Bupa Care Homes (CFHCare) Limited

Summerville Nursing Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an inspection over a period of two days 6 October 2015 and 25 November 2105. The first day of the inspection was unannounced and the second day took place to gather additional information.

On the first day there were 38 people who used the service and 41people on the second day. Summerville Nursing Centre was last inspected on 25 June 2013 and was found to be compliant with all the regulations that were inspected.

Summerville Nursing Centre is a care home registered to provide care and treatment for a maximum of 45 people requiring nursing care. The care home is based in a residential area, on the outskirts of Stockton Heath. The two storey property is a large converted house. Bedrooms are based over two floors and there is a smaller upstairs unit where there are bedrooms with ensuite bathrooms. There are two lounges and a dining area on the ground floor. The home is a short distance away from local amenities.

Summary of findings

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

We saw that people were well cared for and very comfortable in the home. The people and visitors that we spoke with were very complimentary about the care that they received and told us that the staff were kind and caring. We observed that staff were skilled and patient, treating people with dignity and respect

People felt safe and told us that they received the support that they needed, in a way that respected their wishes. We found that there was a stable staff team who worked hard, ensuring that they supported people in a thorough and unrushed way. However at times people had to wait if they needed two members of staff to assist them, as another member of staff may not be available if assisting elsewhere. This was especially the case during the morning. The registered manager assured us that she would review the staffing levels and deployment of staff during these times.

Staff received regular training and supervision, although not all staff had received a minimum of four supervision sessions per year. The registered manager was aware of this and had plans to address the frequency of these in the future.

Care records were personalised and up to date, they reflected the support that people needed so that staff could understand how to care for the person appropriately. We saw that staff responded to people's changing needs and sought involvement from outside health professionals as required. The GP visited the home every week to review people's health needs on a regular basis.

People had access to activities both within the home and local community. We could see that the activities coordinator was a real asset to the home, one person told us that she was "excellent". A full activities and entertainment programme was available to all residents, as well as one to one support for people who stayed in their bedrooms.

The home was well-led, with robust quality assurance processes in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff understood their responsibilities in protecting people from harm or abuse.

There were sufficient numbers of staff to meet people's needs and keep them safe, however at times people were kept waiting if their support needs required two members of staff.

Risks to people's health and wellbeing were identified, managed and reviewed. The provider used safe recruitment practices.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff were skilled and well trained. There was a thorough and appropriate induction process for all staff before they started work.

Staff received supervision, however there were gaps in the amount of supervision support that some staff had received.

People had a choice of meals and staff were aware of people's likes and dislikes.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

Is the service caring?

Good

The service was caring.

People told us that the staff were kind and caring. We observed that staff treated people in a compassionate manner.

Staff respected people's wishes and preferences and people were involved in decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Peoples care records were up to date, personalised and contained sufficient information so that staff knew how to provide care to that person.

People were offered a wide variety of activities and entertainment within the home and also within the local community.

People told us that staff listened to then and would try to do their best to support the person in the way that they wanted.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a friendly and welcoming atmosphere and the registered manager was approachable.

The registered manager had good knowledge and understanding of the needs of the people who lived at the home. People were asked for their views of the quality of the care and changes were made in response.

The home had effective quality assurance systems in place to monitor and improve the quality of the care.

Staff felt supported and were able to raise any concerns with the home manager.

Summerville Nursing Centre

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.

The inspection took place over two days. The first day was on 6 October 2015 and was unannounced. The second day was on the 25 November 2015, the provider was told that we would be returning for a second day of inspection.

The inspection team was made up of two adult social care inspectors on both of the days.

As part of our inspection planning we reviewed the information that we held about the home. This included information from the provider, reviewing the latest local authority monitoring report, as well as statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law. Before the inspection visit the provider sent us 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.

During the inspection we spoke with 12 people who lived at the home, one relative and one visiting health professional. We also spoke with staff including the registered manager, the administrator, the clinical lead, the quality manager, five care assistants, one nurse, one housekeeper and the activities co-ordinator.

We reviewed four people's care records and reviewed other documentation related to the day to day management of the service including four staff files, staff rotas, quality audits, meeting minutes, training records, call bell response times and maintenance records. We looked around the home, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people in the communal areas and observed how people were supported over lunchtime. We also spoke with people taking part in activities in the smaller lounge.

Good

Is the service safe?

Our findings

People spoken with at the service told us that they felt safe. One person said that they were "Very very satisfied" and felt safe living at the home. Another person told us that they were treated well and felt safe. Someone else said that Summerville is "a really good place to live". A visiting relative of a person living at the service commented that the care was "excellent".

The registered manager demonstrated that she understood her responsibility to identify and report any suspicion of abuse. Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed us that the provider had told us about safeguarding incidents. We saw that the registered manager held a safeguarding file and saw that they had followed procedures and appropriately raised a safeguarding alert with the Local Authority. This demonstrated that the registered manager had taken appropriate action to make sure people who used the service were protected and safe.and they were able to show us the providers own safeguarding policy which employees are expected to follow. There was also a whistleblowing policy available, however this policy was due to be reviewed in July 2015 and the registered manager has told the provider organisation that a review is required.

