

Park Homes (UK) Limited

Pemberton Fold

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

Pemberton Fold is a residential care home providing personal care for up to 60 people aged 65 and over. At the time of the inspection the service was supporting 50 people. The home has 4 separate wings, known as 'households', all with ensuite facilities, in addition to several communal bathrooms and toilets, lounge and dining areas, a large activity area, hairdressing salon and enclosed garden areas. There were 15 people on Bridgewater household, 15 people on Cherry Tree household, 14 people on Singing Hill household and 6 people on Rose Mill household. Each household supported some people who were living with dementia.

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

People's medicines were not managed safely. There were gaps in medicines records and staff guidance relating to 'as required' medicines was not always in place. The provider used a tool to measure people's independence levels, however, staff felt they needed more staff. Staff were recruited safely. People were protected from the risk of abuse and told us they felt safe living at the home; relatives confirmed this. There were gaps in some people's care planning information.

People's food and fluid charts were not completed consistently and the Deprivation of Liberty Safeguards (DoLS) monitoring system was not accurate. We have made a recommendation regarding the best interest decision making process. 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. There were ongoing issues with 1 of the 2 boilers and kitchen equipment. The provider was taking action to rectify the faults with the boiler and after the inspection, purchased additional kitchen equipment as necessary. The environment was dementia friendly, with clear signage in all areas to help people orientate around the building.

People told us they were well treated, and their equality and diversity were respected. People felt staff respected their privacy and dignity. Staff identified people's communication needs and addressed these with appropriate actions. We observed kind and caring interactions between staff and people.

Care plans varied in detail and quality. Some contained a wide range of person centred information, however, others contained gaps. At the time of the inspection, the provider was in the process of transferring paper based care plans to an electronic care plan system. Seasonal activities had taken place, however people and their relatives told us daily activities were limited. A large activity room was not in use at the time of inspection due to the boiler issues. Action taken in response to concerns and complaints was not always documented. Not all people and their relatives had been involved in planning care

Audits had not always been effective and identifying and resolving areas for improvement and had not identified the issues we found with the safe management of medicines and gaps in care planning information. Following the inspection a new medication administration procedure was put into place and further staff training arranged. A number of issues had negatively affected staff morale and the views of

people's relatives about management were mixed.

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

Rating at last inspection

The last rating for this service under the previous provider was good (published 10 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. During the inspection the provider demonstrated they had taken action to remedy some of the issues identified during the inspection. 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 Pemberton Fold on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance 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 an action plan 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 ●

Pemberton Fold

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

The inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Pemberton Fold 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. Pemberton Fold is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 8 relatives. We spoke with the registered manager, 2 deputy managers, the chief operating officer, the handyman, the housekeeper and 8 care staff.

We reviewed a range of records. This included 5 people's care records and 7 people's medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and governance were reviewed.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. The rating for this key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. We identified issues with record keeping, stock control and the timeliness with which identified medication issues had been addressed.
- Stock checks completed during this inspection identified discrepancies between medicines administered and what was left in stock. For example, one person had more of a medicine left in stock than they should have, which indicated they had missed more than one planned dose. Another person had less tablets remaining of a particular medicine than there should have been. This indicated they had either been given the wrong dosage, or staff had not documented administration correctly.
- Guidance for medication to be given as required (PRN), such as paracetamol, was not always in place. Staff did not always have information about what the medicine was for, and when and how to administer it, however, those which were in place were detailed.
- Medicines audits had been completed by management which had identified a number of shortfalls. However, actions had not been taken quickly to address these issues. For example, an audit completed in July 2022, identified issues with the inconsistent recording of fridge temperatures, lack of PRN medicines information and lack of a sample staff signature sheet. These issues were still present during subsequent audits done in October 2022 and November 2022.

