

Park Avenue Care Limited

Park Avenue Care Home

Inspection report

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Leeds
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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

A comprehensive inspection of Park Avenue Care Home, took place on 2 and 4 January 2019. The inspection was unannounced on day one and announced on day two as we needed to make sure the registered manager was available. This was the first inspection of the home since the new provider registered with the Care Quality Commission (CQC).

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

Park Avenue Care Home is in the Oakwood area of Leeds. It provides care for up to 43 older people and people living with dementia. It is close to local amenities and is accessible by public transport.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were not identified and managed safely and some areas of medicines were not well managed. Staff were not always given the opportunity to attend regular supervision and had not receive an annual appraisal in 2018.

People's care plans did not contain consistent or sufficient information and were not always person-centred. Quality assurance systems needed to be improved to ensure people received a consistent quality service. Records showed trend analysis was completed on accidents and incidents, but there was no check to established if the category of accident or incident had been correctly recorded.

People told us they felt safe in the home and staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Staffing levels were sufficient and there were appropriate numbers of staff deployed in the home. Recruitment of staff was mostly well managed and relevant checks had been carried out to make sure suitable staff worked with people who used the service. Staff received an induction and ongoing training required to meet people's needs.

Building maintenance and fire safety was appropriately managed as the necessary checks had been completed. The home was clean and tidy and there were effective systems in place to reduce the risk and spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. We found the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS).

We observed a positive mealtime experience and saw people were well supported. People were happy with the food they received. People could access a range of healthcare professionals.

Comments from people and relatives confirmed staff provided good care. Staff had a good rapport with people and we observed people were well cared for. People's privacy and dignity was respected and people could individualise their bedrooms. People were supported to remain as independent as possible and advocacy services were available if required. Staff had a good understanding of what care and support people might need as they were approaching the end of their life.

We observed some activities taking place on both days of our inspection. The registered manager told us a new activity coordinator was due to start shortly and this would further improve the range of activities.

Relatives told us they knew how to complain and were confident the registered manager would address their concerns. Complaints were appropriately dealt with and responded to in a timely way by the provider. People who used the service, relatives and staff were asked to comment on the quality of care and support through surveys and meetings.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to staff supervision and appraisal and records and governance procedures. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

Some areas of medicines were not safely managed. Risks to people were not identified or assessed.

Staffing levels were sufficient. Recruitment of staff was mostly well managed and relevant checks had been carried out.

People told us they felt safe and staff knew what to do if abuse or harm happened or if they witnessed it. There were effective systems in place to reduce the risk and spread of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not always have the opportunity to attend supervisions and annual appraisals had not been completed.

Staff received an induction and appropriate training to meet people's needs. People's nutritional needs were met and people attended regular healthcare appointments.

Staff knew to offer people choice.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives spoke positively about the care they received. Staff were familiar with people's care and support needs.

Staff understood how to treat people with dignity and respect. People were supported to be independent as much as possible.

Good ●

Is the service responsive?

The service was not always responsive to people's needs.

Care plans were not always consistent, completed or person-

Requires Improvement ●

centred.

There was opportunity for people to be involved in a range of activities within the home. Staff explained how they would support people when approaching the end of their life.

There was a system in place to manage complaints.

Is the service well-led?

Not all aspects of the service were well-led.

The provider had systems in place to monitor the quality of the service; however, these were not always effective.

Staff, people and relatives were complimentary about the management team. Action was taken to seek the views and opinions of people, relatives and staff.

Requires Improvement 

Park Avenue Care Home

Detailed findings

Background to this inspection

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

A comprehensive inspection took place on 2 and 4 January 2019, this was unannounced on day one and announced on day two. On day one, the inspection team consisted of an inspector, a specialist advisor in governance and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, the inspection team consisted of one inspector.

The provider had completed a Provider Information Return (PIR) before the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch England, and local authority safeguarding and commissioning teams. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On both days of our inspection there were 29 people living at Park Avenue Care Home. We spoke with the provider, registered manager, care manager, two nurses, a senior member of staff and two care staff. We also spoke with ancillary staff such as laundry, domestic and catering staff. We spoke with three people who used the service and five relatives.

We looked at two people's care plans in detail and a further three care plans for specific information. We inspected recruitment records for eight staff, and/or supervision, appraisal and training documents. We also sampled people's medication administration records. We reviewed documents and records that related to the management of the service, which included audits, building maintenance, risk assessments and meeting minutes.

Is the service safe?

Our findings

On day one of our inspection, we found some areas of concerns with the recording of topical creams. The registered manager told us they were going to review and update this process immediately. On the second day of our inspection, some improvements had been made but there were still some concerns with the management of creams.

