The Wilson Crawford Partnership

Forde Park Care

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

Summary of findings

Overall summary

Forde Park Care consists of two separate buildings located along a residential street. One home provides accommodation and personal care for up to 11 people and the other provides accommodation and nursing care for up to 43 people. The service provides care for older people living with dementia and people who have nursing needs.

There was a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 25 January 2016 and was unannounced. The home was formed of two houses, one provided care for people who did not have nursing needs (the residential home), the other provided accommodation for people with nursing needs (the nursing home). At the time of our inspection there were eight people living in the residential home and 32 people living in the nursing home. People in the residential home had a range of needs with some people being independent and others being at the end of their life. People in the nursing home had more significant needs relating to their health and mobility. Most people who lived in both houses were living with dementia.

We carried out a previous comprehensive inspection of this service on 7, 8 and 12 May 2015. The service was rated as inadequate overall. Breaches of legal requirements were found in relation to medicines management, people's care needs not always being met, action not always being taken to respond to risks to people, people not always being spoken to in a respectful manner, issues relating to records, staff not being adequately supervised and ineffective quality assurance systems.

At this inspection, we found actions had been taken to respond to the previous concerns identified. However, we identified concerns relating to staff not always taking sufficient action to obtain prescribed medicines and not always identifying potential risks. We also identified a repeated concern relating to people not always being treated with dignity and respect. Further concerns related to medicated creams not always being recorded appropriately, the environment not being suitable for people living with dementia, people feeling there were not always sufficient staff to meet their needs and activities not always meeting people's social needs.

Following our previous inspection in May 2015, the registered manager had taken a number of steps to improve the service being delivered at Forde Park Care but at the time of our inspection these steps had not been fully embedded. They had introduced new systems, organised training for staff and had sought advice from external healthcare professionals.

We found a lack of consistency in the care people were receiving. Forde Park Care had undergone a number of staff changes in the months prior to our inspection. A number of senior staff had left, sometimes without

notice. This had caused disruptions and the registered manager was taking steps to recruit new staff to senior positions. Although steps were being taken, we found these disruptions in staff changes and numbers had affected the people living in Forde Park Care.

People generally told us they felt safe at Forde Park Care and felt well cared for. However, we identified some concerns in relation to the management of risk and medicines. Staff had not taken adequate steps to obtain medicines on one occasion.

A new electronic system had been introduced in order to reduce the risks of medicine errors and to regularly audit medicine stock. This new system was still in the process of being fully implemented at the time of our inspection. We found that because of the confusion caused by this new system, medicated creams were not being managed properly. As soon as we mentioned these issues to the registered manager, paper medicine administration record (MAR) charts were reintroduced for staff to record the application of creams.

Medicine audits had been completed and advice had been sought from external pharmacists in order to ensure staff were following best practice. We observed a medicine round and found this was completed correctly and stocks were correctly recorded.

Some people and some staff we spoke with felt there were not enough staff on duty. The registered manager was in the process of recruiting a number of new staff to the homes. Existing staff had been safely recruited and the registered manager had ensured staff had a disclosure and barring service check (police record check). Following people's feedback around the lack of staff we have a made a recommendation for the provider to review their staffing levels and a recommendation for the provider to review how they met people's social needs.

Although the registered manager was taking steps to improve on the environment of the homes, including renovating a number of the rooms, we found the environment was not suitable for people with dementia. The registered manager was aware of these issues and was taking steps to improve the environment for people.

During our inspection we observed some interactions between staff and people living in Forde Park Care which was not caring or respectful. Some people we spoke with commented negatively on the caring attitude of the staff. People made comments such as "It is not respectful" and "There's always different girls and they don't understand".

Other people, however, made very positive comments about the caring attitude of the staff and said "I can't speak wrong of them they are exceptionally kind" and "Everybody is very kind and caring". We observed some caring interactions between staff and people and were given examples of the ways in which staff had prioritised people's wellbeing.

People spoke highly of the food and told us they always had a choice. Where people had larger appetites, however, we found they were not offered further helpings of food. We found that people were assisted to sit down at the table in the residential home a long time before their meal was served. Once the meal was served, however, staff interacted with people and people talked and enjoyed their meal. Following the feedback from people and our observations of the lunchtime meal we have recommended the provider review mealtimes to ensure people are given enough food to satisfy their appetites in a social and enjoyable environment.

Staff had been trained in safeguarding people and whistleblowing, and knew how to identify signs of

potential abuse. Staff felt confident that any concerns they brought to the registered manager's attention would be dealt with appropriately.
Staff training was regularly updated and staff had access to further training opportunities and qualifications.

Staff had received training in, and understood the Mental Capacity Act 2005 and the presumption that people could make their own decisions about their care and treatment. We found that where Deprivation of Liberty Safeguards (DoLS) applications were required for people, these had not all been completed. The lack of these applications having been made had not had a detrimental effect on people living in Forde Park Care and they had not been unduly deprived of their liberty.
The nursing staff at the home had not always demonstrated good oversight of the people in their care. The registered manager had a range of quality monitoring systems in place which were used to continually review and improve the service. Their systems had picked up a number of the issues we had identified but not all of them.
We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some risks to people were not identified or acted upon and staff had not always taken sufficient action to ensure people had received their prescribed medicines.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

The systems in place for obtaining medicines, and recording the application of medicated creams did not protect people from the risks of not receiving their medicine or creams as prescribed.

People and staff felt there were not always sufficient numbers of staff to meet all of people's needs. The registered manager was aware of this issue and was working on recruiting more staff and tackling sickness absence.

Risk assessments had been completed for people and action was taken to minimise identified risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Although the registered manager was taking action to improve on the environment at Forde Park Care, the service was not suitable for people living with dementia. The environment did not enable people's independence.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People's rights were respected. Staff had clear understanding of the Mental Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

Deprivation of Liberty Safeguard applications had not always been completed where necessary in line with legislation, however the day following our inspection the registered manager completed these.