Systems, processes and record keeping relating to the management of medicines were not robust. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were required to complete a period induction before starting to work alone. Staff employed had the right training and skills to meet people's assessed needs. A staff member told us, "I'm doing my induction, including training, and shadowing other staff and I'm not on the staff rota. I feel okay so far and am being supported by other staff."
- The provider used a tool to measure people's independence, and any support they may need. However, some staff felt they needed more staff to ensure there was enough time available, for example to carry out activities with people. Staffing levels were determined based on people's needs and dependency levels. The provider had held discussion sessions with staff and were in the process of developing a 'you said, we did' board for staff to see what the action the provider was taking in response to their concerns. There was a

rolling programme of staff recruitment and the registered manager told us, several new applicants were awaiting their DBS clearance, and were due to start work as soon as these had been received. Shortly after the inspection, the registered manager told us 8 new staff had been recruited.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place safeguarded people from the risk of abuse.
- Staff had received training in safeguarding and were able to describe different signs of abuse and neglect and the action they would take if concerned.
- People and their relatives spoke positively about the care staff provided. When asked if they felt safe, one person said, "Yes, I feel safe because of the camaraderie. I keep my room door open, and I can see the people in the lounge, and I feel part of the home. I would shout for one of the carers as there is always someone about and I have a buzzer by me, and I would ring it." Another person told us, "Yes very much so, especially with the staff around. Everything here makes me feel safe as everyone is pleasant and talkative."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans included a range of generic and individual risk assessments, which provided staff with information about how to meet people's needs and keep them safe. However, risks associated with the management of people's medicines had not always been identified.
- Staff knew how to report accidents and incidents. The provider had a system in place to have an overview of any accidents, incidents or near misses.
- The provider and registered manager analysed data to help identify useful themes and trends to minimise risks and reoccurrences. However, we found gaps in people's care plan information as described elsewhere in this report.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following government guidance for safe visiting and at the time of the inspection visiting was not restricted.

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.

This is the first inspection for this newly registered service. The rating for this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider used a system to monitor DoLS applications and expiry dates. However, it was not clear how accurate this system was.
- According to the DoLS tracker 14 applications had been submitted and only 2 people were listed as having been assessed and had DoLS granted. However, 2 other people's care plans stated they had a DoLS in place. This information was not listed on the DoLS tracker, which stated they were still awaiting assessment.
- Care documentation included a decision making profile, which explained what decisions a person was deemed able to make and where they needed help, or where the best interest process was required. Where people had a lasting power of attorney in place, this was clearly documented.
- We noted examples of the best interest process being used, to make decisions where people lacked capacity. However, the provider had not always involved relatives or the wider multidisciplinary team in this process.

We recommend the registered manager and provider ensure all relevant health and social care professionals and people's relatives are included in best interest decision making process.

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

- People provided mixed feedback about the food provided. One person told us, "Staff try to do it how you want it, it is prepared by the chef and brought up fresh, he tries to please everyone. He came around and

asked what my preferences were. We get plenty to eat, it is healthy food, we get veg and fruit." Another person said, "Just lately the food is very basic, we don't get enough to eat. You don't know if there is extra, so you have to ask the staff if there is any more, but it is mostly ok. We get lots of veg and fruit."

- Care plans contained information about people's nutritional and hydration needs, to ensure these were provided correctly. However, based on food and fluid charts viewed, we could not confirm people's needs had been consistently met.
- The amount of fluid people needed to drink each day was listed in people's care records. However, fluid monitoring charts, showed people were not being offered this amount of fluid each day. Food charts did not list what people had actually eaten and we identified gaps in records, so could not confirm people had eaten enough food each day, or if they had refused meals. People told us staff ensured they had drinks and snacks during the day. One person said, "We get drinks and snacks during the day. We always have water by the bed."
- Records of people's weights had not always been documented consistently. Each person whose care plan we looked at, had not been weighed recently. This was important as the electronic system used by the provider relied on up to date weight information to assess people's risk of malnutrition. This is covered in further detail in the well-led key question.

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

- The building was designed appropriately, to enable people to have as much independence and personal freedom as possible.
- The environment was dementia friendly, with clear signage in all areas to help people orientate around the building. Themed areas provided points of interest, and a large activity room was in place.
- The carpet on one household needed replacing and domestic staff told us carpeting was gradually being replaced where needed, but they were not sure when this would be done. Shortly after the inspection, the registered manager told us a date had been arranged to replace a carpet on the Singing Hill household. There had been historical problems with 1 of the 2 boilers in place, and additional heaters had been purchased to ensure bedrooms and communal areas remained warm. However, the activities room remained cold and was not being used at the time of the inspection. The provider told us parts required for the boiler control panel had been ordered and it was anticipated remedial work would commence in January 2023.
- People's bedrooms contained personal items important to them. Each household had been decorated for Christmas. One person said, "The home is nicely decorated, my room is nice and if you want to you can put up your pictures." A second person told us, "I think it is a lovely building in general and the showers are fabulous, and you can have a nice soak in the bath."