Recording of one person's administration of drinks thickener was not robust. The medication administration record (MAR) dated 31 December 2018 had not been signed. A nurse told us the person would not have drinks without the thickener.

One person's specific cream had directions on the box, the MAR and an application record. These directions were inconsistent, which meant the cream may not be applied to the appropriate area.

Protocols for the use of 'as required' (PRN) medicines were not always in place. For example, one person's eye drops had recently changed to PRN, but there was no protocol in place to guide staff as to when this should be administered. This was actioned immediately by the registered manager.

Records did not consistently show medicines were provided in a safe way. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Good governance'.

Individual risk assessments had not been undertaken and there was no guidance about what action staff needed to take to reduce or eliminate the risk of harm. For example, one person's skin care assessment stated, 'at risk of developing pressure sores' but there was no risk assessment in place. When speaking with staff, they understood, how to support people and to reduce the risk of harm.

Staff used appropriate preventative measures and equipment to support people's care needs, for example, people at risk of pressure sores would be re-positioned in timely way. Following our inspection, we received some individual risk assessments from the care manager.

Staff were able to outline the actions they would take in emergencies. Personal Emergency Evacuation Plans (PEEP)s were in place, which provided information for staff to follow on how to support people in an emergency, but these were not always accurate. For example, one person's PEEP, stated 'no equipment required'. Their elimination care plan stated, 'needs full assistance of two staff and hoisting'. This meant information in the care plan conflicted with the PEEP information. The registered manager said they would address this immediately.

There was no information recorded to inform staff what setting air mattresses should be set to. It is important these mattresses are set correctly to ensure they provide effective pressure relief. Along with the registered manager, we looked at the mattress settings for two people and found these were not set correctly. Although, there was no evidence of impact to people's health or well-being. As a result of our findings, the registered manager said they would check all pressure relieving mattresses, to ensure pressures were set correctly and would improve the guidance and recording of this information.

The provider did not have effective systems in place to assess and monitor risks relating to health, safety and welfare of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Good governance'.

People told us they received their medication when they should. One person said, "The staff bring my medication." We observed the staff administered medicines in a calm and kindly manner. The room in which medicines were stored was organised and tidy. Room and fridge temperatures were recorded daily. Controlled drugs were stored and administered appropriately. Relevant staff had completed medicines training and medication competency assessments.

There were systems in place to ensure the safety of the premises. Records showed fire safety equipment was tested and fire evacuation procedures were practiced. Staff had received fire safety awareness training. This helped to ensure the safety of premises and equipment.

People and relatives told us they or their family member felt safe living at the home. A relative told us, "There is always a staff member in each lounge keeping an eye out." Staff could recognise abuse and identify signs which may indicate a person was at risk. Staff knew how to report any safeguarding concerns and who they should report these to. Records confirmed staff had received safeguarding training. The registered manager had reported any incidents to the Care Quality Commission as required.

There were sufficient numbers of staff deployed to meet people's needs on both days of our inspection. Relatives told us there were sufficient numbers of staff. One relative said, "There are enough staff but they are under pressure." Staff told us there were generally enough staff to meet people's needs. One staff member said, "There is enough staff for the ratio of residents."

Safe recruitment practices were followed and appropriate checks were carried out. We noted a staff application form showed an employment gap of 19 months, but the registered manager was unable to recall if this had been explored at interview. They said would record this in future.

Relatives told us the home was clean. One relative said, "There are cleaners around, it is always clean." A staff member said, "Everything gets cleaned."

The home was clean, tidy and odour free. Communal bathrooms and toilets were clean and well-maintained; each had soap dispensers, liquid soap and paper hand towels. Staff had access to personal protective equipment (PPE), such as gloves and aprons and alcohol hand rub was available on the corridors. We observed staff using PPE appropriately to help prevent and reduce risks associated with infection. Staff had completed training in infection control.

Evidence was available to show when something had gone wrong the registered manager responded appropriately. Safeguarding investigations were used to learn lessons and make improvements. The registered manager told us they had recently changed their practice for people who stay at the home on respite. This ensured all relevant care and support information would be obtained prior to people staying on respite.

Is the service effective?

Our findings

Staff told us they did not have regular supervisions. One staff members said, "I have had supervision but not for a while now." The registered manager told us not every staff member had received a supervision and appraisals were not completed. There was no overview of which staff member had received a supervision. The providers supervision policy stated, 'due to its benefits, supervision is compulsory and non-attendance will be pursued/addressed through management policies. This applies both to supervisees and supervisors'. Staff files showed only 10 staff out of 32 had received supervision in 2018.

