

H U Investments Limited

Broomfield Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 7 and 8 April 2016 and was unannounced.

Broomfield Lodge provides accommodation and personal care for up to 24 older people and people living with dementia. The service is a large converted property and accommodation is arranged over two floors. A lift is available to assist people to get to the upper floor. The service has 21 bedrooms, six of these bedrooms have ensuite toilets. There were 17 people living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff did not always provide people's care in the way they preferred. Assessments of people's needs were not always fully completed and reviews had not identified that the information was not correct. Accurate guidance had not been consistently provided to staff about how to support people in the way they preferred.

Action was taken to identify changes in people's health, including regular health checks. People were supported to make decisions and choices.

People's medicines and creams were not always stored safely. There was a risk that medicines would not be effective and creams would be used by people they were not prescribed to. Records were not kept when people received their cream. Checks had not been completed to make sure people had received their prescribed creams when they needed them.

People's ability to make certain decisions had been assessed. When people could not make a particular decision, staff made decisions in people's best interests with people who knew them well. The requirements of the Mental Capacity Act 2005 (MCA) had been met.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Risk to be people had been identified and arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary.

People were offered a variety of activities that they enjoyed. Possible risks to people had been identified and were managed to keep them as safe as possible, without restricting them.

People told us they liked the food at the service. They were offered a balanced diet that met their individual needs. A range of foods and drinks were on offer to people throughout the day and night to make sure they

were hydrated and not hungry at any time.

People were treated with dignity and respect at all times. People and their relatives told us staff were kind and caring. Staff knew the signs of possible abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team. When concerns were raised action had been taken promptly to keep people as safe as possible. Plans were in place to keep people safe in an emergency.

People and their representatives were confident to raise concerns and complaints they had about the service. People were satisfied with the response they received. Systems were in operation to regularly assess the quality of the service. People and their relatives were asked for their feedback about the quality of the service they received.

The registered manager provided leadership to the staff and had oversight of the service. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs. They were motivated and felt supported. Staff told us the registered manager and provider were approachable. Staff were supported to provide good quality care and support. They had completed the training they needed to provide safe and effective care to people. Some staff held recognised qualifications in care.

There were not always enough staff to meet people's needs at the time they preferred. People's needs had been considered when deciding how many staff were required on each shift. An extra staff member was not always working early in the morning to assist people to get up when they wanted. This is an area for improvement.

Checks were completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were not always enough staff to provide the support people needed when they preferred it.

Checks were completed on staff to make sure they were honest and reliable before they worked alone with people.

Suitable arrangements were not in place for the storage and recording of all medicines.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered everyone choices in all areas of their life.

Staff had the skills they needed to provide people's care in the way they preferred.

People received food and drinks they liked to help keep them as healthy as possible.

Changes in people's health were recognised quickly. People were supported to see health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and caring to them.

People were given privacy and were treated with dignity and

respect.

People were supported to remain independent.

Is the service responsive?

The service was not consistently responsive.

Care plans had not always been updated when people's needs changed. Guidance was not always provided to help staff provide care in the way people preferred.

People enjoyed the activities on offer.

Systems were in place to resolve any concerns people had. Action was taken to make sure complaints were resolved to people's satisfaction.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Staff were motivated and led by the registered manager. They had clear roles and were responsible and accountable for their actions.

Checks were completed on the service people received. These did not always find shortfalls in the service.

People and their relatives shared their experiences of the service and action was taken to continually improve the service.

Records about the care people received were not always accurate and up to date.

Requires Improvement ●

Broomfield Lodge

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.

This inspection took place on 7 and 8 April 2016 and was unannounced. The inspection team consisted of an inspector 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.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected the service sooner than we had planned. We looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with three people living at Broomfield Lodge, one person's relative, the registered manager, the registered provider and staff. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people. We looked at their medicines records and observed people receiving their medicines.

We last inspected Broomfield Lodge in January 2014. At that time we found that the registered provider and manager were complying with the regulations.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at the service. One person told us, "I feel very safe they (the staff) really look after me". One person's relative told us, "I think my relative is safer than when they were at home".

Staff knew about different types and signs of abuse and how to report any concerns they had. They were confident that any concerns they raised to the registered manager would be listened to and acted on. The registered manager was aware of safeguarding procedures and had raised any concerns they had with the local authority safeguarding team.

