

Midland Care Homes Ltd

Grassmere Residential Care Home

Inspection report

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09 March 2020

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Grassmere Residential Care Home is a 'care home' that is registered to provide personal care and accommodates up to 26 people living across two floors in one adapted building. Some people were living with dementia; there were also people living with a range of complex health care needs that included those diagnosed with a mental illness. There were 20 people living at the home on the day of the inspection.

People's experience of using this service:

Since the last inspection in July 2019, some improvements had been made to address the areas we had identified as requiring action, however this inspection found that further improvements were still required.

We found that all required improvements in the infection control processes within the home had not been fully addressed and therefore continued to pose a risk to people's safety.

The processes in place to monitor, audit and assess the quality of the service being delivered were not fully effective. Although some improvements had been made, we found provider audits had not identified some of the concerns we raised at this inspection.

People were supported to receive their medicines as required to support their wellbeing.

Staff understood of the importance of gaining consent from people before providing support. However, staff spoken with had limited knowledge of the MCA and how this impacted on the care provided to individual people.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.

We found although some environmental improvements to the design and decoration of the home to support people's individual needs had been addressed further improvement was still required.

Staff liaised with other health care professionals to meet people's health needs and support their wellbeing and provided care in the way that people preferred, and people felt able to raise any concerns they may have with staff.

People gave positive feedback about the choice of food provided which they told us they enjoyed. We people were offered regular drinks throughout the day to support their wellbeing.

People and staff we spoke with told us there had been some improvements in the activities provided. The provider told us activities were under review to ensure they met people's needs.

Staff felt supported and said they could talk to manager for advice and support and felt confident any

concerns would be acted on promptly.

People, relatives and staff spoke of improvement within the service since the last inspection. The provider had a home improvement plan in place to develop the service further and they worked in partnership and collaboration with other key organisations to support care provision.

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 was inadequate (published September 2019) and there were multiple breaches of regulation.

This service has been in Special Measures since September 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement

Since the last inspection in July 2019 there has been a condition placed on the providers registration. This condition instructed the provider to send us regular updates on checks that had been carried out at the service to ensure the quality and safety of the service. The provider has submitted updates as per the condition in place.

This inspection found that whilst some limited improvements had been made the provider remains in breach of regulation 12 (safe care and treatment) and regulation 17 (good governance). The provider was also found to be in breach of regulation 18 (Notification of other incidents). The condition will remain on the providers registration.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Grassmere Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team

The inspection team consisted of one inspector and an assistant inspector on the first day and one inspector on the second day.

Service and service type

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

The service had a manager registered with the Care Quality Commission. However, the registered manager was no longer working at the home and steps were being taken to remove this registration.

Notice of inspection

This inspection was unannounced and took place on 06 March 2020. We arranged with the manager to return on 09 March 2020 to follow up on information we found on the first day.

What we did:

We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with six people using the service to ask about their experience of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke to one relative who was visiting the home and spoke to another two relatives by telephone for feedback.

We spoke with the provider, the manager and two senior carers and three care staff. We also spoke to one healthcare professional who was visiting the home on the day of the inspection and contacted another healthcare professional for feedback.

We reviewed a range of records. This included four people's care records and a variety of records relating to the management of the service, including policies and procedures. We looked at three staff recruitment files. Details are in the Key Questions below.

During the inspection CQC received information of concern regarding the approach of staff and the management team. We asked the provider to investigate these concerns and to report back on the actions taken in response.

After the inspection

We continued to seek clarification from the provider to validate evidence found and actions taken following the inspection.

Is the service safe?

Our findings

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

At our last inspection the provider systems had failed to ensure all peoples risks were identified and managed well. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found that although some improvements had been made further improvement was required and the service remains in breach of regulations.

At the last inspection this key question was rated as inadequate. At this inspection we some improvements had been made but further improvements were required. The rating for this key question has improved to 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.

