

Bondcare (Ambassador) Limited

Cleveland View

Inspection report

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22 February 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 15 and 22 February 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in July 2017 and was rated Good.

Cleveland View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cleveland View accommodates up to 60 people across three separate units, each of which have separate adapted facilities. Two of the units specialise in providing care to people living with a dementia. At the time of our inspection 52 people were using the service.

There was a registered manager in place. 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. The registered manager was also one of the owners and registered providers of the service. The registered manager joined the service in September 2017.

Risks to people using the service were not consistently assessed or addressed. Emergency plans were in place to support people in emergency situations but fire drills had not been carried out in line with the provider's own policies. Medicines were not always managed safely. Staff received training but the provider did not have systems that effectively planned and recorded this. For people who displayed fluctuating mental capacity mental capacity assessments and best interest decisions had not been completed for their care and treatment. People did not always receive support to safely manage their food and nutrition or to monitor their nutritional health. Care plans did not always contain personalised detail on the type of support the person wanted or needed. The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service but where issues were identified there was no record of remedial action being taken or completed. The provider's quality assurance processes had not identified the issues we found during this inspection.

Risks to people arising from the building were regularly reviewed and required test and maintenance certificates were in place. The provider and registered manager monitored staffing levels. The provider's recruitment policies minimised the risk of unsuitable staff being employed. Policies and procedures were in place to safeguard people from abuse and to promote infection control.

Staff were supported through regular supervisions and appraisals. People were supported to access external professionals to maintain and promote their health. The premises had been adapted to make them suitable for the people living there.

People and their relatives spoke positively about the support they received from staff at the service, describing it as kind and caring. People told us staff treated them with dignity and respect. Throughout the inspection we saw numerous examples of kind and caring support being delivered. People were supported to access advocacy services where needed.

There was limited support for people to access activities. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to arrange this should it be needed. End of life care plans were in place for people, which meant information was available to ensure their final wishes were respected.

Staff spoke positively about the leadership provided by the registered manager. Feedback was sought from people and staff in meetings and in feedback questionnaires. The registered manager and deputy managers were making efforts to forge links with organisations and agencies in the local community. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

This is the first time the service has been rated Requires Improvement.

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.

Risks to people were not always assessed and action taken to address them.

People's medicines were not always managed safely.

Policies and procedures were in place to safeguard people from abuse.

Effective infection control policies and practice were in place.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training but this was not effectively recorded or planned.

Consent to care was not always recorded.

People did not always receive safe support with managing food and nutrition.

People were supported to access external professionals to maintain and promote their health.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Improvements were needed in the overall quality of care people received.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their

independence.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

The service was not always responsive.

Support planning was not always personalised, especially for people receiving respite care.

People received limited support to access activities.

The service had a complaints policy, and people and their relatives said they would use it.

Policies and procedures were in place to provide end of life care where needed.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Good governance processes were not in place to identify and respond to issues at the service.

Feedback was sought from people and staff.

Staff spoke positively about the leadership provided by the registered manager.

Requires Improvement



Cleveland View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 22 February 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector, a specialist advisor nurse 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Cleveland View.

We spoke with 12 people who used the service and three relatives. We looked at five care plans, six medicine administration records (MARs) and handover sheets. We spoke with 11 members of staff, including the registered manager, two deputy managers, the administrator and seven care, kitchen and housekeeping staff. We looked at five staff files, which included recruitment records. We also looked at records concerning the day to day running of the service.

Is the service safe?

Our findings

Risks to people using the service were not consistently assessed or addressed. People living at the service permanently had risk assessments in place in areas including communication, moving and handling, mobility, falls and nutrition and hydration. However, people who were using the service for short-term respite care did not always have health condition specific risk assessments in place. For example, one person with diabetes had no guidance in place on how staff should monitor and manage their blood sugar levels. Another person who used oxygen therapy had no guidance in place on how staff should monitor their oxygen equipment to ensure they were receiving support they needed. For a third person with Chronic Obstructive Pulmonary Disease (COPD) we did not see guidance in their care plan as to when staff should seek medical attention should the person experience a flare-up of their symptoms. COPD is an umbrella term used to describe progressive lung diseases. This disease is characterized by increasing breathlessness. This meant that there was limited information about risk to people and how that could be safely managed.