Staff felt confident to whistleblow to the registered manager when they had concerns about their colleagues' practice. The registered manager acted quickly to manage possible risks to people, they also met with each staff member individually to assess their skills and knowledge and make sure they knew the standards of care they required.

People were not always protected from the risks of unsafe management of medicines. Prescribed creams were not always held securely and some were stored in communal bathrooms. Some creams were not clearly marked with the name of the person they were prescribed to. There was a risk that these creams would be used by people that they were not prescribed to.

Other medicines were stored securely. The temperature of the medicines storage room went above the recommended maximum temperature of 25°C on occasions. There was a risk the high temperatures would reduce the effectiveness of the medicines. The registered manager and provider were aware of the problem and had taken action to try to lower the temperature. These had not been fully successful and the temperature remained high at times.

Records were kept when tablets and liquid medicines were administered to people. Records were not kept when prescribed creams were applied to people's skin. Checks could not be completed to make sure that people were offered their creams to keep their skin as healthy as possible.

The registered manager and staff were knowledgeable and able to explain the action they should take to manage medicines safely. Staff did not give people their medicines until the registered manager was confident that they had the skills to do this safely. Regular checks were not completed to make sure that staff's medicines management practice remained safe.

One person was able and wanted to take their medicines without the support of staff. They told us "The staff put my medicines out for me and I take them myself. Staff check I've taken them". Staff told us they "Don't encourage people to self-medicate". There was a risk that people were not supported to manage their own medicines in the way that they wanted. This did not impact on the person as they were happy for staff to order and store their medicines.

The registered manager had failed to operate safe medicines management processes in relation to the storage of medicines, the recording of the application of prescribed creams and regularly checking staff's practice remained safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines at the time advised by their doctor. Some people were prescribed medicines 'when required' (PRN), such as pain relief. Guidance about when to administer the medicine had not been provided to staff. This did not impact on people because people were able to tell staff when they needed their PRN medicine. When people were receiving end of life care, 'crisis medication' prescribed PRN was held by staff for administration by visiting nurses. One community nurse told us that the service obtained people's medicines quickly and they were always available when the nurses needed them.

Risks to people had been assessed and guidance was provided to staff about how to keep people safe while maintaining their independence. Risks to people's skin, such as the development of pressure ulcers, had been assessed. Action had been taken to minimise the risks. People were moved regularly to take the pressure off high risk areas of their skin. Special equipment, such as cushions and mattresses were provided to keep people's skin healthy, we observed these being used.

Any accidents or incidents were recorded and monitored by the registered manager so she could identify any patterns or trends and take action to prevent further incidents. One person had a number of falls in February 2016, action had been taken to offer the person extra support at certain times of the day. The number of times the person had fallen had reduced significantly.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were included in their daily records so staff could catch up on changes following leave or days off.

Plans were in place to keep people safe in the event of an emergency. The provider had identified that equipment was required to help some people evacuate the building and was taking advice from a reputable source about this at the time of the inspection.

The building was secure and the identity of people was checked before they entered. Internal doors were not locked and people moved freely around the service and were not restricted. The garden had been recently refurbished. People told us it was easy for them to use as it was flat and they enjoyed the raised flower beds. Environmental risk assessments had been completed and action had been taken to keep people safe. Regular checks were completed on all areas of the building to check that it was safe. Plans were in place to refurbish other areas of the building to make them safer for people living with dementia to use.

People told us they usually received the care they needed when they wanted it. Some people told us they had to wait to get up in the morning as there were not enough staff on duty to help them get up when they preferred. Systems were in operation to decide how many staff were needed to provide care at different times of the day, taking into consideration people's needs and the skills of the staff. The registered manager had introduced a shift beginning at 06:30am but this was not in place every day and people were not always able to get up when they wanted to. Other people told us they did not always get a bath or shower as often as they would like. One person said, "I have a bath once a week. I have had it twice a week. I would like it more often". Another person said, "I have a bath once a week. I would like more".

We would recommend that the registered manager review staff deployment during the day to make sure people's care and support is provided as they prefer.

Catering, housekeeping and maintenance staff were employed so care staff could concentrate on caring for people. Staff were not rushed but had little time to spend with people when they were not providing their care. One person told us staff did not have time to spend chatting to them, "Because they are always very busy".

Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The registered manager was on call when they were not at the service and provided staff with the support and guidance they needed. One person's relative told us, "I think there are enough staff here, it surprised me how many there are". There was one staff vacancy at the time of our inspection. This was being covered by contracted staff and regular agency staff who knew people.

A call bell system was fitted in peoples' bedrooms. People told us that staff responded promptly when they rang for help. One person said, "I call them (the staff) every day and the response is very quick, even if they can't see to me, they come and tell me they will be back". Another person said, "I have my call bell by the side of my bed and I only used it last night and they came very quickly, two of them". Staff responded quickly when the bells rang. Staff regularly checked on people who were unable to call for assistance, to offer them support if it was required. Checks were carried out regularly on people during the night.

Checks had been completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed. Staff declared any health issues that may need to be supported.

Is the service effective?

Our findings

People were able to make choices about their lives, including how they spent their time and who they spent it with. During our inspection people were offered choices and staff responded consistently to the choices they made. Most people were able to chat to staff and tell them what support they needed and how they preferred it provided. Staff knew people they worked with well. Staff offered people choices in the ways they understood. For example, photographs of meals on the daily menu were shown to people to help them choose.

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. Staff had received training and were working within the principles of the MCA.

Staff supported people to make decisions and respected the decisions they made. Some people were able to make complex decisions without support, other people were given the information and support they needed to make decisions, by their family and staff. This included the decision to use rails on their bed to stop them from falling out. Other people were unable to make complex decisions about the care they received and needed other people to make these decisions in their best interests. Decisions made in people's best interests had been made by relatives and friends who knew them well, with staff, and health and social care professionals on occasions.

Everyone living at the service was able to make straightforward decisions, such as what they wanted to eat or drink and they shared these with staff. People's capacity to make 'less complex decisions' had been assessed. Some people's ability to make decisions fluctuated and so staff waited for them to have the capacity to make the decision unless it needed to be made quickly to keep them safe.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of their responsibilities under DoLS. The risks of people who lacked capacity being deprived of their liberty had not been assessed. However, the registered manager had identified that some people may be at risk of being deprived of their liberty and had made applications to the local authority for standard DoLS authorisations. They put a process in to operation during the inspection to assess the risks of people who lacked capacity being deprived of their liberty, following the local authority guidance. No one living at Broomfield Lodge had a DoLS authorisation in place.

People were supported to maintain good health and care was provided to meet people's health care needs. People told us staff called their doctor when they asked them to. One person told us, "Staff call the doctor to see me when I ask them". Visiting health care professionals told us that staff contacted them without delay if

they had concerns about people's health and followed the advice and guidance they were given to keep people as well as possible.

People were supported by staff or people who knew them well to attend health care appointments, including outpatient appointments. This was to support them to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service.

People told us they liked the food at the service. One person told us, "The food is very good and I have enough to eat". Another person said, "The food I get is very good".

Meals times were pleasant, social occasions and people enjoyed their meals in a social environment. People chose their meals from two menu options and staff knew their preferences. People could ask for alternatives if they did not like what was on the menu. The cook told us, "I'm here, I don't mind what I do, I'll make people what they want". People who needed support were assisted by staff at their own pace.

Meals were planned with people to meet their needs and preferences. The cook asked people about the foods that they liked and any suggestions they had for the menu. At people's request liver and bacon was now included on the menu. People enjoyed the fish and chips the cook prepared on a Friday. At their request fish and chips was purchased from the local fish and chip shop once a month.

People told us they had enough to eat and drink. Portion sizes varied dependant on the person's appetite and there was always more if people wanted it. Food and drinks were available at all times during the day and night. Staff offered people drinks often to make sure they did not become dehydrated.

When people lost weight they were referred to their GP for support and advice. People who had lost weight or were at risk of losing weight were offered food fortified with extra calories. Some people had gained weight since moving into the service. One person's relative told us, "When my relative was at home they lost a lot of weight due to not eating but since they have been here they have put it back on and look well on it".

Menus were balanced and included fresh fruit and vegetables. All meals were homemade. Communication between care staff and catering staff was good, catering staff were aware of any changes in people's needs.

Staff, including agency staff, had received an induction when they started work at the service. This helped them get to know people, their care and understand their roles and responsibilities. This included shadowing more experienced staff. New staff, who did not hold a recognised qualification in social care, completed the Care Certificate, an identified set of standards that social care workers are advised to adhere to in their daily working life.