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

- Assessments had been completed either before or upon admission to the home, to help ensure the environment was suitable and the home could meet people's needs.
- The assessment process included finding out people's likes, dislikes and how they wished to be supported. This helped staff provide care in line with people's wishes. However, we found gaps in care plan information as described elsewhere in this report.

Staff support: induction, training, skills and experience

- Staff received induction, training and supervision to ensure they were skilled and competent to carry out their roles.
- The provider completed staff supervision and spots checks to ensure they were providing the correct support to people.
- On-going training was completed by all staff as required, and managers reminded staff when required

training was due.

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

- People received support to stay well and access medical services and professionals as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, district nurses and dieticians. Information relating to appointments or assessments had been documented in care records. An on-site paramedic was available to triage medical needs and support the clinical staff.

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.

This is the first inspection for this newly registered service. The rating for this key question has been rated 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

- People received their care with kindness, respect and warmth from staff, and people spoke positively about them. One person said, "Oh yes, staff would do whatever you would need."
- Staff received equality training and were able to support people's religious and cultural beliefs.
- We saw numerous occasions when staff enquired about people's welfare. It was clear staff had developed good relationships with people; we saw people smiling and enjoying the interaction that took place. A relative told us, "The staff are lovely, they are really involved and care about people and they have a proper personal relationship, but if there is only 1 staff available, they can't do this." A person said, "Staff are helpful and jolly; they are all right."
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against. A relative told us, "Staff are a very nice lot; it is lovely and [person name] is treated as an individual."

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

- Staff supported people to be involved in making decisions about their care. Meetings with people and their relatives took place. This enabled people to be involved in raising any issues and provide their opinions of the care provided. One person told us, "Staff are number 1; top of my list." A second person told us, "I can get up when I want and go to bed when I want, if you are up staff make you a drink and a piece of toast."
- We received mixed feedback when we asked people and their relatives if they had been involved in care planning. One person said, "I helped to write my care plan." A second person told us, "I don't know who wrote [my care plan], it might have been my daughter." A relative commented, "I haven't seen it [care plan]. I asked about care plans and who has input and who has responsibility for what and feel there is a lack of information between staff and family members." We fed this back to the registered manager who assured us this would be addressed.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and ensured privacy was maintained. One person said, "Staff help me have shower; any needs you have they would attend to it. I always have a female carer when I have shower." Another person told us, "When staff help, me its private and it is fine."
- Care plans described what people could do for themselves. One person told us, "I can dress myself, have bath or shower and I can get around with my frame."
- Staff understood the importance of respecting people's privacy and supporting them to be an independent as possible.

- People told us staff were respectful and compassionate. Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, for example when supporting people with personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider was in the process of transferring to an electronic care planning system and care records were spread across two systems, with monitoring being done electronically and the majority of care plan information being paper based.
- Care plan detail and quality varied. Some people's care files contained a wide range of person centered information, and clearly explained how they wished to be supported and what they wanted to achieve. However, others contained gaps in information with sections left uncompleted.
- Where people's specific needs had been captured, we were unable to confirm these had always been met. For example, one person's care plan said they needed to be checked every 30 minutes when in their room and also wanted to shower each evening. Monitoring charts in place did not indicate either had been done.
- Monitoring of tasks such as personal care, oral care, continence care and planned checks of people's wellbeing, were completed using the electronic system. However, these had been completed inconsistently, with gaps in recording along with a lack of detail. As such, we could not confirm people's needs had been met in line with their care plan.

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 (AIS) 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 service was meeting the requirements of the AIS. Information was available in a range of different formats including easy read, pictorially or in large font.
- People's communication needs were covered as part of the assessment process. Each person also had a communication chart, which explained how the person communicates and how best to communicate with them. However, these had not been completed fully in two of the care plans we looked at.