Emergency plans were in place to support people in emergency situations but fire drills had not been carried out in line with the provider's own policies. The provider's 'emergency evacuation procedure' policy stated that progressive horizontal evacuation (PHE) techniques should be used in fire drills. PHE is a method of practicing how quickly people can be moved to safer parts of the building in emergency situations. The fire brigade audited the service in October 2017, identified that PHE fire drills were not being carried out and advised the service to address this. On the first day of our inspection we saw that one fire drill was recorded since the fire brigade audit but this had not used PHE techniques. We highlighted this to the deputy managers, and when we returned for the second day of our inspection we saw that a PHE fire drill had been carried out.

Medicines were not always managed safely. Records of the support people received with medicines did not always contain consistent information, which meant it was not always possible to know with certainty which medicines they used and how they should be administered. For example, one person had medicines recorded on one of their medicine administration records (MARs) but not on another of their medicine records. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Another person had medicines in their room but these were not listed on their MAR. The same person had medicines in their room which did not belong to them or anyone else using the service. Staff had not noticed this before we pointed it out, which meant staff did not always know which medicines belonged to whom.

Some people at the service used 'as and when required' (PRN) medicines. One person's care records had two different doses of their PRN medicine recorded, which a member of staff said they would amend to ensure it was accurate. Another person had a PRN protocol in place for their medicines but this lacked detail on when it should be used.

Storage temperatures of medicines were regularly checked but where they moved outside of safe levels there was no record of action being taken. For example, for five days in February 2018 the temperature of the upstairs treatment room, which was used to store medicines, exceeded guideline levels. A member of staff

we spoke with said the air conditioning in that room had not been working properly for some months and that they would speak with the registered manager about it. This meant the quality of medicines may have been compromised as they had not been stored under required conditions.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person at the service was being given their medicines covertly. Covert medicines are given in disguised form, usually in food or drink. As a result, the person is unknowingly taking the medicine. There was no record that this had ever been authorised by the person's GP or any other professional involved in their care, and the registered manager was unaware that the medicine was being administered covertly by staff. When we told the registered manager they immediately began to investigate how the medicines had been given without any authorisation in place.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people arising from the building were regularly reviewed and required test and maintenance certificates were in place. Accidents and incidents were monitored to see if improvements could be made to help keep people safe. For example, following one person's fall a referral was made to the falls team and the person's GP was consulted. In another example we saw meetings were held with staff following a medication error to ensure lessons were learned that would minimise the risk of it occurring again.

We received mixed feedback about staffing levels. One person we spoke with said, "The staffing is inadequate." A relative we spoke with said, "I think they need more sometimes." Another person told us, "When you press the buzzer they come straight away, whenever you need them." Staff we spoke with said enough staff were deployed to keep people safe. One member of staff told us, "I think there are enough staff here. We all rally around to cover sickness and holiday." Another member of staff said, "Definitely enough staff" and "They cover sickness and holiday. Very, very rarely do we ever work short and if so senior care assistants give us a hand." A third member of staff told us, "Yeah, we have enough staff."

Staffing levels were monitored and reviewed by the registered manager based on the level of support people needed. Day staffing levels across all units were two senior care assistants and seven care assistants. Night staffing levels across all units were one senior care assistant and four care assistants. Rotas we looked at confirmed this. The registered manager and a deputy manager told us lots of staff had left the service at the end of 2017 and that a recruitment exercise had been held to replace them. This had led to an increased use of agency staff, but a deputy manager said this was no longer needed as more staff had been recruited and staff were happy to work extra shifts to cover absences. We discussed the mixed feedback we had received on staffing with the registered manager, who said they would review this. Our judgment was that systems were in place to ensure safe staffing levels.

The provider's recruitment policies minimised the risk of unsuitable staff being employed. Applicants for jobs were required to complete an application form setting out their employment history, references were sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. One member of staff we spoke with said, "As part of my recruitment I had to do a DBS check, and also references."

Policies and procedures were in place to safeguard people from abuse. Staff had access to the provider's safeguarding policy, which contained guidance on the types of abuse that can occur in care settings and actions they should take to report any concerns they had. Records confirmed that where issues had been raised they were investigated and referred to the appropriate agencies. One member of staff we spoke with said, "If I wasn't happy with something I'd report it straightaway." Another member of staff told us, "I'd report anything straightaway and without a doubt they'd do something about it."

Policies and procedures were in place to promote infection control. The service had been audited by an infection control nurse in February 2018 and various areas of improvement identified. When we inspected we saw that remedial action was underway to address this, for example by deep cleaning bath seats. Training with the infection control nurse was arranged for later in the year.

Is the service effective?

Our findings

Staff received training but the provider did not have systems that effectively planned and recorded this. All staff were required to complete mandatory training. Mandatory training is the training and updates the provider deems necessary to support people safely. This included training in moving and handling, health and safety, infection control and dementia care. Training was provided by an external training company. The provider changed the training company used to carry out training in October 2017. A chart was used to monitor and plan training. The registered manager told us this did not contain any information on training carried out before the training company changed. They said this was supposed to have been updated by the new training company during the transition in October 2017, but had so far not been completed. We also saw that not all staff were registered on the new training company's system, which meant there was no accurate record of their training. The registered manager said, "Since November we've had moving and handling, wound care, cream competencies and COSHH training. It's not (recorded) anywhere." Control of Substances Hazardous to Health Regulations (COSHH) sets out how to control hazardous substances at work.

People we spoke with said they believed staff had training. One person told us, "Staff know what they're doing, what they need to." Staff spoke positively about the training they received. One member of staff told us, "Training is brilliant. I've done moving and handling, fire training and I'm onto e-learning next." Another member of staff said, "The training is very good. We're always doing it and I think we're all up to date." A third member of staff told us, "I've just done moving and handling. You could always go to the office and ask for refresher training."

Our judgement was that staff received training but that the provider did not have effective systems in place to assess and monitor staff training.

This was a breach of Regulation 17 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made for DoLS where the service thought these may be needed, and records showed that applications and outcomes were monitored.

However, for people who displayed fluctuating mental capacity, mental capacity assessments and best interest decisions had not been completed for their care and treatment. The MCA requires that a person's capacity must be assessed specifically in terms of their capacity to make a particular decision. This meant people's rights to make particular decisions may not have been upheld and their freedom to make decisions maximised, as unnecessary restrictions may have been placed on them. We also saw that consent forms had not always been completed, particularly where people were receiving respite care.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always receive support to safely manage their food and nutrition or to monitor their nutritional health. When people started using the service their nutritional support needs and preferences were assessed and the information passed on to kitchen staff. We spoke with kitchen staff, who were knowledgeable about most people's nutritional support needs and any specialist diets they were on. However, we saw that for one person information on a specialist diet arising out of the medicines they took had not been passed on to the kitchen. When we spoke with kitchen staff they did not know about the person's specialist diet. The Malnutrition Universal Screening Tool (MUST) was used to monitor most people's nutritional health. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. We saw that one person did not have a MUST calculation in place, and staff said they would do this immediately.

Records showed that one person had lost over 20kg weight across a period of less than two weeks. When we spoke with staff about this we were told that there was a discrepancy in the figures as the person could not weight bare and stand on the scales. No other methods of monitoring the person's weight had been explored or put in place. For some people who should have been weighed weekly we saw gaps in how often this was taking place. For example, one person who should have been weighed weekly was only weighed once a month between October and December 2017.

Staff monitored some people's food and fluid intake to minimise the risk of malnutrition or dehydration. However, food charts for two people had inconsistent recording of portion sizes. For another person it appeared that they had not eaten food on 18 and 19 February 2018 as there was nothing recorded on their charts. One person's fluid intake charts lacked information on their daily fluid goals and had fluctuating levels of intake recorded. There was no evidence of analysis, which showed staff may not have been effectively monitoring people's intake and taking action.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively about the quality of the food at the service. One person we spoke with said, "Food is usually good and it is plain cooking." Another person told us, "We usually get choices and I can now look at a menu."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records showed these meetings took place regularly and that staff were encouraged to raise any support needs they had. Staff spoke positively about supervisions and appraisals. One member of staff told us, "It's good to have one to one time with the manager to discuss any issues or improvements." Another member of staff said, "Supervisions and appraisals are good."

People were supported to access external professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as General Practitioners (GPs), district nurses, dieticians, occupational therapists and wheel-chair services. Care plans reflected people's needs and clearly showed where referrals to healthcare professionals had been made. For one person we saw that advice had been sought from an occupational therapist in regard to moving and handling, to ensure the person received the correct care. The registered manager told us that the occupational therapist had arranged for a longer bed to be obtained for one person, together with a wider chair.

The premises had been adapted to make them suitable for the people living there. Dementia friendly signage was used to help people living with a dementia move around the building. Doors had been customised with personal photographs. Each unit had a list of staff who were working that day, detailing their name and role. There were a number of communal lounges and sitting areas so that people could spend time socialising with other people at the service.

Is the service caring?

Our findings

People spoke positively about the support they received from staff at the service and throughout the inspection we observed kind and caring support being delivered. However, we identified several issues during our visit including with medicine management, risk assessments, recording training and consent, supporting people with nutrition, a lack of personalised care planning and quality assurance processes. This meant improvements were needed in the overall quality of care people received.

People described staff as kind and caring. One person told us, "The care here is really excellent. I enjoy every day." Another person said, "My care is good and the staff are kind, but always so busy downstairs." A third person we spoke with told us, "No worries about abuse or poor care here. It is good." A fourth person we spoke with said, "I trust the staff here and my family will ask questions about my care."

Relatives said people received caring and positive support. One relative we spoke with said, "So far, so good." Another relative told us, "No concerns. The family is delighted."

People told us staff treated them with dignity and respect, and made them feel relaxed and comfortable when receiving support. One person we spoke with said, "I was not sure how I would feel about help with personal care, but the staff have been very patient." Another person told us, "I don't like having help, but this is the place to be if it is needed." A third person told us, "We have a bath whenever we want, we just ask. If you don't they ask if you'd like one anyway."

Throughout the inspection we saw staff interacting with people in a friendly but professional way. For example, we saw staff completing documentation in a communal lounge so they could spend time with people, but being careful to ensure that confidential information could not be overlooked. Staff recognised the importance of maintaining people's dignity and treating them with respect, and said they had time to do this. One member of staff said, "We can take time to get to know people. It can take time but you do get to know them." This meant people knew how to reassure people when providing support.

Staff knew about people's cultural, religious and sexual preferences and were able to give specific examples of how people were supported to express these. For example, some people were supported to maintain their faith by being supported to access clergy who visited the service. A deputy manager told us, "It just comes out in conversation."

Throughout the inspection we saw numerous examples of kind and caring support being delivered. For example, one person at the service had arranged a party at a nearby social club to celebrate their birthday. We saw staff laughing with them about how much they were looking forward to the party and joking with them about not getting back too late. We saw staff reassuring one person who thought the party had started without them, and offering to walk with them to the club where it was being held. In another example we saw a member of staff helping a person to walk back to their room, chatting and joking as they did.

At the time of our inspection one person was using an advocate. There was an advocacy policy providing

guidance to staff on how people could be supported to access advocacy should this be needed. We found the service had listened to family members as natural advocates for people to learn about people who used the service. Relatives had been involved in the service to ensure people received the appropriate care and treatment.

Is the service responsive?

Our findings

Before people started using the service their support needs were assessed across a number of areas, including medicines, nutrition, communication, personal care and mobility. Where a support need was identified a care plan was developed setting out how it could be met.

However, we saw that care plans for people receiving respite care did not always contain personalised detail on the type of support the person wanted or needed. We also saw that care plans for people living at the service longer term did not always contain person-centred information or involve people in decisions about their care. For example, one person had a care plan in place covering their emotional and psychological needs. The plan stated that they liked to spend time in their room. However, when we spoke with the person they told us they would like to get up and about. We also saw that the chair in their room was too narrow for them to sit in comfortably. We spoke with the registered manager about this, who said a wider chair was being sought by the person's occupational therapist.

We spoke with the registered manager about the level of personalised information in care plans, and they said they were in the process of transferring them to a new format that would include more person-centred information. The registered manager said, "Care plans are a mess." A deputy manager added, "The new ones have more information. The old ones are poor."

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us policies and procedures and care documentation could be made available to people in easy read or other formats in order to help them access it. Throughout the inspection we saw staff ensuring people with visual or hearing aids had access to them in order that they engage with people and information around them.

