

Mr Hrant Gregorian

Homefield Court

Inspection report

1 Central Way
Off Barnetts Green Road, Park Royal
London
NW10 7AP

Tel: 02089631618

Date of inspection visit:
30 September 2019
03 October 2019

Date of publication:
20 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Homefield Court is a residential care home providing personal and nursing care to people aged 65 and over at the time of the inspection. The home can accommodate up to 24 people in one adapted building. When we inspected 23 people were living at the home.

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

Prior to our inspection the home had been inspected by the London Fire Brigade (LBS). The provider had subsequently been served with a LBS enforcement notice requiring them to complete a range of safety improvements. Some improvements had already taken place. The registered manager assured us other improvements would be completed within the timescales provided in the enforcement notice.

Regular hot water temperature monitoring had taken place. However, the hot water temperatures for taps in five people's rooms were significantly higher than they should have been. The registered manager took action to address this during our inspection.

Quality assurance monitoring had taken place. However, this had not identified and addressed risks associated with fire safety and hot water temperatures.

Maintenance and checks of other safety systems at the home had taken place.

People told us they felt safe. The provider had systems to ensure people were safe and protected from abuse and harm. Staff knew how to recognise abuse and understood the importance of immediate reporting of concerns. Risks to people had been identified and staff knew how to reduce these. People's prescribed medicines were stored and given safely.

Recruitment of staff was safe and robust. Pre-employment checks had been carried before staff could commence work. People told us there were sufficient numbers of staff to support them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at the home supported this practice. People were regularly asked for their views about the support they received.

There were arrangements to ensure that people's nutritional needs were met. People's dietary requirements, likes and dislikes were assessed and known to staff. People were able to choose what they ate and drank.

Staff members received regular training and supervision to ensure that they were able to carry out their roles effectively.

People's privacy and dignity were respected. Staff understood the need to protect and respect people's human rights. People's personal, spiritual and cultural wishes and needs were respected and supported.

People received personalised care. Their care plans had been regularly reviewed and updated to reflect people's changing needs and wishes. Staff supported people to take part in activities that were relevant and appropriate to them.

People and family members told us that they had no complaints, but they knew who to speak to if they did.

People, family members and staff told us the home was well managed.

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

Rating at last inspection

The last rating for this service was Good (published 20 April 2017).

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Homefield Court

Detailed findings

Background to this inspection

Start this section with the following heading:

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Homefield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this and all other information we had about the service to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, the deputy manager, five care workers and the activities co-ordinator. We spoke with nine people living at the home, a family member and a visiting friend of a person. We also spoke with three visiting healthcare professionals.

We reviewed a variety of records which related to people's individual care and the running of the service. This included the care records of six people and eight medicines records. We looked at six staff employment and training records. Records relating to the management of the home, including policies and procedures and quality assurance monitoring were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remains Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our previous inspection, we found that, although Individual risk assessments had been developed for people living at the home these not always linked to information contained in people's care plans. The provider had acted to improve people's risk assessments. These were regularly reviewed and updated when there were any changes in people's needs. Risk assessments included guidance for staff on ensuring that identified risks were safely managed in the least restrictive way to minimise the risk of harm. Staff understood potential risks to people and knew what action they should take to manage these.
- The service had recently been inspected by the London Fire Brigade (LFB) who subsequently served an enforcement notice requiring improvements to be made. These included improvements to fire doors to ensure they are fully fire resistant; fire proof compartmentation of the building including the roof space; protection of, and easy access from emergency routes.
- Some issues raised in the LFB enforcement note should have been identified by the regular audits taking place at the home. These included faulty fire doors. overflowing external waste bins, poor storage of flammable items, provision of suitable receptacles for smoking waste and inadequate smoking risk assessments. This meant that people had been put at risk through the failure to identify fire risks.
- We found that the records of recent hot water temperature checks showed that the temperatures were up to 10 degrees higher than recommended in five people's rooms. Actions had not been taken to address this which meant that people were at risk of scalding.
- Service checks of equipment, water hygiene, gas, electrical and other systems were carried out as required by law. Regular checks of, for example, fire alarms, call bells, fridge/freezer had taken place.
- At our previous inspection, we found that people's individual risk assessments were not always linked to information contained in people's care plans. The provider had acted to improve people's risk assessments. These were regularly reviewed and updated when there were any changes in people's needs. People's smoking risk assessments had been updated and included guidance for staff on reducing risk.