People were supported to have enough to eat and drink to maintain their health but some people sometimes felt they hadn't eaten enough food. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Requires Improvement

The service was not always caring.

Some staff did not display caring attitudes towards people. We observed some negative interactions between staff and people which did not demonstrate respect.

The registered manager had taken action to promote positive staff interactions with people and to tackle poor interactions but these changes were not yet fully embedded.

There was a warm and welcoming atmosphere in the homes and visitors were free to come and visit their loved ones at any time.

Forde Park Care continually strived to deliver high quality end of life care and sought regular training, guidance and advice in this area.

Is the service responsive?

Good

The service was responsive.

Care plans provided descriptions of people's care needs and guidance for staff to meet those needs.

People and staff were confident the registered manager would welcome and listen to their comments and deal with any concerns promptly and effectively.

Group activities were provided at the homes as well as one to one time between staff and people. There were mixed views about the activities, with some people telling us they enjoyed them and other telling us they wanted more variety.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

Is the service well-led?

Good

The service was not always well led.

The registered manager had worked hard to improve the quality of care at the service following our previous inspection but these

changes had not yet been embedded at the home.

The nursing staff at the home did not always have oversight of the people in their care.

People, relatives and staff expressed confidence in the registered manager and told us they were approachable.

People, relatives' and staff views were sought and taken into account in how the service was run and suggestions for improvement were implemented.

The provider had a variety of systems in place to monitor the quality of care provided and made changes and improvements in response to findings, however some of the concerns we identified during our inspection had not been picked up by these systems.

Forde Park Care

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 checked whether the provider was 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 visit took place on 25 January 2016 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor (who had specialist knowledge in nursing care) and an expert by experience (who had specialist knowledge in the care for people living with dementia). Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 14 people who lived in Forde Park Care. On this occasion we did not conduct a short observational framework for inspection (SOFI) because a number of people were able to share their experiences with us, but we used the principles of this framework to undertake a number of observations throughout the home. We spoke with six relatives of people who used the service, one visiting volunteer, the registered manager, and 12 members of staff. We asked for feedback about the home from six healthcare professionals who had dealings with the home and received feedback from one.

We looked in detail at the care provided to eight people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in May 2015 safe was rated as inadequate. We had identified the provider was not meeting the regulations in relation to the management of medicines, people not always receiving the care they required in order to prevent them from developing or recovering from pressure sores and people's health not always being appropriately monitored. During this inspection we found the provider had made a number of improvements in these areas.
However, we did find some concerns relating to potential risks to people which had not been fully addressed or identified.

On the day of our inspection one person had not been given their medicine for the treatment of high blood pressure for four days. Staff were aware that this medicine had not arrived in the normal way with the new monthly stock of medicines for each person. Staff had telephoned the pharmacy for the medicine and had been told that they had not received a prescription from the GP surgery. An incident form or action plan had not been completed and the person's GP had not been contacted for advice. Staff had not contacted the on call doctors over the weekend to consult with them or to obtain an interim prescription for the medicine. The person's blood pressure had not been monitored during this period. This person's blood pressure could have been at potential risk of elevation and without monitoring, staff would have been unaware of this until an incident occurred.

This is a breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the previous inspection we identified concerns relating to the management of diabetes at the home. At this inspection we found staff were not always aware of peoples' needs relating to the management of their diabetes. One person who lived in Forde Park Care had diabetes and staff had put a diabetes management plan in place for this person to help keep them safe. Records showed that in the two weeks prior to our inspection this person's blood sugar levels regularly fell below the set limit set by the diabetes nurse. The staff nurse on duty told us they had not identified this regular fall in sugar levels as a pattern. Although the nurse on duty did not know about this person's specific diabetes management needs, information we received following the inspection demonstrated their needs were being managed safely.

We spoke with a different person who had diabetes and lived in the home. They said of the staff "They have been very good with managing my diabetes, they use the Exeter Helpline and this feels like a safe system because they can treat me very quickly following the advice. They have got used to me I've got no complaints". Another person who had a diagnosis of diabetes was having their blood sugar levels monitored daily. When their levels fell outside their acceptable range on four consecutive days staff had liaised with the local diabetic specialist nurse for advice and had taken action. This was in line with their care plan.

At the time of our inspection the service was in the process of implementing a new electronic system in relation to medicines within the nursing home. This new system scanned in new medicines using barcodes,

alerted the home when stock was running low and alerted staff to the best times for people to receive certain medicines. It also alerted staff to late dosages being administered and enabled the registered manager to pull off detailed reports relating to medicines. This system had been introduced in order to minimise the risks of medicine errors occurring and enabled close monitoring and accuracy. However, at the time of our inspection this new system was being used alongside a paper system whilst staff were being trained to use the new system. This meant some records were being duplicated but others were not being appropriately recorded. We identified some concerns around the lack of some records relating to the application of medicated creams within the nursing home. Staff were unclear about the processes used for recording administration of creams as these were included in the new computerised system for recording medicines, however only nurses and senior carers had access to this system. This meant that when care staff applied creams to people, they were unable to access the system to record this. It was therefore not possible to confirm staff were applying people's creams in line with their prescription. This could have posed a risk of people not receiving their creams as prescribed. When we raised this with the registered manager they told us they would be reinstating the paper records in relation to the medicated creams in order to ensure all staff could have access to these and update them when creams were administered.

During our inspection we observed a medicine round. When one person asked the nurse administering the medicines what their tablets were for, the nurse gave them a clear explanation. People were offered options of different types of drinks to have with their medicines. Only specific members of staff were able to administer medicines. These were the nurses and senior care staff. These staff members had completed a specialised pharmacy lead medicines course and had their competencies checked. Medicines were stored safely within three medicine trolleys and within a locked medicine room. Medicines that required additional security measures were well managed in both homes.

People did not always feel there were enough staff on duty. Some people told us staff came quickly when they rang their call bell for assistance but others told us it took staff a long time. People said "It's not their fault if there is a delay", "At times they are very busy here and we have to put up with that" and "Waiting when you have rung the bell is frustrating". Two people said "No there are not enough staff" and "It feels like there are not enough staff".