Preventing and controlling infection:

- At the last inspection (July 2019) we found the provider's systems and processes to ensure effective infection control measures required improvements and this was a breach of regulation 12 safe care and treatment.
- At this inspection we found some improvements had been made for example, the carpet had been replaced in the lounge area and new table clothes were in use. There were also new lidded bins were also available, however we found further improvements were required to ensure effective infection control. We found the pipework wooden boxing at the rear of one toilet was worn and broken and would not enable effective cleaning to prevent cross infection. A plastic urinal was also stored to the side of the toilet and would pose a risk of contamination. We also found the paintwork on handrails situated next to the toilet in each bathroom was worn away, leaving the wooden handrail exposed and open to the transfer of infection.
- On the first day of the inspection we found the lidded bin in one toilet was broken and had an exposed rusty metal pin. This would pose a risk to anyone using it especially those with without footwear (we observed that several people chose not to wear footwear whilst moving around the home). The bin was removed immediately by the manager, who requested staff replace it. However, when we returned on the second day of the inspection, we found no bin was available in the toilet which meant people were placing used hand towels on the top of the toilet cistern.
- We found that one bathroom on the first floor had an unlidded bin in place.
- An environmental check by the manager on 27 February 2020, found that toilet rolls were being stored on top of radiators in some toilets instead of the dispenser. We saw the manager had taken some action to address this, but our inspection found toilet rolls were still being stored on top of the radiators in two of the toilets and staff had not followed the instructions given to them.
- Cleaning schedules, infection control audits and environmental checks viewed on the inspection had not identified these concerns or highlighted them as requiring action. The manager confirmed that there was no Infection prevention and control (IPC) lead in the home.

We found the provider's systems and processes to ensure effective infection control measures required

further improvement and this was a continued breach of regulation 12 safe care and treatment. We asked the provider to take immediate actions to address our concerns Prior to this report being finalised the provider submitted evidence of compliance.

- Grassmere was awarded a Food Hygiene Rating of 3 (Generally satisfactory) by Birmingham City Council on 12 August 2019. We discussed this with the provider who advised that action had been taken to address the areas identified in the report.
- Staff told us that a good stock of PPE (Personal Protective Equipment) such as aprons and gloves was available to them and we saw staff using these items during the inspection.
- The inspection found that hand gel was available in dispensers throughout the home, however two relatives told us that hand gel was not always available. We asked the provider about this, they told us that a visit by local authority commissioners in January 2020 identified a lack of hand gel and that immediate action had been taken to address this. They advised since that time hand gel had been provided and daily checks were made to ensure it was available.

Assessing risk, safety monitoring and management:

- The last inspection found the environment was not well maintained and placed people at risk of harm. This inspection found some improvements had been made for example, some flooring had been fixed and exposed electrical wires had all been addressed. However, we still found that the flooring in one communal corridor of the building was uneven and posed a trip hazard. We also found the flooring in the garden was uneven in parts and posed a trip hazard.
- Since the last inspection care plans had been reviewed and re-written to provide more personalised information on how people wanted their care provided and the risk assessments were in place to guide staff on the actions to be taken to support people safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and relatives told us they felt the home was a safe place to be. One person said, "I feel safer here.had chance to move but decided not to I prefer it here."
- Staff received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were assured action would be taken by the management team. They also were aware of external agencies they could report concerns to such as the local authority or CQC.

Staffing and recruitment:

- People told us staff were available to them and staff told us there were enough staff to keep people safe. During the inspection we saw staff responded to people's requests for support in a timely way.
- The inspection found staffing levels had reduced recently in response to a reduction in the number of people living at the home. We discussed this with the provider. It was acknowledged that a dependency tool had not been used and staffing changes had been based on occupancy levels. However, the provider assured us, and the manager confirmed that staffing would be increased where required and if people's needs changed.
- The provider had completed checks on staff before they started work in the home to make sure they were suitable to work with people. We looked at three recruitment files and found gaps in the employment history of one member of staff. We asked the provider about this. They advised that a recent quality check by the Council identified this and action had been taken to ensure that for all subsequent recruitment employment gaps were addressed.

Learning lessons when things go wrong:

- Incidents records were completed to record any concerns; an audit was also completed which looked at the number of incidents over a period of time.
- A monthly management meeting between the provider and the manager was held and looked at all key events including incidents to assess learning.
- The provider advised that learning and best practice was shared between the providers two homes. They told us, "We have a shared [computer] drive so the two managers can share best practice and can cover each other easily."