Using medicines safely

- The provider had policies and procedures which covered the recording and safe administration of medicines. Staff received regular training in safe administration of medicine. Staff competency in administering medicines was checked and monitored to make sure their practice was safe.
- Medicines were securely stored and at a temperature that ensured they were effective and safe. Records of medicines administration (MARs) were recorded accurately.
- Some people were prescribed PRN (given as required) medicines for, for example, pain relief and anxiety. The home had developed protocols which provided guidance for staff on how and when PRN medicines

should be given. These included information about people's capacity to consent. People's MARs showed that PRN medicines had not been given regularly but only when people wished to take them.

- We observed staff administering medicines to people. They explained what they were doing and waited for people's consent. They offered water or another suitable drink to support people in taking their medicines. MARs were completed by staff when people had taken their medicines.
- A person required regular blood tests in relation to a prescribed medicine. We noted that staff had supported the person to attend appointments for these tests.

Preventing and controlling infection

- There were policies and procedures to minimise and control infection. Regular infection control audits had taken place.
- The home was clean and free from odour. The provider had replaced flooring throughout the home to ensure that it was slip resistant and easy to clean.
- Staff followed effective infection control procedures when supporting people with personal care or preparing and providing food. They washed their hands and wore gloves and aprons when necessary.
- Food hygiene practice was safe. The home had been inspected by the local food hygiene agency on 9 November 2018. They were awarded the highest food safety rating of five. The kitchen was clean and free from hazards.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from the risk of harm or abuse. Information about safeguarding adults was provided to people, their family members and staff.
- Staff had received safeguarding adults training. They understood their responsibilities to protect people from abuse and neglect. They knew that they needed to report any concerns or suspicions to the registered manager, and if necessary, the local authority safeguarding team, police and CQC.
- People and their family members told us that they felt the home was safe. A person said, "I feel very safe here. I know that [registered manager] would do something about it if we weren't safe."

Staffing and recruitment

- Staff records showed that recruitment and selection processes had been carried out to make sure that suitable staff were employed by the home. Staff were not appointed without evidence of identity and receipt of satisfactory references and criminal records checks.
- We looked at the home's staffing rota. There were sufficient numbers of staff on shift at any time to ensure that people's needs were met. Additional staffing was provided where there was a need to support people to attend appointments or activities outside the home.
- Discussions with people and staff, along with our observations, showed people received their care and support at times they wanted or needed it. One person said, "They come quickly if I need them." Another person told us, "They are forever checking to see if I need any help."

Learning lessons when things go wrong

- Accidents and incidents were fully recorded along with subsequent actions taken to reduce the likelihood of them happening again.
- Staff were actively monitoring people at risk of falls. They had worked with other professionals to act to reduce falls risks. The home's records showed that, as a result, people experienced fewer falls.
- The provider had acted on the outcome of our previous inspection. People's risk assessments were regularly updated and reflected the information contained in their care plans.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed with their involvement before they moved to the home. This helped the provider and person to decide if the home was likely to meet their needs and preferences.
- People's care plans and risk assessments were linked to the information provided in their need's assessments. These had been reviewed regularly and updated when there were any changes in people's needs.
- People told us that they made choices and received the care and support from staff that they needed and wanted. A person said, "They ask me what I want and they do what I ask. I feel that they listen to me."

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about the home, the people who lived there and their roles and responsibilities. The induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of training standards for new staff working in health and social care services.
- Staff received the training and support that they needed to carry out their roles. There was evidence of on-going staff training, which covered a range of areas, including, medicines management, safeguarding, health and safety, equality and diversity, dementia awareness and infection control. Additional training had been provided in relation to people's individual support needs, such as diabetes awareness and falls prevention.
- Staff told us that they felt supported. They received regular supervision and appraisal of their development and performance. Staff members told us that they could speak with the registered manager or deputy manager if they needed immediate support at any time of day or night.
- Staff demonstrated a good understanding of people's needs. They were knowledgeable about people's individual needs and preferences including their communication needs.

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

- People using the service told us that they enjoyed the meals provided by the service. Comments included, "The meals here are always very good." and, "I like the food so much I'm waiting for the next meal time."
- Details of people's nutritional and individual dietary needs were written in their care records. People were provided with a choice of food and drinks. People told us they could ask for alternative meals if they preferred. We observed a lunchtime meal and saw that people were provided with alternatives according to their preferences. A person said, "We have a good choice and if I want something else they make it for me."
- During lunch, staff provided encouragement and supported people to eat and drink at a pace that suited them. People were regularly offered drinks and snacks throughout the day.
- People's weights were monitored closely. Staff knew that they needed to report all changes in people's

weight to management staff, and to healthcare professionals when there were concerns. When we visited staff were seeking a referral to a dietitian to support a person whose appetite had recently decreased.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
- People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect professional guidance or treatment where this had changed.
- A visiting district nurse said, "The staff are very proactive. Even when they know we are due to visit, they are on the phone updating us on people's needs."