Visitors and relatives told us they thought there were enough staff. They told us they could always find them when they visited and that staff took time to answer their queries. They felt their loved ones received the care they needed and one relative said that staff "popped in" to see their loved one who was cared for in bed.

Some staff members we spoke with told us they did not feel there were enough staff on duty. One member of staff said "We're always short staffed. If they can get cover then they do get cover. Mornings are usually very busy". Staff told us they wanted to spend more time talking with people but felt more staff were needed in order to support this.

We spoke with the registered manager about this. They told us staff ratios were determined by looking at the number of hours of care people needed. This meant they tried to map staffing to people's individual needs. At the time of our inspection there were seven care staff in the mornings as well as two nurses, in the afternoons there were five or six care staff and two nurses working between 5pm and 10pm. Overnight there were two carers working alongside one nurse. On the day of our inspection we saw a number of staff, including nurses, care staff, domestic staff and kitchen staff. Staff took time to support people and answer call bells promptly but we saw that staff were very task driven. Staff and the registered manager told us that problems with staffing levels had arisen from staff leaving unexpectedly and existing staff taking a large amount of sickness absence. Forde Park Care had undergone a number of staff changes in the months and

weeks prior to our inspection. A number of senior staff had left, sometimes without notice. This had caused a number of disruptions and the registered manager was taking steps to recruit new staff to senior positions and ensure existing staff were delivering a high quality of care. Although steps were being taken, we found these disruptions in staff changes and numbers had affected the people living in Forde Park Care. The registered manager told us that recruitment was ongoing and there had been a number of staff leaving the home in the weeks prior to our inspection. Work was being undertaken by the registered manager to recruit new staff and several were in the process of, or had recently completed, their induction. On the day of our inspection at least two care staff and two registered nurses were newly recruited to work in the home. The registered manager told us they did not feel it was acceptable for people to be waiting for their call bell to be answered and was working very hard to improve the staffing numbers. They told us they regularly used agency staff and always tried to have the same agency staff working in order to ensure some consistency. The registered manager had also taken steps to minimise the staff sickness numbers and since introducing control measures, absences had reduced.

People told us they felt safe at Forde Park Care. People said "I am quite happy and I feel safe", "I am pretty satisfied it is all very good in every way", "I use a stand aid, there are always two carers and I feel safe" and "Everything is so smooth here, you don't worry". Relatives told us they were confident their loved ones were safe. One relative said "I feel comfortable with (my relative) being here".

Some risks to people that we had identified during our previous inspection had been addressed. Where people needed regular repositioning to protect them from the risk of developing pressure sores this was completed and recorded. Where people had existing pressure sores, clear management plans were in place for these which included photographs of the sores and risk assessments. One healthcare professional told us "Client's conditions often improved following admission to the home". We saw evidence within people's records of their pressure sores being well managed by staff and these reducing and healing. At the time of our inspection the service was in the process of implementing a new recording system which involved tablet computers and handheld devices. This new system informed staff of people's care needs and alerted staff to needs that were time specific, such as repositioning. This helped to minimise the risks of people not being repositioned when required. We found where people required regular repositioning this was being done in line with their care plan.

Where people required staff help to move and reposition them, this was done in line with best practice. Staff had received up to date training in moving and handling practices and refresher sessions since our previous inspection. One member of staff, who was moving and handling champion and provided staff with training, had updated their qualification and had undertaken regular observations of staff. Handouts showing unsuitable lifting techniques had been given to all staff during their training and this topic had been discussed with staff. We saw staff support one person by using a handling belt appropriately. A bank staff member sought the assistance of a regular, more senior staff when supporting one person to move to or sit in their adapted armchair, to ensure the person was seated safely and comfortably.

People were protected by staff who knew how to recognise signs of abuse and knew where to access safeguarding information if they needed it. All staff had received training in recognising abuse and keeping people safe. Staff were aware of the home's whistleblowing procedure and policies relating to the safety of people at the home. Staff told us they knew how to recognise changes in people's behaviours which may be a sign of abuse and knew how to manage triggers for changes to behaviours which could result in harm to others. For example, one person could display behaviours which could pose a risk when they developed a urinary infection. This person's care plan contained detailed information about the behaviours they may display when this occurred, how staff were to manage these and how to help minimise the risks of them developing an infection. Staff said that if they suspected someone was at risk of abuse they would complete

a 'concern form' or would raise their concerns verbally with the management. Staff knew of external agencies they would contact, such as the local authority safeguarding team, if necessary. Staff knew about the home's whistleblowing procedure, whereby they could report any concerns outside of the organisation if the management were not to take action, without repercussions. When we asked one member of staff about whistleblowing they said "Yes I would definitely whistle blow". Staff said they felt confident management would look into any concerns they raised. Safeguarding was discussed during team meetings and staff were encouraged to raise any concerns they may have during supervisions.

A few weeks prior to our inspection a member of staff had identified a concern relating to one of their co-workers. This concern was reported to the registered manager immediately and action was taken without delay to ensure the safety of the people living at Forde Park Care.

Risks to each person's health, safety and well-being had been individually assessed before admission to Forde Park Care. These assessments had been regularly reviewed and changes to each person's needs had been recorded so that staff could respond to these needs. Each person had individual risks assessments which covered a range of issues including falls, pressure area care, nutrition and moving and handling. Each person's assessments were detailed and contained individual information about their needs and how staff should best respond to these in order to minimise any risks. For example, one person suffered from seizures and staff had created a specific risk assessment relating to this. This assessment contained information about the potential risks posed to the person as well as information about triggers which could lead to them experiencing more seizures. A support plan had been developed in order to help manage these risks. This plan included guidance for staff on how to respond when the person suffered a seizure, how to monitor the person's temperature regularly in order to identify if they were at risk of suffering a seizure and equipment in place to minimise any risks associated with their seizures, such as bed rails on the bed to stop them falling out and injuring themselves during a seizure. Records showed this person's seizures had reduced and they had not suffered any injuries linked to their seizures.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. The registered manager told us that they only employed staff who they felt displayed a caring attitude and that staff were carefully monitored in their induction period to make sure they were suitable. The registered manager had taken steps to ensure staff were of good character, had appropriate skills, knowledge and qualifications to carry out their role

We recommend that staffing levels are reviewed, in response to people and staff's feedback, to ensure there is sufficient staff to offer support to people at all times and ensure people's social needs are met.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in May 2015 effective was rated as requires improvement as we identified the provider was not meeting the regulations in relation to people not being protected from the risk of malnutrition and dehydration and staff not receiving adequate supervision. During this inspection we found the provider had made a number of improvements in these areas and was now meeting these regulations. However, we did identify some concerns in relation to the suitability of the environment.