The provider's development appraisal policy stated, 'each individual employee will be formally appraised annually'. Staff had not received an annual appraisal in 2018. Formal supervision and appraisal is an important process for staff to reflect on their performance and discuss any concerns or training needs they may have.

Staff did not have regular supervision and appraisal to ensure they had the skills, knowledge and experience to deliver effective care and support. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Staffing'.

People and relatives told us staff knew how to look after them or their family member. One person said, "The staff are nice; they help me a lot." A relative told us, "They know what they are doing, staff have the skills they need."

Staff were competent and carried out their roles effectively. The training records showed new staff had received an induction to understand their role. The registered manager told us the induction included completing relevant training, shadowing more experienced staff and guidance on how care and support should be provided.

Training records showed high levels of completion and these provided staff with skills to meet people's care needs. Staff were positive about the training. One staff member said, "Training is a refresher and keeps you up to date." The registered manager told us there was a system in place to monitor all staff training and to make sure refresher training was completed. This showed staff received training, which ensured people continued to be cared for by staff who had maintained their skills.

We saw examples where people's care and support was delivered in line with legislation and evidence based guidance. For example, the registered manager told us they worked within the current National Institute for Health and Care Excellence guidelines for the management of medicines. They went on to say they had held conversations with staff regarding the General Data Protection Regulation 2018 and worked within Leeds local authority infection control procedures.

People we spoke with were complimentary about the food. One person said, "The food is good, I enjoy every meal. The soup is the best in Yorkshire." A relative told us, "The food is ok. [Name of person] eats it all, they even feed themselves sometimes which they didn't used to." Staff told us people enjoyed their meals and

the food was nice.

We observed a mealtime experience and this was a calm and relaxed occasion. People were offered choice and if they did not want anything from the menu, alternatives were offered. Staff encouraged people to eat independently but provided assistance to them when required. The food was well presented and looked appealing. During the day, drinks and snacks were offered to people.

The chef told us a four-weekly menu was in place. They said there were no issues with the supply of food and they always had enough fresh fruit and vegetables. They were aware of people's dietary requirement and food was prepared accordingly. The chef told us staff had access to the kitchen overnight if people wanted a snack.

We observed staff worked well as a team, which was confirmed in discussions with them. Staff attended handover meetings at the start of each shift where relevant information was shared; this helped to ensure people received continuity of care.

People and relatives said they were very happy with the healthcare support they received. One person said, "The staff call the doctor." A relative told us, "The home liaises with the GP if they need to." A staff member said, "GP visits are timely and people go to the dentist and optician."

The registered manager told us an advanced nurse practitioner from one of the surgeries attended the home weekly to see people, if needed. They went on to say the chiropodist and optician attended the home regularly and referrals were made to a local dental practice, when required. Records showed people received support and services from a range of external healthcare professionals. This showed people received support to have their wider health care needs met.

People's rooms were personalised and contained photographs of family members. Communal areas were decorated in a homely style and were spacious with easy chairs and small tables. The home was dementia friendly with walls having areas of interest, including a post office scene. Bedroom doors were painted in different colours, had a number and the occupants name on. There was some signage around the home which helped people to distinguish the different areas. People had access to a garden and an internal courtyard, which had seating areas.

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw examples of some decision specific mental capacity assessments in people's care plans. These established the person lacked capacity to make these decisions and showed best interests decisions had been made. This showed the principles of the MCA had been followed. The registered manager worked with the local authority and DoLS applications had been submitted appropriately. Staff we spoke with had a good understanding of the MCA and DoLS and they had completed training in this subject.

People we spoke with told us they were offered choice. One person said, "I choose when I get up and go to bed." Staff told us they always offered people choice and understood how to support people to make decisions. We observed staff supported people to make choices throughout the day.

Is the service caring?

Our findings

People and relatives told us staff were caring. One person said, "The staff are nice, they are all alright."

Throughout our two-day inspection, the atmosphere was relaxed, warm and friendly. We observed caring and kind interactions between staff and people they supported. Care staff were motivated to provide good care and demonstrated they knew people well. Staff always acknowledged and addressed people by name.

People were tidy, well dressed and clean in their appearance, which was achieved through good standards of care and support. One relative said, "Dad is clean and his clothes are always clean. He is always well turned out." Another relative told us, "[Name of person] is always clean and well dressed."

Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff we spoke with could tell us about people's individual needs and preferences, likes and dislikes. A staff member said, "Care is good, we do our best and treat people like our parents would want to be treated."