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

- People and relatives reported limited activities were provided within the home. One relative said, "They have a few seasonal events but no day-to-day activities. [Person name] said she is bored stiff. I spoke to the manager, and they said there was schedule, and I would get a plan, but I never did." A person told us, "There's not a lot of activities, not much, I just read and sit about."

- A detailed Christmas themed activity schedule had been created for December and was displayed around the home. However, both paper based and electronic activity records were limited in detail and did not demonstrate the activities advertised had been completed.
- Activity records were also misleading, as what was documented were not always activities. For example, hair brushing; which is a personal care task, was being recorded as an activity. Entries also included things such as 'had a hot chocolate', 'declined to try black peas' or 'didn't play cards', none of which provided evidence people had engaged in activities or interests of their liking.

Improving care quality in response to complaints or concerns

- The home used a log to document complaints or concerns received, which included sections for recording the nature of the complaint, who had made it and what action had been taken.
- However, we noted the action taken section was often very brief and did not explain what had been done. For some complaints, this merely indicated a response had been provided or the complaint had been reported to the provider.
- The log also contained a section to document actions taken to help prevent a reoccurrence and any lessons learned. However, this section had not been completed.

End of life care and support

- No one within the home was receiving end of life care at the time of the inspection.
- The provider followed a recognised end of life programme, which ensured care provided at this time of a person's life met their needs and wishes.
- We were provided with positive feedback by a professional who had supported the home with 2 people receiving end of life care. The professional praised staff for their dedication and the quality of care they provided. Feedback received from the district nursing service in October 2022 stated, 'I just wanted to praise the staff for their true dedication to these patients and their exceptional care. in particular [staff names] who I specifically dealt with. Their professionalism and conjoint working with the district nursing service did not go unmissed and all the team were a real pleasure to work with. They really did go the extra mile when dealing with some of the difficulties that can arise when a patient is at the end of their life.'

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although a system of auditing was in place, audits had not identified the issues we found with the safe management of medicines and gaps in care planning information.
- Learning from any concerns or complaints was not clearly identified.
- Audits of care plans had not identified discrepancies or gaps in information, for example, regarding activities, people's communication needs, tasks such as personal care, oral care and continence care, DoLS records and food and fluid intake records.
- The provider's weekly sustainability improvement plan dated 7 December 2022, which was used to measure the quality of care provision, did not reflect our findings at this inspection.

Effective systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Care plan records were not accurate, complete and up to date. This placed people at risk of harm. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff understood the requirements of their roles and staff received supervision.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.

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

- Staff told us a number of issues had affected their morale. For example, we received negative comments about staff not being paid correctly, staffing levels and the use of agency staff, and IT systems. Meetings had been held with staff and the provider to discuss these issues. The provider told us a 'freedom to speak guardian' had attended Pemberton Fold in November 2022 and spoken to a number of staff about their concerns and issues which were shared anonymously with the provider. Action had been taken in response.
- An on-line anonymous staff survey had been done in December 2022 and the registered manager had shared the findings with the provider. Out of 13 staff responses received, 9 felt confident and reassured by the new registered manager and deputy manager, 1 did not feel reassured and 3 were unsure.
- Relatives comments about managers were mixed. One relative said, "I think the management staff are

trying to improve things, there is a visible management team, and they seem to know all the residents." A second relative told us, "It seems to be well managed. If I had a problem I would go to reception. Whatever you ask for they do it straight away." However, another relative commented, "They had a meeting when new management took over and said changes would be made, but I've seen nothing. I do not feel involved in [person name's] care." A fourth stated, "There are 4 people in the office, and I assume one of them is the manager; not sure which one is the manager as they call it the management office. We have never been asked for our views." The registered manager told us they were available at all times and had invited all relatives to attend monthly meetings.

- Some people felt the home was being well managed. A person said, "The home is well managed, if you need to speak to the boss you can speak to them." A second person told us, "I think it is well managed, the girls [staff] have been well trained and been here a long time. The manager is nice, and she has a chat with you." However, a relative told us they had never been asked for their views.

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; Working in partnership with others

- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes. There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.

- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems, processes and record keeping relating to the management of medicines were not robust. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Care plan records were not accurate, complete and up to date. This placed people at risk of harm. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>