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

- The layout of the home was suitable for people's needs. The premises were well lit and decorated. Ground floor bedrooms were accessible to people with mobility impairments. A stair lift provided access to the first floor to assist people who had difficulty managing the stairs.
- People had en-suite shower rooms or used communal shared bathrooms. These were clean and well-maintained. However, we noted that the sealant around one of the baths was starting to peel. The registered manager said that this would be attended to immediately.
- People's bedrooms were well decorated and personalised with items of their choice.
- Outdoor space with seating was accessible to people and their visitors. There was a covered area for people who wished to smoke.

Supporting people to live healthier lives, access healthcare services and support

- People's health and support needs were regularly reviewed, and updated in their care records. People had access to the healthcare services they needed. A local GP and district nurses visited the home regularly. People were supported to attend regular hospital appointments.
- Staff worked with healthcare professionals to ensure people were provided with the care and support that they needed.
- People were supported by staff to keep as mobile as possible. Regular seated exercise activities took place. A person said, "Someone comes every Tuesday to do exercises with us. I really enjoy that." The registered manager told us that, although some people went out independently, others did not wish to go outside when the weather was bad. However, outings, such as Christmas shopping and a trip to see the Christmas lights in London were being arranged for people. During the summer months people were encouraged to use the garden, and outings to local parks had taken place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care plans included information about their capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. People were supported by staff who had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. People using the service along with our observations confirmed that this was the case

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a friendly, welcoming atmosphere. People told us staff were kind and treated them well Staff spoke respectfully to people and provided them with assistance in a friendly and caring manner. People told us, "The staff are super here," and, "I don't really want for anything. {Staff} are always ready to help with a smile."
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People, family members and friends told us that they were supported to do things when and how they wished.
- People's cultural choices were respected. Foods such as Asian vegetarian meals were provided to people where this was their choice. Some staff were able to communicate with people in their first language where required. People who practiced a religious faith were supported to do so. We saw, for example, that staff had supported people to attend preferred places of worship.
- Where people had expressed preferences in relation to the gender of staff providing personal care this was recorded in their care plan.

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

- People were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background.
- People told us that they made everyday decisions and choices including when they wanted to get up, what to eat and what they wanted to wear.
- Residents meetings took place where people were consulted about changes to the home, menus and activities. For example, people had been consulted about the recent refurbishment of the communal areas. People had opportunities to discuss their individual care and support needs with staff, either informally or through meetings with their designated 'key workers'. A person said, "They always ask me about my care plan and if I want anything changed."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors and wait for a response before entering.
- Staff supported people with their personal care in a manner that maintained their privacy and dignity. A person said, "They always close the door and curtains and they check with me that I am OK with everything."
- People's independence was supported. People told us that they were encouraged to be independent and to ask for help if required. A person said, "I like to do things my way and the staff respect that." Where people

went out independently, risk assessments had been developed for this."

- People's private and personal information was stored securely, and staff understood the importance of confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and included detailed up to date information about their individual needs, abilities and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences. People's daily care records showed that staff were meeting their individual needs as recorded in their care plans.
- Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted. For example, staff demonstrated that they understood people's physical and mental health needs.
- Staff encouraged people to participate in activities of interest to them. One person liked to play chess but did not have anyone to play with. When we were there, they were teaching a staff member how to play. They interacted together with jokes and laughter. The staff member said, "It's a good experience. I am learning something new and [person] has someone to play chess with."

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

- People told us that friends and family members were welcome to visit them at the home. A family member said, "This is a lovely place. The staff have been brilliant with [relative]." A friend of a person said, "I visit [friend] regularly and the staff are always very friendly and welcoming".
- We saw photographs of parties and barbecues that had taken place at the home. We noted that people's friends and families had been invited to attend.
- The service's activities book described individual and group activities that people participated in. During this inspection we observed staff members engaging people in activities. For example, we saw people playing board games with staff and being encouraged to choose music.
- There was a programme of regular activities that took place at the home. The activities co-ordinator showed us arts and crafts that people had produced. Regular exercise and music sessions were provided by external professionals. Occasional outings had also been organised. We saw recent photographs of people visiting a local leisure park. An annual outing to see the Christmas lights in London had taken place and another was being organised. People had also been supported to take holidays or go on outings to seaside resorts in small groups.
- Regular residents meetings had taken place where suggestions about activities had been discussed. The home's activity records and plans showed that activities agreed by people had been arranged following these meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home had a policy on the AIS. Information about people's communication needs was included in their care plans. The registered manager told us that no-one currently living at the home required information in an accessible format or language. However, staff always explained written information and could translate in their first language if they required this.
- Some information was provided in easy to read formats. This included the provider's complaints procedure and daily menu. We observed that staff also showed meals to people if they were unsure about what to eat. The registered manager showed us easy to read survey forms that had been developed for their recent residents' satisfaction questionnaire.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People knew how to make a complaint. One person told us, "I'd go straight to [registered manager] if I had a complaint. He always sorts things out for us." A family member said, "We don't have any concerns but if we did we would speak to [registered manager] or staff."
- Care staff knew that they needed to report any complaints about the service that were brought to their attention by people, their relatives or others.
- We looked at the home's complaints log and saw that complaints were addressed immediately and to people's satisfaction. Feedback was always given to the person who had made the complaint.

