St Dominic's Limited

The Willows Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Willows Nursing Home is a care home providing nursing, personal care and accommodation to 27 people at the time of the inspection. The service can support up to 28 people and is registered to provide care to older people and people living with dementia. The home is a converted house in a residential area and accommodates people across two floors. The Willows Nursing Home is part of St Dominic's Limited, a private company under the Aster Healthcare Ltd brand which has other care homes in England.

People's experience of using this service and what we found
During the inspection we found multiple concerns around the administration and storage of medicines. The provider's management of medicines was ineffective as such poor practice and shortfalls had not been identified or addressed.

Whilst the provider had infection control protocols in place, we found the cleaning of some areas was not to a good standard and on one occasion government pandemic restrictions had not been adhered too. This had placed both staff and people at risk of harm.

People had person centred plans which gave staff guidance about how they wanted their care provided. This included people's diverse support needs and preferences. Staff involved people with meaningful activities. The lounge and dining area had been refurbished to support people to be sociable and mix with others whilst remaining socially distanced or enjoy quieter spaces to relax.

The provider and registered manager had completed audits and checks but they had not identified all the concerns found at inspection.

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 requires improvement when inspected 21 March 2019 (Published 23 May 2019)

Why we inspected
We undertook this unannounced focussed inspection to check whether the provider had made improvements in relation to breaches of the regulations which we identified at the last inspection.

The provider completed an action plan after the last inspection to show what they would do by 31 July 2019 to make improvements in relation to safe care and treatment, person centred care and good governance.

This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key

questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement
At the previous inspection the service was in breach of regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had met the requirements of regulation 9 person centred care but not fully met the requirements for regulations 12 safe care and treatment and 17 good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The registered manager and provider completed some actions by the second day of our inspection and have informed us they will send an action plan to tell us how they planned to address other concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows Nursing Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

The Willows Nursing Home

Detailed findings

Background to this inspection

Background to this inspection

The inspection
This was a focussed inspection to check on actions the provider had taken to address breaches at the last inspection. We will assess all the key questions at the next comprehensive inspection of the service.

As part of this inspection we looked at the infection control and prevention measures in place.

Inspection team
The inspection was carried out by one inspector, a medicines special advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Willows Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

Notice of inspection
The first day of this inspection was unannounced. We arranged to return the following day to complete our inspection.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection, including information from the local authority. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, operations manager and deputy manager (who was also a nurse and the clinical lead). We reviewed a range of records. This included three people's care records and a larger sample of medicines administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We undertook a partial inspection of the premises.

After the inspection
We telephoned and attempted to speak with seventeen relatives we were successful at speaking with nine relatives. We wrote to twelve members of staff for feedback about the service and received responses from seven staff.

The registered manager sent us documents as requested to support the inspection. This included training, health and safety checks and audits. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 has remained the same.

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.

Using medicines safely
At the last inspection in March 2019 there was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found some errors in the administration of medicines.

At this inspection the provider continued to be in breach of regulation 12. This was because we found multiple errors in the administration and storage of medicines.

●At the last inspection in March 2019, covert medicines records were not always updated to reflect the current circumstances. During this inspection we found further concerns about the covert administration of medicines. (These are medicines administered without the person's knowledge when they lack capacity to understand the medicine is required for their health.)
●Two people's covert medicines agreement stated the pharmacist's instructions were on their medicines administration records (MARs). However, their MARs did not contain instructions from the supplying pharmacist. This meant we could not be sure staff would know how to safely administer medicines covertly.

●During our inspection we observed covert medicines were added to one person's breakfast. However, they did not eat all their breakfast. This meant it was likely a proportion of the covert medicines had not been fully consumed.
●On the first day of inspection we observed medicines were not administered in a safe and appropriate manner. The nurse administering medicines left multiple prepared medicines on top of the medicines trolley. This included oral medicines and insulin pens. Preparing multiple people's medicines in advance of administration can lead to errors which put people at risk of harm.
●In addition, whilst administering medicines we observed the nurse signed multiple MARs for a number of people at once. This is not best practice to administer and record multiple medicines at one time and is not in line with the NICE guidance, 'Managing medicines in Care Homes.'
●We found a number of instances when 'as and when needed' (PRN), medicines were not managed in accordance with the NICE guidelines. For example, one person was administered a medicine to treat anxiety, to be taken one or two tablets when needed. Their PRN protocol stated a maximum dose of 4 tablets in 24 hours. Staff had recorded multiple entries on their MARs none of which documented the number of tablets administered. This could have led to the person having more of this medicine than prescribed, putting them at risk of harm.