Most people who lived in Forde Park Care were living with a form of dementia. We found the home was not suitably adapted for people living with dementia or people who may have needs relating to their sight or conditions which may affect their balance. Forde Park Care was comprised of two period properties which contained narrow hallways and staircases. The nursing home had a heavily patterned carpet throughout the building which could be confusing for people who may have dementia or slow cognitive ability when walking. The majority of people who lived in the nursing home were not able to walk around the home unaided but a few could. One person told us they had perceptual problems due to their condition, they said "The carpet is very busy and somewhere there is a flight of eight steps. It doesn't feel safe yet I need to walk. I feel imprisoned". There was no differentiation to help people find their way around the homes by way of colour or signage along corridors. People's bedrooms did not have individual signage on the doors to help people locate their bedrooms on their own. This environment was not enabling for people and stopped people from being able to maintain their independence or reduce their anxieties. During our inspection we found most people at the home stayed in their bedrooms during the day and there were very few people walking around the home independently. There was a lack of items for people to easily pick up and interact with throughout the homes. People living with dementia can find comfort in handling a variety of items and these were not made available for people.

This was a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Forde Park Care was in the process of renovating a number of bedrooms within the nursing home. The registered manager told us that these rooms were being renovated in a way that was designed to be more enabling for people with dementia. Following our inspection the registered manager made contact with external specialists in care for people with dementia in order to seek advice in improving the environment. Forde Park Care were taking part in a project with Plymouth University and Chadwell Elderly Mental Health Team which provides Dementia awareness. Any learning from this project was in the process of being implemented in the homes and a member of staff had taken on the role of dementia champion.

At our previous inspection we identified some concerns relating to people not having enough to eat or drink. During this inspection we found people were having enough to eat and drink to maintain their health. People's weights were being monitored and the amounts of food they were eating were being appropriately recorded.

People in the nursing home ate in one of two lounges or in their bedrooms. In the residential home people

ate in the dining room or in their bedrooms. This depended on people's preferences. In the residential home, people were brought through into the dining room and seated at the table half an hour before the meal was served. Staff did not encourage discussion or make this experience a social one. This made this time very quiet for people and one person commented after 25 minutes had passed "There's not much going on around here".

All people spoke highly of the food. Some people had larger appetites than others and we found people were not always offered further helpings of food. One person said "It is excellent here but there is not enough food". We saw staff asked people if they had enjoyed the food but did not ask people whether they wanted more before removing their plate. Comments about the food included "The food is very good" and the food was "Nice". People were told what was on the menu the day before and were asked for their choices a few hours before the meal. We saw a member of staff reminding people of the options, asking for their choices and offering them alternatives. People told us they always had a choice. People said "We can pick whatever we like from the menu" and "I can have whatever I like". One person, who was a vegetarian, told us they were given a variety of food choices and said "They're very good about giving me a salad". People's food was presented in ways which met their preferences and their needs. For example, where people required pureed or mashed food because of their difficulties in swallowing, this had been presented in an appealing way which still met their individual needs.

Where people had lost weight, advice was sought from outside healthcare professionals and they were encouraged to put on weight. For example, where one person had lost weight staff liaised with the community dietician and the chef in order to introduce high calorie finger food. This person was able to eat finger food independently, therefore, as well as ensuring they consumed more calories, staff were enabling this person to remain independent with their eating. This person regained the weight they had lost and enjoyed their food.

At our previous inspection we identified concerns relating to people not always having enough to drink. At this inspection we found that where people required help with drinking enough fluid to maintain their health we saw this was being provided. People at risk were having their fluid levels monitored and recorded. One person required their fluids to be administered through their percutaneous endoscopic gastrostomy (PEG), this is a tube which enables direct access to a person's stomach and is mainly used for providing a person with food, fluid or medicines without the person needing to swallow these. We saw records that this was being completed as required and the amounts of fluid the person was receiving were being recorded. People were given drinks throughout the day and always had accessible jugs of drink in their bedrooms. One person said "There's always fresh drink". People told us staff encouraged them to drink, one person said "They say I must drink plenty of fluids". Staff said "There are always jugs of drink about and we change them often". Where people had been identified as being at risk of malnutrition we saw their food intake was being monitored and they had been referred to nutrition specialists and dieticians where required. Forde Park Care had recently been awarded a five star rating in relation to their food hygiene. This showed they maintained a very high standard of food hygiene.

At our previous inspection we found staff had not been receiving regular supervisions and appraisals. At this inspection we found new systems had been implemented to ensure staff received regular supervision and yearly appraisals. Supervisions were used as opportunities to evaluate staff performance, conduct observations of their work, discuss any issues staff may have and offer further training and development opportunities.

Most people who lived in Forde Park Care did not have the mental capacity to consent to living in the home

and receive care, although some people did. For those people who did not have capacity to make specific decisions, we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

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.

