A relative told us, "It seems very well managed."

Staff we spoke with told us they felt that the service was well managed because the registered manager and deputy manager combination worked well. A care worker told us, "I have a lot of respect for the deputy manager because they are involved with the residents." Another care worker told us that the management team were trying to improve the service.

The provider had a vision about improvements they wanted to make and which they consulted people about. For example, there were plans to extend a sun lounge to provide increased space for activities like dancing, a café and occasional 'market stall. This showed that people were involved in developing the service. Staff told us they enjoyed working at Latimer Grange and felt involved in planned improvements.

The registered manager and deputy manager had implemented a new design of care plans which were focused on people's needs and support. They had introduced a series of additional checks to monitor people's experience of the service and how well staff supported people with care routines but not all of these had been carried out when we visited. The deputy manager planned to report their findings to the registered manager at weekly meetings but this arrangement was scheduled to begin after our inspection.

The registered manager and deputy manager each monitored different aspects of the service. The deputy manager focused on people's care and support and staff. They carried out a series of scheduled checks, for example checking that people had been supported with all of their personal care routines and that their rooms were clean, safe and comfortable.

Monitoring activity had failed to identify that no actions to protect people from the risk of malnutrition despite records showing that a person had experienced significant unplanned weight loss. Actions were not taken to review risk assessments after incidents which highlighted that people were exposed to increased risk. For example, when people experienced falls these were recorded but no analysis was made to identify causes or measures to reduce the future risk of falls. Six people had developed a history of falls in the six months January to June 2017, but their risk assessments had remained unchanged. This showed information that was accessible was not being used by management to evaluate risks to people and protect them from avoidable harm or injury.

Checks of medications records were made but these had not identified that no reasons had been recorded for the use of PRN medicines. This meant that use of PRN's was not properly monitored to ensure safe and appropriate use at times people needed them.

The provider was beginning to implement more effective monitoring of the quality of the service people experienced. However, the impact of this was not yet evident at the time of our inspection.

Monitoring activity included seeking people's views about the service through annual surveys. The latest survey was being planned at the time of our inspection. The registered manager and deputy manager were discussing what questions to include in the survey so that people and relatives had an opportunity to comment upon and rate their experience of the service. People's views from the previous survey had been acted upon. For example, some people said that they would like Wi-Fi in their rooms and the provider arranged for this to be installed and people use it.

The registered manager carried out checks on the safety and maintenance of the premises and equipment. For example, they checked that equipment such as pressure mattresses and call alarms were working properly, that people's rooms and communal areas were free of trip hazards and they checked that fire safety equipment was in order. Other checks included conditions of carpets, décor and lighting. Any defects were acted upon promptly.

Providers are required to notify CQC of incidents that occur at a service, for example when a person has an accident resulting in a serious injury or if a person has an unexplained injury. The provider had made notifications to CQC, but we found records of three incidents that had not been notified, included one where a person had a large area of bruising to their body. We discussed these with the registered manager and deputy manager. They told us that their judgement was that the three injuries were not 'serious' but after we referred them to CQC guidance they understood notifications should have been made. The deputy manager told us they would redesign the incident report forms used at the service to include a prompt to notify CQC where appropriate.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had failed to carry out a nutrition and hydration assessment despite there being evidence of significant weight loss. Regulation 14(1)(4) (a).