Staff had completed the training they needed to perform their duties, including practical moving and handling training, health and safety and fire safety training. They had also completed training to meet people's individual care needs, such as catheter care and falls prevention. Most staff had acquired level 2 or 3 qualifications in social care.

Staff met occasionally with their supervisor to check their understanding of specific tasks. Staff did not have regular meetings to discuss their role and the people they cared for. Staff told us they felt supported by the registered manager to deliver safe and effective care. They told us they were able to raise any concerns they had about people with the registered manager or deputy manager quickly as they were always available. Staff practice, as well as people's needs, was discussed with staff throughout the shift to make sure they

were supported to provide effective care. The registered provider had an appraisal process in place, to review each staff members practice and development over the previous year and set goals for the next year.

Is the service caring?

Our findings

People and their relatives we spoke with told us they were happy with the service they received at Broomfield Lodge, their comments included: "I am treated like royalty", "It's like a first class hotel. I get everything I want", and "Staff are very friendly, they do a lot for us. We have parties and the staff are very good".

People and their families had paid the staff compliments about the care they provided. These included, "You all showed such kindness and compassion allowing her to have a dignified death", "You are all fantastic and so devoted to your work" and "We would like to express our heartfelt thanks for all your kindness, warmth and consideration in the way you have cared for [person's name]". One staff member told us, "The staff here are all nice, they are nice to the people who live here". Another staff member told us, "We want to provide the best care for the people who live here. They are the most important people".

Staff knew about people's preferences, likes, dislikes and interests. People and their families had shared information about their life history with staff to help staff get to know them. Information about people's backgrounds was available for staff to refer to in people's care records. People were called by their preferred names.

People were not isolated and were supported to spend time in the lounge and dining room with other people. We observed some people chatting and spending time with each other. One person said, "I spend most of the mornings with my friend". Staff regularly visited people who chose to stay in their bedrooms and stayed with them if they required support. Staff knew people's routines, such as their usual time to get up and go to bed.

People told us staff treated them with respect. People were able to choose the gender of the staff they preferred to support them. No one using the service at the time of the inspection had requested staff of a specific gender to support them. The registered manager planned shifts to make sure that there were always male and female staff members available to support people if they chose.

Systems were in place to make sure laundry was returned to the correct person. Staff were reminded of their responsibility to make sure people received their clothes back from the laundry and mistakes were quickly identified and rectified.

People were treated with dignity at all times and received the individual support and attention they needed. Staff offered people assistance discreetly without being intrusive. Staff supported people at mealtimes at their own pace. They explained to people about the care they would receive before it was provided. For example, one staff member told a person, "The chair is right behind you" as they supported them to sit in the lounge.

People had privacy. Staff knocked on bedroom and bathroom doors before entering and only entered when they were invited in. People had privacy when they washed and dressed and staff only stayed with them at their request.

Staff supported people to remain independent. One person told us, "Staff help with my independence by helping me walk. When I first moved in I couldn't walk but now, with their help, I can walk with a frame". The registered manager had purchased light weight china mugs, these helped people to continue to drink from mugs without support.

Staff knew about people's spiritual needs. Detailed guidance was available to staff about how to meet one person's spiritual needs when they were at the end of their life. This included when and how to contact their priest and their family.

People's friends and relatives were able to visit whenever they wanted. They told us they visited regularly and were made to feel welcome. People were free to invite their friends and relatives to join in activities and social events at the service.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality. Staff told us at the time of the inspection that people who needed support were supported by their families, solicitor or their care manager, and no one had needed to access any advocacy services.

Is the service responsive?

Our findings

Most people were able to tell staff how they liked their care provided. People had been involved in planning some of their care, with their relatives when necessary..

People told us that other areas of their care were provided in the way they preferred. One person said, "Staff listen and do what I want". Another person said, "The staff always listen and they act on what I say". One person's relative told us staff contacted them quickly about any changes in their relative's needs.

Before people were offered a service their needs were assessed with them and their relatives, to make sure the staff could provide all the care they required. People and their relatives were also invited to visit the service before deciding if they wanted to move in. Further assessments of people's needs were completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. These were not always fully completed, for example the overall needs had not been completed on some moving and handling assessments. Reviews of assessments had not identified that this important information was missing.