There was some support for people to access activities. People said they enjoyed the activities that took place but that these were limited. Other people told us that activities were not based on their interests. One person we spoke with said, "Activities are boring. Going out is okay. We need more of that though whilst we can still enjoy it." Another person told us, "It would be nice to have something to do some days as the time passes slowly here." Shortly after they joined the service the registered manager had a meeting with people and their relatives and asked for feedback. There was negative feedback on activities, and the registered manager agreed that more should be provided and they would be reviewing activities. We were told that an activities co-ordinator was being recruited, and that until then all staff were working hard to try and provide activities where they could.

There was no programme of activities available. We were given a list of activities that staff would be trying to provide on the days of our inspection. These included playing cards and dominoes. On the second day of our inspection we saw no activities planned on the units for people living with a dementia. Some people from the other units attended a birthday party at a nearby social club. Most staff we spoke with said there

were not enough activities for people at the service and that they hoped this would improve when an activity co-ordinator was appointed. One member of staff said, "At the moment people don't have enough activities. We've just put some more on, and a few games. We're recruiting an activity co-ordinator." Another member of staff said, "It can be hard with dementia friendly activities but they're getting better, definitely."

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy that set out how issues could be raised and the process for investigating them. Records confirmed that where issues had been raised they were investigated in line with the provider's policy. People and their relatives knew how to raise any issues they had. One person we spoke with said, "If I needed to complain I would talk to unit staff or the manager if it were that serious."

At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to arrange this should it be needed. End of life care plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

Is the service well-led?

Our findings

The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits carried out included care plans, finances, health and safety and medicines.

However, we saw that where issues were identified there was no record of remedial action being taken or completed. For example, a medicine audit in December 2017 identified issues including information missing from medicine profiles and no stock of medicines for one person. There was no action plan to show whether this had been remedied, or sign off by staff to show it had been completed.

The provider's quality assurance processes had not identified the issues we found during this inspection. We also saw that where the registered manager and provider had been notified about issues, action was not always taken to address them in a timely manner. For example, the fire brigade had identified issues with fire drills at the service in October 2017 but action was not taken in relation to this until our inspection started.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about the leadership provided by the registered manager, describing them as a visible presence around the service and fair with all staff. One member of staff told us, "The registered manager is great, very approachable. I would be happy to take any issues to them." Another member of staff said, "The registered manager has their own way, but if something needs doing it gets done." A third member of staff told us, "The registered manager is in every handover so if there is anything bugging us we can say it then." Staff said they had regular staff meetings at which they were encouraged to raise any issues they had.

Feedback was sought from people and staff in meetings and in feedback questionnaires. A feedback survey had not been carried out since our last inspection. We saw that the previous survey of staff carried out in March 2017 contained positive feedback on the service. The registered manager said surveys would be carried out in 2018, and described how any issues identified would be acted on. People and their relatives said they were aware of meetings taking place and would know how to raise issues if they felt the need. One person said, "There are meetings, but I leave that to others."

The registered manager and deputy managers joined the service in September 2017 and were making efforts to forge links with organisations and agencies in the local community. The registered manager said, "The church is a big one, and [named priest] comes in. We've become Dementia Friends, and I am wanting to invite the community in more. There's a local history group that brings photographs in to do reminiscence sessions." 'Dementia Friends' is an Alzheimer's Society initiative designed to help people learn more about dementia and the small ways they can help. A deputy manager told us they had recently had

some high external fencing removed to give the building a more approachable feel for the local community.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Covert medicines were used without consent or authorisation. For people who displayed fluctuating mental capacity, mental capacity assessments and best interest decisions had not been completed for their care and treatment. Regulation 11(1).</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people using the service were not consistently assessed or addressed. Emergency plans were in place to support people in emergency situations but fire drills had not been carried out in line with the provider's own policies. Medicines were not always managed safely. People did not always receive support to safely manage their food and nutrition or to monitor their nutritional health. Regulation 12(1).</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care plans did not always contain personalised detail on the type of support the person wanted or needed. Where issues were identified there was no record of remedial action being taken or completed. The provider's quality assurance processes had not identified the issues we found during this inspection. Regulation</p> |

17(2)(a) and (c).