Using medicines safely:

- Records showed people received their medication at the right time. Medicines were stored safely, and staff received training in how to support people with their medicine as prescribed.
- Medicine records were checked, and audits completed by the management team to ensure medicines were administered and stored as required.
- We saw records that in August 2019 the provider had a CCG (Clinical Commissioning Group) medication audit. The audit found medication management to be in order and where required action had been taken to address the areas that could be improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promote a good quality of life, based on best available evidence.

At our last inspection we found the provider's systems and processes to ensure the premises were suitable for the purpose for which they are being used required improvement. This was a breach of regulation 15. This inspection found that some improvements had been made and an improvement plan was in place and the provider was no longer in breach of regulation 15.

At the last inspection this key question was rated as requires improvement. The rating for this key question has remained the same. 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; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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 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).

- Staff understood of the importance of gaining consent from people before providing support. However, staff spoken with had limited knowledge of the MCA and how this impacted on the care provided to individual people.
- We spoke to the manager and provider about this, they advised they would address this by arranging a question and answer session at the next team meeting on this topic and to ensure staff were given further advice and guidance.
- The manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. The management team had record of the authorisations in place showing the expiry date, so people new applications could be made if required.

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

- At the last inspection (July 2019) we found that carpets and flooring needed replacing and the décor needed updating. There were very few pictures, photographs, games and books to stimulate conversation or encourage activities.
- At this inspection we found some improvement had been made, for example, the flooring in the communal lounge area had been replaced and some communal rooms had been repainted. The flooring in

the office and kitchen areas had been repaired and signage had been improvements to help the orientation of those people living with dementia. However, this inspection found further improvements were required.

- There was uneven flooring in parts of the first-floor corridor which could pose a risk to people with reduced mobility. We discussed this with the provider, they advised that at the time of the inspection half of the flooring had been re-boarded and the remainder of the corridor was due to be re-boarded in the next two weeks. When all the floor had been re-boarded then new carpet would be purchased for the whole of the corridor. We checked with the manager and they advised no people at risk of falls or with reduced mobility used the corridor.
- There was uneven surfaces in the walk way which was used by people who accessed the garden and smoking area. For example, there was a raised manhole cover which would pose a trip risk to people which limited mobility.
- We found the garden contained disused furniture which was unsightly and needed removing.
- The provider advised that they were committed to a programme of improvements which was on going and provided an improvement action plan that was in place.

Staff support: induction, training, skills and experience

- Staff told us they were supported through training and guidance to provide effective care for people. Staff told us they preferred face to face training rather than online training and more recent training had been provided in this way. For example, in the week of our inspection incontinence training had been provided and a notice board display produced giving details and useful tips from the training.
- One new member of staff told us induction training was good. They told us they shadowed staff to learn people's routines and how people preferred their care. They said, "[I had] three days watching staff, did offer 4th day if needed."

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

- At the last inspection (July 2019) we found one person was not being supported with a fortified diet when this had been recommended by healthcare professionals. At this inspection we found improvements had been made. We saw one person was supported with a fortified diet, this was clearly recorded in their care records. Staff had identified a way to support the person which had produced positive results and the person had now put on weight.
- We received positive feedback about the food, with people telling us they liked the meals provided.
- We observed a lunchtime meal and saw people had different meals. Portion sizes were good, and we observed staff asking if people had enjoyed their meal and receiving positive comments back. We saw one person chose not to have the meals provided and requested toast instead, which they were supported with.
- Since the last inspection the provider had introduced protected meal times, to ensure relatives and healthcare professionals did not visit during mealtimes. The provider said this had been successful in ensuring a better mealtime experience and also better support to people.