People moved around the communal areas freely and could choose where they wanted to spend their time. Relatives were welcomed into the home and people were supported to maintain important relationships.

Relatives we spoke with said they had been involved with their family member's care. One relative said, "My sister has been involved and they listen to her." Another relative said, "I have been involved in their care plan." From the care plans we looked at, we did see some involvement from the person and/or their relative.

People had access to an advocate if they felt they needed support to make decisions. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known. No-one living at the home was receiving support from an advocate at the time of our inspection.

Relatives we spoke with said their family member's privacy and dignity were respected. One relative said, "The staff are very respectful and always treat them with dignity." Another relative told us, "[Name of person] is treated with respect; all the staff acknowledge her."

We observed staff respected people's privacy, by knocking on doors. Staff were respectful when speaking with people and gave examples of how they maintained people's privacy and dignity such as closing curtains and doors when providing personal care. One staff member said, "I cover people up and close the door when providing personal care."

Relatives told us their family member was encouraged to retain their independence. One relative said, "[Name of person] didn't used to feed herself but now she can." Another relative told us, "They support me in helping them do what they can."

People were encouraged to maintain relationships with people who mattered to them. One person said, "My

daughter comes a lot." Another person told us, "I get lots of visitors." We observed visitors were welcomed and acknowledged by the staff who knew them all by name. They were offered drinks and food and were clearly made to feel at ease.

The registered manager told us there was no one living at the home who had any specific religious or cultural needs. Where required, staff supported and respected people's cultural and spiritual wishes, for example, the registered manager told us the local church visited the home so people could attend the service. The service user guide stated, 'religious observance is supported according to the wishes of each individual, and facilities are available for clergy to conduct private or individual devotion on the premises'.

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the service was appropriate to meet the person's needs. From the initial assessments care plans were devised.

The provider told us they were in the process of moving care plan information into an electronic form, making it easier to update people's care needs when required. We saw some information had been transferred to the electronic version and some sections were still held as paper records. However, care plans were not always person-centred, completed, accurate or consistent. Although, we found staff knew people well and how their care and support needs were to be delivered. A staff member said, "The care plans are more straight forward but need more detail." The registered manager told us the care plans were not as person-centred as they should be; the full care plan was not available as some information had been archived.

Some areas of the care plans were not consistent and provided conflicting information. For example, one person's continence assessment asked, 'does service user have difficulty getting to the toilet', this was answered 'no'. However, their elimination care plan stated, 'doubly incontinent needs full assistance with two staff and hoisting'. This meant some people's care plan may not fully reflect their care and support needs.

Another person's eating and drinking care plans stated, '[Name of person] is unable to manage their own personal care due to their physical and mental capability'. The information in the eating and drinking care plan was a duplicate of the person's personal care plan. The person did not have an eating and drinking care plan in place. This meant the person may not receive the appropriate care and support with their nutritional and hydrational needs.

Some sections of the care plans had not been completed. For example, one person's social life history and 'who am I' documents were blank.

Not having care plans that are accurate and that fully reflect needs may result in people not receiving the appropriate care and support. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good governance'.

We found some areas of the care plans were person-centred, for example, one person's care plan stated, 'enjoys coffee and likes three sugars and [Name of person] likes to wear slippers'.

The registered manager told us end of life care plans were in place but most still needed to be fully completed. They said once all the care plans were in electronic form, discussions would be held to establish people's end of life requirements or if their needs had changed. From the relatives we spoke with, some said they had discussed their family member's end of life care needs but others had not.

People and relatives said there were some activities and they could take part if they wished. A relative told

us, "The staff do some activities; they have had carol singers, dominos and games and there was a visit from a Donkey." Another relative said, "There were activities but the coordinator has left. There used to be activities every day, things like exercises and parties."

We observed some activities took place on both days of our inspection. For example, skittles, ball games or talking about old photographs of areas where people used to live. We saw a quiz session in one of the lounge areas, which was tailored to people's abilities. A notice advertised activities in the coming month, which included arts and crafts and music. The registered manager said a new activity coordinator was due to start shortly and this would further improve the range of activities. From the resident activities file, we saw lots of activities had taken place during the Christmas period.

Relatives knew who to talk with if they were unhappy about anything. One relative said, "I have never complained but I would go to the manager if I needed to; she's very nice and very approachable." Another relative told us, "I have not complained but I know how to."