End of life care and support

- At the end of their lives people were supported to remain at the service if they so wished, in familiar surroundings, supported by their family and staff who knew them well.
- The provider told us that people had been supported to spend their last days at the home in the past. They described how healthcare professionals including GPs district nurses and palliative care nurses had provided the service with guidance and support when people were being supported at the end of life. Staff members had received end of life care training.
- Some people had information about their end of life wishes included in their care plans. The registered manager told us that some people and family members were not always willing to discuss this, and this was recorded in their care records. They said that they would always try to revisit the discussion with people, particularly during times of ill health.
- Some people had expressed a wish not to be resuscitated at the end of their life, Staff had supported them to complete the appropriate consent forms for this with their GP.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality of the service and risks to people's safety. A range of audits and checks were carried out. The registered manager told us that they used learning from these to develop and improve the quality of the service provided to people. However, the service had failed to identify and act on a number of risks associated with people's safety. Fire risks, such as faulty fire doors, overflowing external waste bins, poor storage of flammable items, provision of suitable receptacles for smoking waste and were not identified nor addressed by the provider's monitoring. Regular hot water temperature checks showed that hot water temperatures were significantly higher than the recommended temperature in five people's rooms. However, the service had not taken action to address this risk. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety issues were effectively identified and managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection. They confirmed that immediate action had been taken to address some fire safety risks and that work was due to commence on required modifications to the building. Action was taken to ensure that hot water control valves were re-calibrated and staff had been made aware of the recommended hot water temperatures.

- The registered manager was clear about their role and responsibilities. They were supported by a deputy manager who covered for the registered manager in his absence. Senior care workers were rostered for all shifts and they took the lead in the absence of the registered manager or deputy manager.
- Staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity, privacy and independence. They demonstrated that they understood their roles in supporting those goals.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager and deputy manager spent time delivering care and support to people where staff

were otherwise engaged. We observed that some people sought them out to ask questions or to ask for information or assistance. They responded to people's requirements immediately. The registered manager said, "If staff see that their managers are willing to pull together to provide care to people, they understand that we know what they are experiencing. I think they perform better as a result."

- People spoke highly of the registered manager. One person told us "He is very good. He spends time talking to us and has been very helpful to me." Another person told us, "He comes and says hello to me every day."
- Staff members spoke positively of the management of the home. One said, "[registered manager] is always around and helps if we need extra support." Another staff member described how the registered manager had helped them to develop the language skills to requalify as a nurse. They said, "I still work here from time to time because I love the home and the people."
- Staff told us that the registered manager or deputy manager were always available out of working hours if they had any questions or concerns.
- The registered manager understood the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager had reported notifiable incidents to CQC and the local authority where required.

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

- The provider had regularly sought feedback from people and their relatives to improve the quality of care provided at the home. Regular resident's meetings and annual surveys of people's views had taken place. The feedback from the recent annual survey indicated that people were satisfied with the care and support they received. Feedback from family members was also positive. Comments included, "Really pleased with the care [relative] has received," and, "relative is well cared for."
- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance. Staff were asked for their views and the staff we spoke with told us that they felt they were listened to.
- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's care plans with guidance provided for staff to enable them to meet these needs.

Continuous learning and improving care

- Although we found failures in identifying safety risks to people, other information gathered from quality assurance monitoring was acted on and addressed. For example, a concern about the administration of medicines was addressed with the full staff team.

Working in partnership with others

- Staff and management worked in partnership with health and social care professionals to improve the service for people. We spoke with three visiting health professionals who told us that the home was responsive to people's needs and reported concerns in a timely manner.
- People's care records showed that staff had liaised with family members and health and social care professionals to address any concerns.
- During our inspection we heard the deputy manager liaising with health professionals to ensure that a person's medicines were in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 1(a)(b) HSCA RA Regulations 2014 Good governance The provider had failed to identify and address safety issues at the home.