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

- People were supported to access healthcare services. One person told us, "[I see] doctor and dentist if needed - they look after you here they really do."
- We received feedback from two healthcare professionals who both gave positive feedback about the support to people. One healthcare professional commented, "[Staff] ask questions and show a willingness to learn to enable them to care for the residents to the best of their ability. Staff are responsive to changes in the resident's condition and always phone and ask for advice."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection we found improvement had been made and this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the home and felt staff respected their choices. One person said, "It's my choice they [staff] listen to me. I am happy here."
- Residents who were able told us they were involved in planning and reviewing their care. One person said, "We have meeting once a month."
- We had a resident of the day process, which ensured that people had opportunity to feedback on their care and any day-to-day concerns or issues.
- Two relatives we spoke with said they had not been involved in reviewing their family members care. We asked the provider about this, they advised although some relatives had been invited to or involved in resident of the day reviews this had not been recorded. Immediate action was taken to ensure this was recorded in future reviews.

Respecting and promoting people's privacy, dignity and independence:

- We saw that staff promoted people's independence. Throughout the inspection we saw examples of people being involved in tasks throughout the home, for example, clearing away their own lunch plates, and one person helped to take rubbish out. We saw that the person enjoyed being involved and this gave them a sense of purpose. The person told us, "I like it here I help them out - I like to help." Another person commented, "I help and do things myself; I wash in the shower they [staff] just help when I need it."
- People told us they were treated with dignity and respect. One person said, "They [staff] treat me with respect, they are friendly and speak to me."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example by always knocking people's door before entered. This was confirmed by people we spoke to.

Ensuring people are well treated and supported; equality and diversity

- People gave positive feedback about the support of staff. One person said, "I like the staff- I like them all."
- Staff spoken with respected people's individuality and diversity. Care files contained information about people's preferences, so staff could consider people's individual needs when delivering their care. For example, two people were supported with meals which met their religious needs.
- One healthcare professional gave positive feedback on the approach of staff. They said, "Grassmere has a nice homely feel about it and residents tell me that they are happy there. "
- Staff told us they enjoyed working with the people they supported. One member of staff said, "The residents are great, I love them. I like working here."

Is the service responsive?

Our findings

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

At our last inspection we found the provider's systems and processes to ensure person centred care required improvement and was a breach of Regulation 9. This inspection found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

At the last inspection this key question was rated as requires improvement. At this inspection we found improvement had been made and this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since the last inspection care plans had all been rewritten to include more personalised information on the support required by people.
- Care plans were updated and reviewed as required and information was shared as people's needs changed, so that people would continue to receive the right care.
- We spoke to two healthcare professionals both of whom said staff were responsive to changes in people's wellbeing. One healthcare professional said, "They [staff] are open minded and always tell us if something is wrong with a resident. We visit daily. It is all fine, no issues."
- Care plans in place were reviewed, and information was shared so staff were aware of any changes in people's wellbeing.
- The provider had a redecoration plan in place which included people's bedrooms. Where possible people were involved in planning the redecoration. One person said, "I like my room - it's the way I want it. [Staff] have said they will paint it, asked me about painting it. I might move to another room while they do it."

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 told us they enjoyed the activities provided and during the inspection we saw people enjoying completing puzzles, playing games and watching TV. We saw one person enjoyed playing games on a computer tablet. We also saw an impromptu sing along which people joined in and enjoyed.
- The provider has introduced a newsletter to share information with people. We saw the most recent letter showed photographs of people enjoying a charity coffee morning, and a visit from local nursery school children. The newsletter also advised that a summer fete was planned.
- We spoke to three relatives, two were happy with the activities to support their family member. One relative commented, "I visit each weekend and see bingo and ball games. The board shows what they do in the week. It's okay for [family members name]." However, one relative felt activities needed to improve. They said, "I approach the manager [about activities] she is very responsive, but nothing gets resolved."
- We spoke to the provider about this and they told us activities were under review. They told us response to comments made previously they had asked people living at the home what activities they would like. They said, "They [people] asked for a fair, therefore we held a Macmillan coffee morning. Also asked for a move night, so we will get popcorn in. [Person's name] wanted a karaoke machine. So we brought one."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw some information was provided in accessible formats. Since the last inspection, a notice board giving information in an easy read format had been put in place. Each month information on a different subject was displayed and this topic was also then discussed at the residents meeting. At the time of the inspection information on incontinence support was displayed.

Improving care quality in response to complaints or concerns:

- People and relatives told us they knew how they would complain about the care if they needed to. Most people told us they had not made any complaints, but if they had a concern, they were happy to speak to staff. One person said, "[I'm] happy to raise any concerns. They listen to me alright."

- We saw that where complaints had been received these had been investigated and the outcome recorded. The registered manager also kept an overview of complaints, so they could easily track actions taken and identify any trends.

End of life care and support.

- At the time of the inspection no one was being supported with end of life care however the manager told us where they had done this previously that had worked with other healthcare professionals and people's family to ensure they got the support they required.

- One healthcare professional told us staff had recently supported one person with end of life care. They told us staff had provided support to the person's relatives, "Very well. "

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection the provider systems had failed to identify some of the areas for improvement and the provider had shown they were unable to sustain any improvements made. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found further improvement was required and the service remains in breach of regulations.

At the last inspection this key question was rated as inadequate. At this inspection we some improvements had been made but further improvements were required. The rating for this key question has improved to 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.

Continuous learning and improving care

- The processes in place to monitor, audit and assess the quality of the service being delivered had not been effective in identifying all areas requiring improvement and ensuring action was taken in a timely way.
- Provider audits not been effective in identifying the areas for improvements identified in the inspection for example, infection control audits had not identified areas that needed immediate attention to protect people from the risk of cross infection.
- Provider audits not been effective in identifying that the required CQC notifications had not been made for two DOLS authorisations.
- Staff supervision had not identified that staff had limited knowledge of the MCA and how this impacted on the care provided to individual people.

At this inspection we found further improvements were needed to ensure processes in place to monitor, audit and assess the quality of the service being delivered are effective in identifying all areas requiring improvement and ensuring action was taken in a timely way. The provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.

- People, relatives, staff and healthcare professionals all told us some improvements had been made since the last inspection. One person said, "Things are better now." One healthcare professional also commented, "I feel the service is well managed under [manager's name]...[the] owner is trying to make improvements to the home."
- Staff praised the teamwork of the staff group and told us they felt supported by the manager. One member of staff said, "Staff morale has improved. [Manager's name] is much more approachable ...you can ask for advice or share concerns and you know it will be acted upon."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Registered providers and registered managers have a legal responsibility to inform us (CQC) about any

significant events that occur in the home including any serious injuries, safeguarding events and DoLS authorisations.

- We found that two significant events (DoLS authorisations) had not been reported to us in a timely way as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents

- The CQC inspection report rating was on display in the reception of the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Since the last inspection the provider and manager had made improvements to care plan documentation and information to staff to ensure people received person-centred care.
- Staff told us they felt listened to and that manager were approachable and supportive.

Working in partnership with others

- Records showed how the service worked with healthcare professionals in support of people's wellbeing. This was confirmed by healthcare professionals we contacted. One of whom commented, "We have a good working relationship and I feel confident that they will carry out any instructions [and] guidance given."
- At the last inspection (July 2019), we found the service had missed opportunities to develop community links and promote a community presence.
- At this inspection one healthcare professional who visited the home on a regular basis gave positive feedback but did feel, "The service could be enhanced socially by inviting the local community groups/ organisations to provide entertainments, exercise and activities with the residents. "
- We discussed this with the manager who told us some improvements had been made and a community link had been developed with a local school and pupils had visited the home. The home had also held a charity coffee morning. They advised they would continue to work to develop better community links.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held residents meeting to involve service provided. Since the last inspection monthly residents meeting had been held to keep people involved and informed about the changes being made. The manager told us, "[The meetings are] well attended, people very vocal. There's positive feedback; they seem happy, [the home is] starting to look better." The manger advised as things had now become more settled, they would revert to three-monthly meetings with peoples agreement.

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 18 Registration Regulations 2009 Notifications of other incidents Significant events had not been reported to CQC in a timely way as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance At this inspection we found further improvements were needed to ensure processes in place to monitor, audit and assess the quality of the service being delivered are effective in identifying all areas requiring improvement and ensuring action was taken in a timely way. The provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.

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 12 HSCA RA Regulations 2014 Safe care and treatment We found the provider's systems and processes to ensure effective infection control measures required further improvement and this was a continued breach of regulation 12 safe care and treatment.

The enforcement action we took:

A warning notice was issued.