Some applications for DoLS orders had been made for some people but there were a small number of people, who were having their liberty restricted to maintain their safety, for whom applications had not been made. The registered manager fully understood the implications of changes to the law made in March 2014 that widened the definition of the deprivation of liberty for people living in care home settings. If a person is under continuous supervision and is not free to leave on their own and does not have the capacity to consent to these arrangements, then they are being deprived of their liberty. An application must be made to the local authority for legal authorisation. People who lived in Forde Park Care were under constant supervision, and even though the door was not locked, had they tried to leave the home, staff would have brought them back for their own safety. This meant that applications were required for all the people who lacked capacity to make specific decisions and who fit the criteria mentioned above. The registered manager knew that applications were required for those people but had not prioritised this. The day following our inspection the registered manager informed us that all required applications had been made to the local authority. The delay in making these applications had not caused any detrimental effects to people and they were not being unduly deprived of their liberty.

Staff had received training in, and had a good understanding of, the Mental Capacity Act 2005 and the presumption that people could make decisions about their care and treatment. People's consent to day to day care and treatment was sought and throughout our inspection we saw staff asking people for their consent and giving people choices.

Mental capacity assessments and best interest meetings had taken place for people where their ability to consent or make decisions was impaired. These meetings involved relevant people, such as family members and clinical professionals. For example, one person had bed rails in place to reduce the risks of them falling out of bed. A best interest meeting had taken place with their family in order to ensure this decision was the least restrictive option and that it was in the person's best interest. We also saw personalised best interest decisions which had been made for people in relation to personal care and specific diets.

Staff were knowledgeable about people's care needs and had the skills and knowledge to support them. People told us they had confidence in the staff and spoke positively about the care they received. People said of staff "They know what they are doing", "The carers are very good" and "The nurses are OK, the carers know what they are doing".

Most staff were able to describe people's needs in a way which showed they had good knowledge about

individuals. Each person's care plan contained detailed information about their care needs and how staff should respond to these. People told us they saw healthcare professionals promptly if they needed to do so. People's care plans contained records of referrals to a range of healthcare professionals including GPs, specialist nurses, nutritionists, speech and language therapists and occupational therapists. Where advice had been given, people's care plans had been updated to reflect this advice. We saw close liaison between staff, healthcare professionals and families throughout our inspection.

Staff said they had received training to help them deliver care and support people effectively. This included training in all aspects of health and safety as well as end of life care, medicines, safe moving and handling, understanding dementia and other specific health conditions. Registered Nurses stated that they felt they had the appropriate clinical skills to care for the people in the nursing home. Staff we spoke with were involved in studying for recognised care certificates or diplomas such as National Vocational Qualifications, or the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Six staff at Forde Park Care were in the process of undertaking the Care Certificate. The registered manager told us about their plans to develop a monthly training schedule which focused on one key topic every month. This schedule would include having external professionals delivering training and information on best practice on a specific topic each month.

We recommend that the meal time experience is reviewed to ensure people enjoy sufficient amounts of food to meet their appetites in a social environment.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection in May 2015 caring was rated as requires improvement as we identified the provider was not meeting the regulations in relation to people being treated with dignity and respect. During this inspection we found the provider had taken a number of steps to improve this area, however, we identified some continued concerns.

People mostly told us staff were respectful and kind but a few people did not feel this way. People gave us comments such as "The staff are very good, respectful. I would give them a rise" "I can't speak wrong of them they are exceptionally kind" and "Everybody is very kind and caring". However, other people made comments such as "The carers know what they are doing but one or two say they will look after me their way not my way", "It is not respectful" and "There's always different girls and they don't understand".

During our inspection we observed some interactions which did not display respect for people living in Forde Park Care. One person who lived at Forde Park care was being nursed in bed, received their food through a PEG tube and could not speak. This person's care plan detailed how staff should talk to this person when delivering care and how any personal care they received should be explained to them. This person's care plan detailed how they found having their food administered through their PEG tube uncomfortable and required reassurance from staff when this was performed. Their care plan also stated they enjoyed having their hair brushed and styled, wearing necklaces and having their nails painted. This person was unable to perform these tasks themselves so needed a lot of support from staff. During our inspection we saw two different members of staff providing care to this person. We observed one member of staff providing this person with mouth care by putting a swab into the person's mouth without first explaining to them what they were about to do. This did not demonstrate respect for this person and could have caused alarm and distress. We observed a second member of staff entering the person's room and telling them they would be giving them food through their PEG tube. Although the person's care plan stated this process caused the person discomfort and advised staff to offer reassurance, the member of staff did not say anything further to the person. They did not offer them any reassurance or explain the steps they were taking. We also observed this person's hair was not brushed, they were not wearing a necklace and their fingernails were not painted. This did not display kindness and respect for this person and their wellbeing.

We spoke with this second member of staff about this person. They told us they felt they did not know this person very well. This person was unable to speak and the member of staff, who had been supporting this person with their nursing needs for a number of years, said "I don't think I know (this person) very well. I wouldn't know if (person) was happy but I would know instantly if (person) was in pain". This member of staff had not worked towards getting to know this person well and did not demonstrate respect for them as a person and a caring attitude towards their wellbeing.

We observed several occasions when staff talked between themselves about people instead of speaking with them. On one occasions two members of staff spoke about a person who was sitting in the same room as them and discussed the comfort of the person's chair. This person was able to communicate and could

have participated in the discussion about their own comfort. On another occasion we saw two members of staff discussing a topic between themselves whilst one staff member was in the middle of supporting a person to eat. This conversation did not include the person eating and did not show respect for that person. Whilst this person was being supported to eat a member of staff came in to the room and told the member of staff who was supporting the person that it was time for their lunch break. This member of staff immediately stopped supporting the person to eat and left the room. That person was then left without support whilst the other member of staff finished the task they were undertaking. This demonstrated that the person eating their lunch was not the staff's priority and did not show respect for them. On another occasion we observed a person sitting with their meal in front of them for 45 minutes without touching it. Staff did not approach this person or encourage them to eat or enquire about their mood or wellbeing. After 45 minutes a volunteer approached this person and encouraged them to eat their pudding.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our previous inspection, in May 2015, the registered manager had addressed issues relating to dignity and respect of people with staff. They had discussed this at staff supervisions and team meetings and had organised a large staff supervision which included all levels of staff. They had stressed the importance of respecting the people who lived in Forde Park Care and treating them with dignity. They had lead discussions around how staff should speak with people and the importance of asking people for their consent, involving them in their care and giving people options. They had organised for staff to attend three training sessions on respect and dignity and had appointed a large number of dignity champions within the home. The dignity champions were in the process of receiving additional training in order to share their knowledge with the wider staff team. The registered manager had also improved on staff observations and supervisions in order to identify staff failing to treat people with respect. They had organised meetings with senior members of staff and nurses to discuss their personal responsibilities and the need for them to monitor staff behaviours and tackle any poor practices.