●The provider did not operate a safe system for medicines reconciliation. This meant errors were not identified promptly and the appropriate measures taken to rectify mistakes undertaken. We counted a sample of medicines and identified numerous discrepancies in stock that indicated people might have been given too much or not enough medicines as prescribed.
●The management of nicotine patches (to help with stopping smoking) was not undertaken in a safe manner. Two people who required support to wear new nicotine patches and remove old patches had poorly managed records. For one person their patch was recorded as 'Not Found' on 14 occasions during a 15-day period. The other person's record did not consistently state where the new patch had been applied and on occasion also stated their patch was missing. There was no action taken to investigate what had happened to the missing patches or address the poor recording.
●The storage of medicines was not done in a safe manner. The medicines fridge used to store insulin pens, eye drops, and a homely remedy was found to be unlocked and dirty. There was a heavy residue on the fridge floor directly below the fridge basket containing medicines. There was a risk therefore medicines could become contaminated and unsafe to use.

The above was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
●Although the provider had put measures in place to manage the risk of infection from COVID -19 these were not always sufficient. We found some areas of the home and equipment which had not been cleaned to a good standard.
●On the first day of our visit we found in two communal ground floor washrooms the metal frames which held the yellow bags for contaminated waste had not been cleaned for some time and were unclean with accumulated dirt.
●The staff toilet and a handwash station situated just outside the toilet were not cleaned to an acceptable standard. This was because the walls, skirting board by the handwash station and around the toilet were not wiped down and were dirty where dust had accumulated.
●A bathroom on the first floor contained a cabinet which had dried faeces splashed on the top of the door. Although the floor of the bathroom had been just washed by the housekeeper, they had not noted the dried faeces and had not addressed it.
●There was a malodour on the first floor which indicated cleaning had not successfully managed to maintain hygiene in all areas.
●We learnt just prior to our inspection there had been a breach of the government COVID-19 guidelines. This was because there was an evening meeting followed by some celebrations with staff and senior members of staff. During this time they were not wearing masks or observing social distancing. This was not in line with government guidance and these practices posed a risk to the staff present and therefore ultimately posed a risk to people living in the service.

The above was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●On the second day of inspection the registered manager ensured staff had addressed all the cleaning concerns found on the first day of our visit and the malodour was no longer evident.
●The registered manager had a visiting protocol for essential visitors, including visitors to people who were at the end of their life. Measures included, taking temperatures, handwashing, wearing PPE and remaining socially distanced. Information was displayed in prominent places to remind people, visitors and staff of PPE use, handwash techniques and to remain socially distanced.

●PPE stations made PPE easily available to staff. Staff were observed to use PPE appropriately. They had received infection control training and donning and doffing of PPE guidance. We observed during daily handover meetings staff were asked questions about infection control and PPE. This served to continually remind staff of the infection control procedures. A staff member told us, "I feel supported. All staff are doing health and safety training on daily basis like infection control training."

Assessing risk, safety monitoring and management
At our last inspection in March 2019 we found some environmental concerns around the premises of the care home. During this inspection we found previous concerns had all been addressed. However, there were still a few concerns identified during our visit which contributed to a continued breach of Regulation 12 safe care and treatment. Therefore the provider still needed to make some improvement in this area.

●We noted two oxygen cylinders remained unsecured in the medicines room. These were not supported by a stand and could have been knocked over by staff using the room. The door to the medicines room contained no warning the cylinders were present. This could be a danger in the event of fire. The provider immediately secured the cylinders in an outhouse once we had identified this issue.
●There were bottles of alcohol in an unlocked cupboard in a small lounge towards the rear of the home. Whilst we acknowledge this area is only accessed by a couple of people using the service it had not been risk assessed as a safe practice and it would be safer to keep alcohol in a secured place.
●The provider had ensured people had risk assessments when there was a specific concern identified. These were updated as circumstances changed so further measures could be put in place.
●Examples of assessed risks in people's records reviewed included, risk of poor mental health, risk of pressure ulcers, reduced oxygen intake, mobility concerns and falls. Each risk was clearly defined, measures to address the concern contained both information and guidance for staff with a clear plan of action.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems to protect people from the risk of abuse. They had safeguarding and whistle blowing policy and procedures and the staff received training in these. The provider and registered manager had oversight of safeguarding adult concerns and investigated concerns raised.
●Staff were able to explain what they would do if they suspected someone was being abused. Their comments included, "If I was sure abuse was taking place, I would report it to the senior person in charge if they didn't do anything about it, I would report it to the manager in charge," and "Safeguarding means protecting citizen's health and human rights. Enable them to live free from any harm…after detecting abuse we need to inform the manager on same day. After that they will follow further procedures."
●Relatives felt their family members were happy living in the home. Their comments included, "We're happy because [Person] is happy ... we see them through the window, they are on the ground floor," and "They appear caring, when I visit I have seen carers talking to residents, and even holding their hands."

Learning lessons when things go wrong
● The provider had processes for learning when something had gone wrong or there was a near miss. The registered manager reviewed all incidents and accidents recorded by staff which occurred at the service. These contained details about what had taken place, what action was taken and included falls or injuries.
● We reviewed a sample of incidents and saw that appropriate actions had been taken. For example, one person received medical treatment following a fall and was sent to hospital. We saw measures were in place to prevent reoccurrence.
● Information was shared with the staff team through people's updated care records and during shift handover sessions to be sure everyone was aware of the current measures in place to prevent further injury.

Staffing and recruitment

● There were enough staff on duty to meet people's needs and to keep them safe. On both days of our inspection, we saw staff provided care in a timely way. If a call bell rang it was answered by staff and people did not have to wait for them to attend.

●Some people required a member of staff to work solely with them for them to remain safe. We saw staff were employed in each instance to work with those people and there were enough staff, as reflected in the rota, to meet other people's support needs as well.

● Relatives felt when they had visited enough staff were available, one relative told us, "They speak [Person's] language. There is always one staff on duty each day that can speak to [Person]."

● The registered manager had recruited staff throughout the pandemic. We reviewed a sample of staff records and found staff had been recruited in a safe manner. The provider asked prospective staff to complete an application form and attend an interview to check their aptitude for a caring role. They undertook relevant background checks. This included, proof of identity, right to work and criminal record checks.

Good

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 requires improvement. At this inspection this key question has now improved to good

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

At the last inspection in March 2019 there was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not personalised. They did not always contain relevant details including relevant background information and people's preferences.

At this inspection the provider was no longer in breach of regulation 9. This was because they had reviewed and updated people's care plans to reflect people's individual preferences.

●People's records reviewed contained person-centred care plans which provided relevant background information and detailed their preferences and diverse support needs. Guidance for staff was clear and provided adequate information to provide care in a safe and individualised manner.
●When people required specific support, with moving and handling, mobility, falls or pressure ulcer care there was guidance for staff. This detailed the concern, what factors might contribute, and measures staff must take to ensure a good level of care was provided. If specific equipment was required this was also stated and included, hoists, mobility aids and pressure relief mattresses.
●Staff completed people's daily electronic records. The sample we reviewed contained tasks recorded throughout the day, as well as information about the person and the activities they had participated in. Staff also documented what people ate and if they had been provided with meals which met their cultural requirements. When needed health records were also completed these included weight and fluid intake.
● Most relatives told us they were involved with the care plan prior to or following their family member's admission to the home. Their comments included, "I was involved with the care plan, a list of what [Person] likes and dislikes," and "[Person] went straight from hospital into the home, …the nurse did phone and ask about diet, what [Person] liked to be called etc. Nurse and carers asked about [Person]. Questions about what would make them more comfortable."
●A couple of relatives told us their family members moved from hospital during the COVID-19 pandemic without them having the chance to contribute. We raised this with the registered manager who told us they would invite those relatives to reviews, and said, "We do contact the family weekly, monthly, and quarterly. Weekly contact is made by the keyworker to update them about resident's wellbeing, monthly contact by nurses to discuss care and update any clinical changes, and the quarterly by the manager." The staff updated the care plans with relevant information as it was received.

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

At the last inspection in March 2019 there was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This because relevant personalised activities were not taking place.

At this inspection they were no longer in breach of Regulation 9 (Person centred care). This is because people were being supported to enjoy activities relevant to them.

●The provider had developed social inclusion in the home through changing the layout of the main common area. They had recruited an activities co-ordinator who had provided meaningful individualised activities for people. When the activities co-ordinator was not present care workers provided activities for people.
●The lounge and dining area had been refurbished to encourage people to sit and socialise whilst still socially distancing. There was an area to watch the television, use of standing shelves added a focal point for items to be displayed and created quieter areas including a comfortable library area.
● Activities had included arts and crafts, exercise and music events. Cultural festive occasions had been celebrated. Photos were taken of people living in the home and displayed in frames for all to look at and enjoy. A staff member told us, "We have been trying very hard for them to stay happy in this house during the pandemic by bringing them down to the lounge so they are not isolated and trying to socialise with them, playing activities and also calling their families as much as we can."
●A landing area on the first floor had been made into an attractive space to sit and contained items which referenced the culture of the people with bedrooms nearby. Some people's bedrooms had been redecorated. These contained items specific to their faith or culture, memorabilia or their own furniture. The registered manager explained they were part way through a programme to personalise all people's bedrooms.
●The provider supported people to remain in contact with their relatives through the pandemic restrictions. Relatives we spoke with confirmed this. Their comments included, "We've had video calls, and [person] seems really happy. [They] have got dementia ...looks alright and appears a lot better," and "I call [person] every day, they have their own phone, in their room," and "I ring every week, and they take the phone to [person] … they did mention video call, we have done one," and "It is easy to visit, if you arrange with the home, they have arranged video calls."

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 provider supported people to understand information. The notice board placed in a prominent position displayed relevant information for people, relatives and staff. Information was in an easy read format with pictures or symbols to support understanding. Accessible information included how to complain and how to report abuse. As well as, how to treat people with dignity.
●Easy read allergy alert information reminded people to tell staff if they know they have a food allergy. The latter information was displayed in both picture form and translated into an Asian language familiar to people living in the home.
●There was easy read information displayed both on the notice board and throughout the home about the COVID-19 pandemic, how to wash hands effectively to avoid cross contamination, how to wear and dispose

of PPE and many symbol reminders placed across the home to prompt social distancing.

●Staff came from diverse backgrounds and many were conversant in the preferred language of people living in the home. This meant they were able to understand and support people effectively. We observed for example, one staff member supported a person who could become agitated. They were able to interact well, in a kind reassuring manner, in the person's preferred language during one to one support.

Improving care quality in response to complaints or concerns

●The provider's complaints procedure was displayed for all to read on a central notice board. There was an easy read version. During 'Resident of the day' which occurred for each person one day every month they were asked if anything could be improved. Staff checked they were happy with their care. There was always a staff member on duty who could converse with people in their preferred language so they could raise a concern.

●Relatives knew how to contact the home and found the registered manager accessible should they need to speak with them. Their comments included, "They look after [Person] very well, no complaints. Staff are friendly and helpful, they speak the same language as us," and "I am happy, and my [Family member] is not complaining, they have good care," and, "If I ring at an inconvenient time, they always ring me back."

●The registered manager responded appropriately to complaints, acknowledged and investigated these. They apologised when an error or shortfall in the service provided was found. The provider had an oversight of complaints and monitored trends in the service so they could put appropriate procedures in place to prevent reoccurrences.

End of life care and support

●The provider supported people who were at the end of their life. People's care plans reviewed contained some information about their end of life care wishes. This included their DNACPR (Do not attempt cardiopulmonary resuscitation), undertaken by their GP and agreed with their next of kin.

●DNACPR were reviewed to ensure they were still relevant. We saw an example of good practice. In one instance a relative had reflected on the agreed decision and changed their views. The provider had facilitated the change with the GP and relative. The earlier decision had been removed and the updated decision was evident in the care records.

●Nurses and the clinical lead were provided with end of life training. They gave guidance to care workers. The registered manager told us they had, "Really good community palliative care team who supports us with every single client who need the specific care. They have supported and advised us and provided training from time to time to cope and manage such care in the home."

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

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.

At the last inspection in March 2019 there was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audits and checks were not robust enough to identify and address the concerns we found during our inspection.

During our visit in February 2021 not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Despite the provider carrying out checks and audits, we found multiple errors and inconsistent recording in medicines administration. The provider had not identified the infection control concerns in the medicines fridge or the unsafe storage of oxygen cylinders in the medicines room. This had put both staff and people using the service at risk of harm.
- Furthermore we found areas where infection control was not effectively managed and during a staff meeting the registered manager had not ensured staff remained socially distanced and wore PPE as government restriction guidelines. This had put both people and staff at risk of harm.
- The arrangements to assess risks to staff were not effective. The provider had completed a generic risk assessment for COVID-19, but they had not completed individual staff risk assessments for –this. This meant risks to individual staff associated with risk factors, such as being from the Black Asian and Ethnic Minorities (BAME) community had not been considered.

The above was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection we saw there was regular visits, checks by the operations manager and audits both by the provider and an outside agency who undertook monthly checks and a "CQC" type inspection every third month. However, as stated these had not been sufficient to identify the concerns found at this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●The registered manager and provider had been successful in making the service more person centred and responsive to people's diverse care needs. There was a welcoming relaxed atmosphere and we observed staff were engaged in conversation with people and proactive in meeting their support needs.
●Relatives spoke positively about the registered manager. Their comments included, "[Registered manager] is very helpful, when we need assistance, when I call, I am able to speak to a nurse, the doctor contacts the home once a week, liaises with the care home, and my [family member]." And "Yes, I think that it is well run … [Registered manager] is helpful and has a good relationship with [family member], … who had COVID-19, and [Registered manager] treated them as if they were their own family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
●The registered manager had informed the local authority when there was a concern. They had kept relatives informed when there was an accident or incident of concern. The registered manager contacted the CQC on most occasions in a timely manner but had overlooked a couple of notifications which were sent once the error was identified.
●The registered manager was able to tell us how they would investigate if there had been a concern and would be open with staff about the findings and put amended procedures in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The registered manager recorded people's and staff's equality characteristics. Several relatives commented staff could communicate well in their family members' preferred language. One relative said, "Staff are friendly, and some can speak my [family member's] language."
●Relatives spoke positively about the service provided, "They run the service very well, when I'm old, I would like to go to this place. Everyone in the team is very good, all excellent, no issues," and "Happy with the way they are providing a service … very happy with care provider… no concerns, they are friendly and helpful."
●Staff's comments were positive about being fully involved. One staff commented, "Yes, care is managed well by home manager. Yes, they are supportive. They are helping staff to solve problems." They confirmed there was a monthly meeting with the staff team. "We have monthly meetings with all staff."
●Another staff stated, "Everyone's doing great because they're trying very hard to follow all the rules, and with a manager like [Registered manager] everything is perfect in the nursing home because they are very strict with this job. They want no mistakes happening. Everyone's trying to do everything the correct way and not taking shortcuts".

Continuous learning and improving care; Working in partnership with others
●The registered manager kept themselves updated with changes in adult social care. They attended registered managers forums and had worked closely with Public Health England to keep people safe during the COVID-19 pandemic.
●The registered manager and nursing staff met with care workers daily and during handover sessions reviewed changes in protocol. They shared their knowledge to support staff learning.
●The registered manager worked with health and social care professionals for the benefit of people living in the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not always operate safe practices to ensure service users always receive safe care and treatment. Regulation 12(1)

The enforcement action we took:

A warning notice was served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems to monitor, assess and improve the quality of the service. Regulation17(1)

The enforcement action we took:

A warning notice was served.