Care plans were written with people when they began to use the service. Staff had recently rewritten people's care plans following advice they had received from a consultant. Some people's care plans did not contain guidance to staff about how to provide the care people needed in the way they preferred. Staff provided some people's care in different ways. Three staff described the support they provided to help one person get dressed. They all provided the person's support in a different way so the care was not consistent.

The guidance given to staff in other care plans was not accurate. For example, one person's care plan stated they could wash their hands and face with prompts from staff. Staff told us the person was able to wash the front of their body down to their knees without support. There was a risk that people would not receive consistent support in the way they preferred.

Care plans were reviewed regularly but were not always changed when people's needs changed. For example, one person's care plan stated, 'I feel confident to walk with one carer and a belt when the carer is a man'. We observed this person used a wheelchair, supported by a male carer, to move around the building during the inspection.

Staff told us that some people's needs changed depending on how they felt each day. Another person's care plan contained detailed information about their changing needs and how to meet them. Information about the different types of support people needed was not consistently included in their care plan to help staff understand and provide the support the people needed.

The registered manager had failed to develop a clear care plan for each person, which included ways in which the person preferred their care to be provided and they could maintain their independence. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had enough to do during the day. They told us, "I'm happy with what I do" and "We do activities. The hairdresser comes in and singers. We do exercises, aromatherapy, bingo and horse racing". Activities were provided in the afternoons. Staff did most of the activities with people. The registered manager had also contracted outside entertainers to visit regularly. On one day of our inspection a singer visited and people enjoyed singing along to the music and playing instruments. There was an activities plan in place and it was on display where people could see it.

A process to receive and respond to complaints was in place. Information about how to make a complaint was available to people and their representatives. Complaint investigations looked at what had caused the issue that was being complained about and feedback was provided to the complainant about the action taken to prevent the issue happening again. People told us they would tell the registered manager about any concerns they had and were confident that she would resolve them.

Is the service well-led?

Our findings

The registered manager had been leading the service for many years and knew people and staff well. Staff felt supported and were confident to raise any concerns they had with her. Staff told us the registered manager was always available to give them advice and support.

The registered provider and registered manager had a clear vision of the quality of service they required staff to provide and how it should be provided. One staff member said, "We take our job very seriously. We like to do everything as well as we can". All the staff, including those who did not provide care to people, told us they felt part of a team who worked together to provide the best service they could to people. Staff told us they felt valued and received positive feedback about their performance. There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way.

Staff were motivated and enjoyed working at the service. They understood their roles and knew what was expected of them. They had job descriptions including their role and responsibilities which they could refer to if they needed to. Staff told us their views and opinions were listened to although staff meetings had not been held regularly. The registered manager had recognised this and put plans in place to hold staff meetings every three months. At the last staff meeting the registered manager had advised staff that CQC would inspect the service before September 2016 and staff had taken part in a practice inspection.

A keyworker system was in operation at the service. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. Each person had a member of care staff who was responsible for reviewing their care with them and making sure their care records were up to date. Care plans were reviewed regularly but were not always changed when people's needs changed or when the information was not correct. Accurate records in respect of each person's had not been maintained.

We would recommend that the provider put systems in place to make sure that accurate and complete records are maintained in respect of each person.

People and their relatives were asked for their feedback about the service every year. The 2016 survey was being completed at the time of our inspection. The registered manager had also started 'resident and family meetings' where people could also share their views of the service. Everyone received feedback from the meeting in the regular newsletter. Information was also shared about changes at the service and new people and staff were welcomed. Staff were not currently surveyed so they did not have an opportunity to give their views anonymously, if they wished to. This was an area for improvement.

Checks and audits were carried out regularly of the environment, staff training and people's care records. These checks had not identified the shortfalls in people's care records. The registered manager put action plans in place to correct any shortfalls they had found during their checks. There was good communication between staff. Processes were in place, such as handovers, to share important information between staff and the management team.

The manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service like serious injury and safeguarding incidents.

The registered provider and registered manager were committed to improving the service. They attended forums and training to keep their skills and knowledge current. The registered provider had employed a consultant to review and update policies and processes to keep them up to date.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered manager had failed to develop a clear care plan for each person, which included ways in which the person preferred their care to be provided and they could maintain their independence. This was a breach of Regulation 9 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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager had failed to operate safe medicines management processes in relation to the storage of medicines, the recording of the application of prescribed creams and regularly checking staff's practice remained safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |