

Cephas Care Limited

Sun Court 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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sun Court Nursing Home is a residential care home providing personal and nursing care to up to 29 people. The service provides support to younger adults and older people, some of whom may be living with dementia, have a mental health condition, a physical disability or a sensory impairment. At the time of our inspection there were 19 people using the service. The home is a converted period building over three floors accessed by a lift

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

The service had made improvements since our last inspection however further development was required. Some care records contained contradictory information and were not accurate; correct records were particularly important given the home was using a high number of agency staff.

Although staff demonstrated knowledge through discussion, not all had received the training the provider deemed necessary to meet people's needs. For example, nurses were applying dressings without the correct training in place.

The provider had identified the shortfalls within the service and had a robust action plan in place. However, due to the volume of actions required, not all had been completed at the time of this inspection. Other stakeholders had visited the service prior to this inspection and made recommendations which the provider had been responsive to.

People told us they were well cared for, listened to and respected. Whilst care plans did not consistently cover all aspects of people's lives, they told us these were mostly considered in practice. However, activities and entertainment had not resumed to the level they were prior to the pandemic and people told us they wanted more of this.

The home was running on a high number of agency staff due to nationally recognised shortages in social care staff although the provider had a recruitment drive in place. Agency staff were block booked meaning the same staff attended. People told us all staff, including agency staff, were kind and caring but they voiced the preference to receive care and support from permanent staff that were fully familiar with them and their needs.

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 in the service supported this practice. Care plans were person-centred and had mostly been regularly reviewed. Although care plans did not consistently show people had been formally involved in them, they told us that in practice they were consulted, and their consent sought.

Systems in place helped protect people from the risk of abuse and they had access to a wide range of health

professionals. People received their medicines as prescribed and were protected from the risks associated with infectious diseases. For example, we saw that the home was visibly clean, and that staff wore personal protective equipment (PPE).

People's nutritional needs were met, and we saw they had choice in what they ate as well as support as required. Independence was encouraged and we saw that people's dignity was maintained. The wishes people had for the end of their lives had been discussed and recorded and a health professional we spoke with told us the home was adept at providing this care.

Although the manager had only been in post for four weeks at the time of this inspection, people spoke positively about him and his plans for the home. Staff told us the culture within the home was positive and nurturing and that teamwork was good; staff told us they felt supported and involved in making the home the best it could be.

People acknowledged there were still improvements required at the home but told us the care was good and that people were happy living at Sun Court Nursing Home.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published on 17 August 2021) and there were breaches of regulations. We imposed conditions on the provider's registration meaning they were obliged to submit regular monthly updates showing what improvements they had made. At this inspection we found improvements had been made although the provider remained in breach of one regulation.

This service has been in Special Measures since 17 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make further improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified a breach in relation to the provider's governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request regular action plans from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sun Court Nursing Home

Detailed findings

Background to this inspection

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

We visited the home on the 12 and 16 May 2022. The first site visit was completed by two inspectors and a medicines inspector. The second site visit was completed by two inspectors. An Expert by Experience spoke with people over the telephone. 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

Sun Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sun Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager employed however their application to register with CQC had not been completed.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 May 2022 and ended on 25 May 2022. We visited the service on the 12 and 16 May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from partner agencies, including the local authority, the associated clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represent the views of the public about health and social care services in England. We also used the on-going monitoring information received since the last inspection.

We used all this information to plan our inspection.

During the inspection

We spoke with 14 relatives and six people who used the service. We spoke with six staff including the director of residential care services, the manager, the deputy manager, the clinical lead, an agency nurse and a cook. We looked at the medicine's records for 14 people who used the service and the care records for nine people. Governance records were also viewed and included quality monitoring audits, accidents and incident records, maintenance and servicing records and the personnel files for three staff members.

We continued to seek clarification regarding our findings following the inspection site visits. We spoke with a further four staff members including a nurse, care assistants and a senior care assistant. We also spoke with two health professionals and received written feedback from a third.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some small aspects of the service were not always safe and we were not fully assured about safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvement is required.

- Whilst the individual risks to people had been identified with mitigating measures in place, we found isolated incidents where staff had not always followed the risk management plans. However, no harm had occurred to people as a result of this.
- The risks relating to the premises and equipment had been identified and managed. This included the risks relating to Legionella and fire. Equipment had been regularly serviced and maintained.
- A business continuity plan was in place to manage unexpected adverse incidents such as loss of utilities, severe staff shortages, loss of information technology (IT) and adverse weather.
- The people we spoke with raised no concerns in relation to safety. One relative told us, "[Family member] has lived there a long time and they seem happy and well cared for." A second relative told us how the service had referred their family member to an Occupational Therapist (OT) in order to be assessed to use mobility equipment.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in relation to staffing and recruitment. However, further improvement is required.

- People told us their needs were met but that the care was not always consistent due to the high use of agency staff; staff we spoke with agreed. However, people had insight into the current national shortage of care staff and told us the home was trying its best to provide consistent care.
- One person who used the service said, "We are short of staff here... I'm fully aware that it's difficult to recruit care staff everywhere at the moment." A relative told us, "I'm fully aware they are short staffed there. I

get my information from [family member who uses the service] who is very happy there but says they prefer to have staff look after them who they know."

- The service was struggling to recruit permanent staff to ensure continuity of care. However, they were taking action to address this such as ensuring agency staff were block-booked to make certain the same staff attended and by making use of the visa sponsorship process to recruit workers from overseas.
- The service had completed Disclosure and Barring Service (DBS) and additional recruitment checks on staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, some of the staff files we looked at contained gaps in employment history. This meant the provider could not be fully assured that people were wholly suitable for the role.

Using medicines safely

- Staff authorised to give people their medicines had received training and had their competence regularly assessed to ensure they gave people their medicines safely.
- Records showed overall that people received their medicines as prescribed. People had recently received prescriber reviews of their medicines. The service carried out regular audits of people's medicines.
- Information was available to staff about how people received their medicines to enable them to give people their medicines consistently and appropriately. When people were prescribed 'when-required' (PRN) medicines, written protocols were available for most but not all medicines prescribed in this way. We noted that some lacked accuracy which could have been misleading, and others lacked sufficient detail to enable them to be given consistently and appropriately. We noted that for people prescribed PRN pain-relief medicines and who were unable to tell staff about their pain there was a lack of means by which staff could assess their pain levels before giving them their pain-relief medicines.
- For people living with diabetes receiving insulin by injection some conflicting information was available about dose regimens and blood glucose levels which could have led to confusion and error.
- For some people who had their medicines given to them via a tube inserted into their stomach (PEG), there was insufficient written information about the administration schedule and preparation of these medicines in this way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's COVID-19 policies were up to date.

Visiting in care homes

- People told us they had been supported to maintain relationships with those important to them throughout the pandemic.
- We saw that visiting was taking place as per current Government guidance and those relatives we spoke with confirmed this with one saying, "We pre-book appointments and have to do a test and have our temperature taken. The rules are relaxing all the time, its freer now but I still test."

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to help protect people from the risk of abuse.

- At our last inspection we identified that the provider's whistleblowing policy contained incorrect information for staff. This had been rectified by the provider and we saw that information relating to whistleblowing and safeguarding was readily on display throughout the home.
- Staff had received training in safeguarding and those we spoke with were able to tell us how they would raise concerns both internally and externally. They told us they had confidence their concerns would be taken seriously within the organisation and actioned appropriately.
- Incidents had been referred to the local authority safeguarding team and CQC as required and without delay.

Learning lessons when things go wrong

- The provider had a detailed and robust action plan in place that collated findings from their internal quality monitoring audits and findings from external stakeholder assessments.
- Where incidents had occurred, the provider had taken some appropriate action to reduce the risk. For example, using the provider's disciplinary process and taking action to ensure reoccurrence did not happen. However, not all actions had been taken in a timely manner.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received training and were competent in their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in relation to staff training and competency. However, further improvement is required.

- The compliance rate for staff training that the provider deemed mandatory was generally good however there was additional training needed that would better meet people's needs. For example, falls awareness and dysphagia.
- Staff told us they received all the training they needed to perform their role and one reiterated how supportive the management team had been in meeting their individual needs around this. Staff demonstrated skills and knowledge through discussion and observations.
- Staff told us they felt supported and appreciated. They told us their line managers were always available for advice.
- The people we spoke with raised no concerns in relation to staff abilities and skills. One person who used the service said, "We have some new staff here who are being trained up at the moment and they are coming along nicely. For example, they have to be proficient in using the equipment."

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

At our last inspection we were not fully assured that people received the correct nutrition and hydration to remain healthy. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Improvements had been made in relation to meeting people's nutrition and hydration needs and this was confirmed by all those we spoke with.
- One person who used the service said, "The food is very good here. We have two chefs and plenty of

choice. If I don't want what's on the menu, I ask for something else." Another person told us, "The food is better now, and we have had two new cooks come in who work well together" A third said, "They do their best to make our meals appetising."

- Our observations confirmed people received food that appeared appetising, of their choice and in portion sizes they preferred. We saw that people received their food in a timely manner, that it was covered and in the texture they needed to keep them safe. Staff provided dedicated and respectful support as needed.
- People had care plans in place that described their needs in relation to food and drink. We saw that people had fluid in reach and, where monitoring was required, consumed good quantities of fluid to keep them healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare professionals and records confirmed this.
- We saw that the service worked with other professionals to provide care. For example, for those diagnosed with diabetes, we saw they had allocated diabetic nurses in place and attended regular checks ups in relation to their health need.
- One healthcare professional we spoke with told us the service made appropriate and timely referrals to them. They told us recommendations were 'generally' followed but had concerns about continuity of care due to the high use of agency staff.

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

- Most areas of people's lives had been care planned for in a holistic way. However, further improvement was required in ensuring health conditions had been fully considered and that information was consistently applied throughout the care records.
- Nationally recognised tools were used to assess and meet people needs.

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

- The home had not considered the needs of those living with dementia and there remained a lack of consideration for this.
- The home was a converted period building which did not allow for all people to navigate around it independently. However, we saw that staff assisted people as needed and that there was a lift to access different floors.
- We saw that some improvements had been to the environment since our last inspection. We saw that the home was informal, welcoming and comfortable and that clutter had been minimised to assist in making it feel like people's home.
- People told us the home met their needs and we saw that rooms were personalised to people's choices and preferences.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity to make decisions was not always clearly recorded in care plans. For example, for one person who was able to make decisions despite there being another person legally appointed to make decisions on their behalf, this was not clearly recorded and risked error.
- Where people's capacity to make decisions was in question, the service had assessed this as required under the MCA.
- MCA assessments were appropriate and well recorded and, where required, best interest decisions had been made showing who had been included in those.
- Where conditions were attached to a DoLS, we saw that these had been met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At our last inspection the provider had failed to ensure people were treated with dignity and respect and the care was task focused. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- All the people we spoke with told us that despite not receiving care from consistent staff, they were treated kindly and respectfully. Some people did, however, state they would like to receive care from staff they were familiar with.
- One person who used the service said, "At the moment the staff are doing their very best for us, I rely on them. They look after us well even though they must be getting tired."
- The relatives we spoke with agreed with one telling us, "The staff are the most lovely and humane people and I'm stunned by the amazing care here." Another relative said, "I can see just by looking at [family member] that they are happy and well; they are treated with extreme kindness."
- Our observations confirmed people were treated with care and had their needs met. We saw that staff knew people well, including the agency staff on shift during our inspection. We saw staff take the time to speak with people and ask how they were.

Respecting and promoting people's privacy, dignity and independence

- People told us they were respected and had their dignity maintained. Records and observations confirmed this.
- One relative said, "[Family member] is a proud person and has both male and female carers and they like them both. One carer took the time to find out what [family member] liked and disliked; they get on well together."
- Our observations confirmed this, and we saw staff seeking consent to assist people whilst encouraging independence.
- Care plans used respectful language and focused on what people could do for themselves. They recorded the need for staff to always seek consent and encourage people to be independent.