Staff had all received training in dignity, privacy and respect as well as equality and diversity. Where complaints had been received relating to staff not treating people respectfully these had been followed up immediately. The provider had recently introduced a 'mystery shopper' scheme which involved an independent person coming into the home and observing practice before writing a report. This scheme looked at staff behaviours and how staff demonstrated respect towards people living in Forde Park Care. At the time of our inspection a visit had not yet taken place but plans were in place to ensure this happened.

Although we saw some concerns, in general the atmosphere in the home was warm and welcoming and we saw pleasant conversations, laughter and warmth between people and staff. People's relatives and visitors told us they were made to feel welcome and felt comfortable coming to the home at any time. Relatives and visitors said "It is a nice home and very approachable". People told us their relatives and visitors could come any time they wanted and they would always be welcome and given a drink. Comments included "They'll always make a 'cuppa' and they give you privacy", "They are offered tea and can come anytime", "Visitors can come any time, made welcome with tea and biscuits" and "Family can come as and when".

Although we had observed some negative interactions, we also observed some positive and respectful interactions between staff and people living in Forde Park Care. One person told us how staff often listened to their worries and gave them company which made them feel better and lifted their mood. We observed one member of staff asking a person how they were feeling and then making the person laugh. We saw in one person's daily care notes that they had been confused one night in the home. Staff had taken time to talk to the person until they settled for the rest of the night. Some staff gave people their full attention when

approached by them, and noticed if people looked as though they were seeking help. Staff made sure people felt comfortable and ensured they visited people in their rooms to support them and have a chat while doing so on most occasions. People looked at ease with staff and we saw staff use appropriate humour that people understood and responded to with shared laughter. Staff also engaged in topics raised by people, thereby encouraging them to continue speaking about the subject.

Staff had, on occasion, taken some significant steps to improve people's wellbeing. For example, whilst speaking with a person's loved ones staff found out that this person had once recorded a music CD of them singing songs they had written. Staff took steps to locate this person's CD and would play it to them when they were feeling down or frustrated. This enabled the person, who was living with a significant dementia, to remember the songs they had written and make them feel calm. Staff noticed the effect that music was having on this person and the emotional enjoyment they got from it so they spoke with the regular visiting music group who came to the home. Staff told the group about this person and since then the musicians interacted much more with this person and sang directly to them. This made the person very calm and they thoroughly enjoyed these musical visits.

Each person's care records were written in a respectful way and in a person centred and caring way. People's emotional and social needs were included as well as their health care needs. People's privacy was respected. There were 'care in progress' signs for staff to use, hung on people's doors. We saw staff knock before entering rooms, or call to the person as they entered if the door was open. When we asked a staff member about confidentiality, they spoke about keeping written records out of sight and speaking only with the appropriate relatives about personal information. One member of staff expressed their concern about there not being an office within the nursing home for telephone calls to be made in privacy. They told us they felt concerned about discussing people's personal health needs with relatives or healthcare professionals over the telephone whilst standing in a communal area where they could be overheard. We did find that records were kept out of sight in people's rooms to maintain people's privacy.

Staff told us they cared about the people they supported. They told us the importance of spending time with people and they tried to do this wherever possible. One member of staff said "It's improved. We are spending more time with people and caring for them" and "Staff make time for people". Another member of staff told us they had gone to a person's bedroom specifically to spend some one on one time with them. They said "It's so nice to have this time together".

The registered manager had recently implemented a new piece of work around people's life stories. Staff had volunteered to be a specific person's key worker and were making contact with the person's family and friends in order to put together a package for each person which contained items from their past, photographs of people they cared about and other personal mementos. One member of staff said about people "It is especially important to know about their life. It is nice then so you can bring them back to their memories". This work was still in progress at the time of our inspection so we found some people's care files contained information about their histories but some did not contain very much.

The registered manager told us they were committed to providing people with the best possible end of life care. Staff had received specific training in end of life care and worked closely with external healthcare professionals and services to achieve this. We spoke with a relative of a person who was receiving end of life care. They said "(my relative) is being very well looked after. The nursing is very sensitive to (my relative)'s needs and wishes. The carers are so supportive to me, a lot of them have lost parents too, they've experienced it so they are all brilliant". Forde Park Care's deputy manager was the home's end of life champion and as such attended hospice core education programmes. The knowledge this staff member gained from this was shared amongst the wider staff team. There were also regular meetings held with the

local hospice to keep staff up to date with best practice in end of life care. Staff told us about one person who had been cared for at the end of their life. This person owned a small dog and was distressed about having to leave their dog in order to receive care. The registered manager and staff agreed to care for the dog in Forde Park Care with the help of the person's family. This meant that this person was able to spend their last weeks without the anguish of being separated from their beloved pet.

Good

Is the service responsive?

Our findings

People told us their care was responsive to their needs and they received the support they needed and wanted. One person said "I've only got to ask something and if they can do it, they will". Another person said "They know me and my needs".

People who lived at Forde Park care had a wide range of needs and required varying levels of support. Some people who lived in the residential home were more independent but some required a large amount of support. People who lived in the nursing home required a significant amount of support from staff in relation to their mobility, personal care, dementia and nursing care.