Information about how to complain was held in the reception area and was in an easy to read format. Information on complaints was also in the service user guide. Complaints were appropriately managed. Records showed when complaints were received, an acknowledgement letter and a reply were sent out within identified timescales. We saw any improvement or learning were discussed at staff meetings. For example, one complaint was regarding missing clothing. Staff were reminded to ensure items were labelled. This meant improvements to care and support was implemented in response to complaints or concerns.

Staff had a good understanding of what care and support people might need as they were approaching the end of their life. One staff member said, "We make people comfortable and provide mouth care." From the records we saw, some staff had completed end of life care training. Healthcare professionals were involved as appropriate and medicines had been obtained to ensure people were comfortable and pain free.

The Accessible Information Standard requires the provider to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if needed.

The registered manager was aware of the Accessible Information Standard and an 'accessible information' booklet was held in the reception area of the home, which was an easy to read format. We found information regarding people's communication needs was recorded in care plans. For example, one person's communication care plan stated, 'when communicating maintain eye contact'.

The registered manager told us documents could be produced in any format or language that was required. They said new pictorial menus were in progress and these were to help support people with their menu choices.

Is the service well-led?

Our findings

Systems were in place to monitor the quality and safety of the service. We saw infection control audits were effective in maintaining the safety and cleanliness of the home. However, not all audits were effective. The registered manager completed a medication audit in December 2018, and an action plan was in place, but the audit failed to highlight the issues found during this inspection, which could lead to people's medicines not been managed in a safe way. Audit processes needed enhancement to make sure these were effective and demonstrated changes had been embedded in practice.

Management oversight of the service required strengthening. There was no overview of when staff supervision and appraisal meetings had taken place or were due to take place. There was no management oversight of the current position with the transfer of people's care plans to an electronic form. This meant staff may not have up to date knowledge, as the care plans were not robust and staff supervisions were not taking place on a regular basis to check their progress.

Records showed accidents and incidents were reported, recorded and appropriate actions were taken. Although, some trend analysis was completed, it was not always clear which category accidents and incidents had been categorised as. They were no check to established if the category had been correctly recorded. This meant trends analysis of accidents and incidents may not be accurate.

There were shortfalls in risk assessment documentation, which had not been identified in audits.

We looked at some of the provider's policies and procedures. We found a different care home was referenced in the 'other routes of medication administration policy' and 'procedure and controlled drugs policy and procedure'. The 'development appraisal policy and procedure' referenced a different care home and manager from a different service. The 'supervision policy and procedure' referenced a manager from a different service. Audit had not identified the discrepancies.

The registered provider did not have effective systems in place to assess, monitor and improve the quality of service provided. Records were not always accurate and up to date. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Good governance'

People and relatives told us staff were approachable and the home was well-run. One person said, "I don't want to leave here." A relative said, "It is well-managed."

The views of the people and relatives were sought through meetings and satisfaction surveys. A relative told us, "We have regular questionnaires. I understand a relative's meeting is planned." Minutes of the meetings contained relevant information and discussion. The results from the satisfaction survey in May 2018 were positive and showed people were extremely satisfied. Some comments included, 'Your nursing and care of my mother was exemplary', 'Your care has been wonderful' and 'Thank you for the loving care and attention'.

Staff told us they enjoyed working at the home, they felt listened to and the registered manager was approachable. One staff member said, "The home has improved a lot, due to the manager and provider. I am happy working here." Another staff member told us, "It is a lot better; the manager is a very good leader and comes on to the floor."

Staff meetings were held along with an 11am 'flash' meeting, which was to address any changes or issues with people's care and support. The meeting minutes from December 2018 showed discussions were held regarding night shift responsibilities, teamwork, people's skin care and training. Meetings are an important part of a registered manager's responsibility to ensure information was disseminated to staff appropriately.

The registered manager said they worked in partnership with other organisations to provide effective outcomes for people they supported. These included the community palliative care nurse to support people's end of life care and the 'enhanced care homes team' to support people who have been discharged from hospital. The registered manager also had a good relationship with local healthcare professionals, which helped support people's care needs.

Notifications had been sent to the Care Quality Commission (CQC) by the home as required by legislation. These provided information about any incidents which affected people's safety or welfare.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Care and treatment was not provided in a safe way as records for the management of medicine was not robust. The provider did not have effective systems in place to assess and monitor risks relating to health, safety and welfare of people. The registered provider had not ensured records were accurate and up to date. Not having care plans and risk assessments that are accurate and that fully reflected people needs may result in people not receiving appropriate care and support. The registered provider did not have effective systems in place to assess, monitor and improve the quality of service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider did not have systems in place to ensure staff had regular supervision and appraisal to monitor their skills, knowledge and experience to deliver effective care and support.