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

- Although not all care plans contained confirmation that people had been involved in their plan of care, they told us they were involved in practice and that staff sought their input.
- This was confirmed through our discussions with staff. They spoke about people with respect and kindness and told us they had time to speak with people and involved them in the care they received.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, further improvements were required.

- Evidence and feedback received from people told us people's needs were met in a person-centred manner however not all care plans reflected this.
- The care plans we viewed were mostly person-centred however not all of them covered all aspects of people's lives. For example, although health conditions were threaded through care plans, there were not always ones dedicated to them.
- We had mixed feedback on whether people had been formally involved in the planning of their care and the care plans we viewed confirmed this was not consistent. However, people told us that in practice they were consulted.

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

- There was no staff member dedicated to ensuring people enjoyed hobbies and activities although the provider was advertising for such a post. People told us activities had not resumed fully following the pandemic and we had mixed feedback on this. Whilst some people were happy in their own company, others felt more stimulation was needed.
- People told us they were supported to maintain relationships with people who were important to them and this included through the pandemic.
- Staff told us they had time to interact with people and our observations confirmed this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager understood their responsibilities under the Accessible Information Standard and told us

information was available, should it be needed, in other formats.

- We saw that communication care plans were in place for people and for those we viewed, we saw that staff had access to appropriate information to assist people to communicate.

Improving care quality in response to complaints or concerns

- People told us that they felt able to raise concerns. One person who used the service said, "I don't have any complaints, but I can always talk to [staff member], they always make time to talk to me." A relative said, "[Family member] had a few issues but they raised them themselves and they got resolved. They listened to them."
- The provider had a complaints policy in place.

End of life care and support

- We consistently saw that people had person-centred and detailed care plans in place that recorded their end of lives wishes.
- A health professional we spoke with praised the end of life care the home provided.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant that although improvements were seen, governance systems were not yet fully effective at ensuring a consistently good quality service was delivered.

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

At our last inspection the provider had failed to ensure the quality monitoring systems in place were effective at improving the service and mitigating risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 17.

- Whilst improvements had been made since our last inspection, there continued to be areas that required further development and embedding.
- People with lower level needs appeared well cared for. However, when people had complex and changing needs, the systems in place failed to fully ensure these were consistently met in a timely manner.
- Information on people's care needs was often duplicated and the system in place did not allow for easy access of information to ensure people consistently received the care required. This was especially important given the high use of agency staff.
- Care records were sometimes contradictory and not always accurate or corroborating.
- Further improvement was needed in relation to staff training.
- The provider had identified concerns and had a detailed action plan in place to address them. However, due to the volume of actions needed, several remained outstanding.

The quality monitoring systems in place were not fully effective at assessing, monitoring and driving improvement in a timely manner. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other stakeholders had identified concerns prior to this inspection, and we saw that the provider had been responsive to their findings.
- At the time of this inspection, a newly recruited manager had been in post for four weeks and they had applied to be registered with CQC. Through discussion, they demonstrated they understood their responsibilities including regarding regulations and legislation.
- People told us the service had made improvements since our last inspection. One relative we spoke with said, "I feel Sun Court has turned a corner." A staff member told us, "The standard of care has improved."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The outcomes for most people were good however the service had not always been responsive to the changing and complex needs of a few.
- At this inspection we found the culture amongst staff had improved and we saw one of support and dedication. The staff we spoke with were committed to providing a high level of care and were contributing to the improvements to the service.
- The people who used the service told us they felt involved in their care and their relatives agreed although this was not necessarily via a formal care plan review. However, recent surveys had been completed and meetings had resumed following the pandemic.

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 manager understood their responsibility under this requirement and told us it was about being open and honest with people when things went wrong.
- The culture within the home was one of transparency and learning although this was in its early stages. Staff spoke of a collective wish to continue to make improvements and learn from incidents. They told us this was a team effort that all staff were on board with.

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
Treatment of disease, disorder or injury	The provider's quality monitoring system was not fully effective at assessing, monitoring and driving improvement in a timely manner