We found people's needs had been individually assessed and from these, staff had developed detailed care plans with people and their relatives. Each person's care plan contained information about the support they needed and how staff should provide this support in a way that met the person's needs but also promoted their independence. For example, one person had been assessed as needing their food to be served in a pureed consistency as they had issues with swallowing. This person's care plan contained information for staff around the textures their food and drinks needed to be in and what type of cutlery the person preferred to use in order to enable them to eat independently. Where people were able to carry out personal care tasks without help from staff this was encouraged and one person's care plan included information about their ability to comb their own hair with prompting from staff. This helped the person retain their independent skills for as long as possible.

Where people had specific nursing needs these were clearly recorded for staff and contained up to date guidance and best practice. For example, where one person had a PEG tube in place there was detailed information about their PEG, how it was to be cleaned and maintained, how often it needed to be flushed with water and how to care for it should the site become inflamed or infected. This guidance followed current best practice. This person's specific needs were being met by nursing staff who kept records of the support they provided.

Care plans were reviewed at least every three months and people and their loved ones were always involved. People's care plans were also fully re-written once a year and if there were any significant changes to people's needs, their care plans were reviewed sooner. This meant care staff kept up to date with any changes in people's care needs and people were able to have ongoing discussions about how they wished to be supported. One relative told us staff kept them informed of any changes for their loved one, adding "They always let me know everything". They told us they had met with staff and a GP to discuss their relative's care and as there had been no further changes in their relative's needs or care there had been no need for changes to the care plan.

Staff told us they found out about new people by reading their care plans in order to find out how they needed to be supported as well as their personal preferences, likes and dislikes. They said they also spoke with people's relatives and found out information about people's needs during staff handovers, where any changes were discussed. One bank staff told us they were always updated about matters which had

occurred since their last shift at the home. This meant staff were kept up to date with people's needs in order to ensure they provided people with the best possible personalised care. Staff could mostly tell us about people's needs, their likes and dislikes. One staff member told us about a person's specific preference around having a cup of tea at a specific time each day and said "So that's what we do". Other staff told us they knew people well and could interpret people's body language when they were unable to speak. One member of staff told us how a person moved their hands when they wanted to move into another room or how one person's face changed when they were uncomfortable.

People told us they had plenty of choices in relation to their care. We asked one person if they had a choice of when they went to bed and they said "If you want to stay up and watch something after 10pm, you tell them". Staff told us people chose when they went to bed and got up in the morning. One person said "Yes they know my needs they are very good about the time that I like to get up". People told us how staff had respected their choices in relation to changing rooms or which chairs they wanted to sit in. One member of staff said "If people want their bath in the afternoon, so what? They get what they want".

There was a complaints policy in place which people and relatives were encouraged to read and use. A copy of the complaints procedure was displayed in every person's bedroom and relatives were encouraged to speak with the registered manager if they had any concerns. People and relatives told us they felt comfortable raising concerns with the manager. One person said "I would tell them if anything was unsatisfactory". People and visitors told us they had never had to complain. One relative told us they felt they would be listened to if they raised any concerns. The compliments and complaints books for both homes were located in the front porches where people could complete them out of sight of the staff within the homes. Where the registered manager had received complaints we saw they had followed their complaints procedures. They had investigated the complaint, taken action, learnt from it and responded to the complainant in a timely manner. The registered manager told us they had an 'open door' policy and encouraged people, relatives and staff to share any concerns they had.

People, relatives and staff were encouraged to share ideas about how the service could improve. People and relatives were asked to complete feedback forms and surveys and were asked for their views during care reviews and meetings. Staff were encouraged to share their views and ideas during staff meetings, during handovers and supervisions. Staff told us they felt confident the registered manager listened to their ideas and concerns. One member of staff told us how they had suggested each person had an individual nursing file where this was required. They told us their idea had been very well received by the registered manager and had been adopted in the home.

Forde Park Care was made up of two separate homes, one nursing home and one residential home. The people who lived in the residential home required less support than the people living in the nursing home and were more physically able. We found that people who lived in the residential home had better access to activities which met their social needs than the people who lived in the nursing home.

People who lived in the residential home had access to organised group activities such as painting, baking and clay work. Staff told us they were planning to help people make placemats for themselves which would be laminated and used at mealtimes. We saw some people had already made place cards for themselves. People in the residential home also had access to individual social activities with staff spending time with them one on one. During our inspection we saw one person having their nail polish applied by a staff member and a member of staff sitting and speaking with people. Staff told us they involved people in daily tasks around the home. One person enjoyed wiping table mats after meals so staff provided them with a cloth so they could do this. Another person got satisfaction from folding clean laundry so they were helped to do this.

The majority of the people who lived in the nursing received care in their rooms. Some people who were cared for in their rooms and rarely came into the lounge made comments such as "A care girl came in yesterday and we had a game" and "They got me a pad for jigsaws and I have a tablet and lots of DVDs". Staff told us that if people did not want to join in with organised activities in the lounge then staff would spend more one to one time with them in order to ensure they had company. We found that staff wanted to spend time with people but were not always able to do so. One person said "I am bored" and another person said "I get a daily newspaper and I have my knitting, so at least I am doing something". Where group activities were organised in the nursing home people told us they enjoyed these but wished there was more variety. One person said "People come in singing, I do like them but I would like a bit more variety, not just them, different people. They sing old songs and always the same ones". The registered manager told us they were working to develop the activities programme people had access to in order to make it more meaningful for people with dementia. They were seeking guidance and advice in this area.

We recommend that available activities be reviewed in order to ensure people have their individual social care needs met.

Good

Is the service well-led?

Our findings

At our previous inspection in May 2015 well-led was rated as inadequate as we identified the provider was not meeting the regulations in relation to assessing and monitoring the safety and quality of care at Forde Park Care. During this inspection we found the provider had made a number of improvements in these areas and was now meeting these regulations. However, we found that other regulations relating to people's safety, people being treated with respect and the suitability of the environment were not being met.

The registered manager had implemented a number of changes in the running of the home and the systems for assessing and monitoring the quality and safety of the service. They had sought guidance and advice from a number of external sources and had acted to respond to the concerns we had raised at our previous inspection. However, we found that the changes had not yet been sufficiently embedded to make sure they were impacting positively on people living at Forde Park Care.

The registered manager had sent the Care Quality Commission an action plan following our previous inspection in May 2015 which detailed how they were going to meet the regulations and when they would meet them by. They regularly sent us updates of their action plan as actions were being completed.

At our previous inspection we found audits had not been completed as necessary. At this inspection we found staff had completed audits of all care plans and medicines immediately following our previous inspection and following this the registered manager had introduced new care plan documentation and auditing system. This was to ensure any changes were quickly identified and people's documentation was updated accordingly. The registered manager had arranged for all staff to undertake training on the new care plan documentation in order to ensure it was completed properly. The registered manager had introduced a new checking and auditing system around the recording of charts, where people may need them to record repositioning or fluid intake for example. New auditing systems had also been set up to check nursing documents such as records relating to wound care, diabetes or epilepsy. However, we identified some concerns relating to the recording of medicated creams which had not been identified by the service.

In consultation with community specialist nurses and health professionals, the registered manager had introduced new wound care, diabetes and epilepsy documentation. This documentation acted as an assessment and care planning tool, they were personalised and covered risk assessment, care planning, monitoring and other clinical information. These had been introduced in order to ensure a more thorough and consistent level of care was being provided and recorded. However, we identified staff did not know about one person's diabetes management and staff had not identified potential risks relating to low blood sugar patterns.

The registered manager had recently introduced a new electronic care planning system and staff were in the process of transferring data from the previous paper system into the new electronic one. The registered manager told us this process had been introduced in order to improve the auditing processes of people's care plans and ensure that reviews and updates were completed more regularly. This new system also

allowed for a larger range of audits to be carried out on people's care plans and these were in the process of being implemented. Staff were very complimentary of this new system. One member of staff said "The I Pod is good. You can see what has been done and not done, for example providing drinks and turning people". This new systems had been introduced in order to ensure staff were able to have instant access to up to date information about people's care needs. These audits had not yet been used and the audits the home had in place at the time of our inspection did not identify the concerns we found.

At our previous inspection we identified concerns relating to the management of records at the home. During this inspection we found most records, apart from medicated cream records, were well maintained, contained appropriate information and were up to date.

At our previous inspection we had identified issues relating to staff performance not being monitored appropriately. Following this the registered manager met with staff and clearly told them what their roles and responsibilities were. Where staff had lead roles they were told about their duties in relation to these roles and their need to lead by example and raise any issues they observed with staff. Nurses were reminded of their responsibilities around the oversight of people's care and their need to observe staff practice. The registered manager had held a meeting with nurses in order to discuss their responsibilities as educators for other staff and the need for them to lead by example. This ensured staff had a clear understanding of their roles and responsibilities. One member of staff told us their performance was observed and that "If you're not doing your job right" this would be reported to the registered manager who would speak with staff. We continued to find concerns around staff performance during this inspection which demonstrates that the steps taken by the registered manager to tackle this had not been successful and changes were not yet embedded.
The registered manager was very disappointed to hear about some of our findings during this inspection in relation to staff behaviours and following our inspection they raised the issues we had fed back to the staff team and had organised further staff training in respect and dignity.

We found some concerns relating to the leadership of the nurses working at the home. As part of their roles and responsibilities nurses needed to oversee the care people were receiving. We found that some nurses had not demonstrated these good practices and responsibilities and this had lead to some people not receiving safe care and not always being treated with respect.

The registered manager had introduced new supervision systems. Staff were asked to bring the care plans of the people they were key worker for to their supervision meeting. The registered manager then reviewed these care plans with the member of staff and any issues identified were discussed and action was taken immediately. This ensured staff had responsibility over the completion of care plans and the need for these to be personalised and contain up to date information.

The registered manager had plans in place to make sure the home was more person centred. Forde Park Care was introducing a new project entitled 'proud to care'. This was aimed at staff recognising how they could improve the quality of life of people living at Forde Park Care. They did this by championing person centred care and asking staff to share their experiences of good care and how this had impacted people. As part of this project staff were gathering further information about people's histories in order to deliver care which was more personalised.

A quality assurance system was in place and this was based on seeking the views of people, relatives and other health and social care professionals. Weekly and monthly audits, including maintenance and fire systems were kept up to date. A senior manager regularly visited the homes in order to complete unannounced audits and a new 'mystery shopper' type audit was being introduced. These visits and audits

had not identified the concerns we found during this inspection.

The registered manager promoted an open and supportive relationship with staff. Staff we spoke with confirmed this. One member of staff said "You can speak to management. They are approachable". The registered manager also ensured they were visible in the home so that people and relatives felt comfortable speaking with them and raising issues or ideas for improvements. One person told us the registered manager had responded to their call bell to help them with personal care, they said "She is not just ignoring the bell but rolls her sleeves up". One visitor said "The senior care manager is very good and does her best". One healthcare professional said "(The registered manager) appears an effective leader and works hard for the good of the home".

The registered manager promoted a strong emphasis on continually trying to improve and sought advice and guidance from a number of external sources. The registered manager was a member of a local group of care home providers whose aim was to share knowledge and best practice. Staff, people and relatives were encouraged to share their ideas during meetings and in the form of survey questionnaires and feedback requests. For example, one relative told us they had recently attended a relatives' meeting to discuss whether or not staff should stop wearing uniforms. This idea had come from the registered manager researching best practice around the care for people with dementia which suggests uniforms can sometimes have a negative effect on people. The registered manager had sought staff's views around this issue. The decision was that staff were going to be trialling not wearing a uniform and a board with staff photos would be displayed in the residential home. The registered manager also told us that relatives had raised their concern over the size of staff names on their badges, in that they were too small to read. The registered manager had responded to this by ordering new badges with a larger font.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not suitable for people living with dementia. Regulation 15 (1) (c).

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect. Regulation 10 (1)

The enforcement action we took:

Issued a Warning Notice

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	Care and treatment was not always being provided in a safe way for people. Regulation 12 (1)

The enforcement action we took:

Issued a Warning Notice