Staff spoken with told us that they had received safeguarding training and that they would be able to report any concerns to their manager, who they felt would deal with this. However, we also found that a member of staff required further clarification on the process for raising safeguarding concerns. In the past this member of staff had been able to report a concern and this had been dealt with correctly.However, we noted that clearer guidance was needed to ensure that the staff understood the correct process for reporting concerns especially if there was ever a situation where there were concerns about staff or management. The registered manager told us that all staff complete safeguarding training as part of the induction programme and that further training was completed every 12 months. However we were told that five members of staff needed to complete this annual training. This could mean that not all staff were up to date with their knowledge about the policy and process for reporting safeguarding concerns. The registered manager confirmed that safeguarding training was currently being arranged within the next month and she said she would also take measures to ensure that all staff were given further guidance to ensure that they understood the process for reporting any safeguarding concerns. We saw that there were also "speak out" posters displayed around the home to ensure that staff were aware of how to report concerns.

The provider demonstrated that risks to individuals and the service were managed so that people were protected. We saw that the provider had recently completed and updated a Fire Risk assessment, with each person having a personal emergency evacuation plan which showed the support that they would require in the event of a fire. A home emergency plan was also in place in the event of a major emergency requiring evacuation of the home. All repairs and maintenance were routinely undertaken. We saw the records which demonstrated that all safety and maintenance checks such as those required for the lift and equipment were carried out regularly and were up to date. Accidents and Incidents were also reported and reviewed to identify ways of reducing risks to the person as much as possible.

The care records that we looked at contained individual risk assessments, they were completed and up to date. Any changes to people's needs were recorded and amended.

We asked the registered manager how staffing levels were calculated and how they related to the needs of the people who were living in the home. The registered manager told us that she had recently devised a dependency tool, because the organisation did not provide a tool to assist in making these calculations. The registered manager had implemented the tool which was based on assessing people into bands according to their level of needs, and staffing levels would then be worked out accordingly. The registered manager also told us that the staffing levels were increased when there were a higher number of service users.

On the first day of the inspection there appeared to be sufficient numbers of staff within the service to keep people safe and meet their needs. There were 38 people living at Summerville and we reviewed the duty rotas. We saw that there were two qualified nurses and six care assistants on duty for the early shift reducing to five later in the day. There was also a hostess who supported the people and assisted staff to give out drinks. The registered manager was on duty and there was also an administrator.

Good

Is the service safe?

During our visit we heard that call bells were answered in a timely manner, however the minutes of a resident/relative meeting held in June 2015 noted a concern that the call buzzer was not always answered promptly. One person who we spoke to mentioned that it "sometimes takes a while for the call bell to be answered" although another person said "I press my buzzer and staff come quickly". We reviewed a sample of the call bell response times records. We looked at four separate days, which all demonstrated that the call bells were responded to within a few minutes and did not suggest that people were left waiting for long periods of time.

On the second day the number of people in the service had increased to 41, there were two qualified nurses, a clinical lead, six care assistants, a hostess and activities co-ordinator, as well as the registered home manager on duty. There were also three housekeeping staff , as well as a cook and kitchen assistant. When we arrived care assistants were supporting people to get ready for the day ahead, the atmosphere was calm and appeared organised. Again we observed that call bells were responded to in a timely manner. We reviewed the staffing rotas and staffing levels were consistent. The registered manager explained that the staffing levels were increased at weekends with seven care assistants, due to the clinical lead and manager not being on duty at these times.

We asked staff whether they felt that there was sufficient numbers to enable them to meet people's needs in a timely way. Some staff felt that there was not enough of them in the morning to support people to get ready and out of bed in an efficient manner. In particular there were ten people who need to be supported to get out of bed using different types of aids, this required two members of staff. Staff told us that they had to wait for another carer to become available to provide this support and that this sometimes took a while, leaving people waiting. We were told that on occasion people waited until late morning to get out of bed. On the second day of our inspection we observed that two people were supported to get out of bed near to lunchtime although, the people concerned were still sleeping and were not unhappy to get up later in the morning. The staff we spoke with understood the people's needs well, knowing who preferred to get up early, who liked to have breakfast in bed and who preferred to stay in bed longer. The care staff supported people well and did not rush them, using correct procedures for moving and handling. The qualified nurses on duty were busy administering medication so were unable to assist the care staff with these tasks. We discussed the staffing levels with the registered manager who offered us assurance that the deployment of staff and the staffing levels during these times would be reviewed.

We saw that staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with the people who lived at the home. We looked at five staff records which showed that all necessary checks had been carried out before each member of staff began to work within the home, including a full employment history check and Disclosure and Barring Service (DBS) check. The DBS is a national agency that checks if a person has any criminal convictions. The registered manager had also sought and acted upon advice regarding checks which related to the legal entitlement of employees to work in the United Kingdom. Through this recruitment process the registered manager was able to check that staff were suitable and qualified for the role they were being appointed to and not putting people they care for at risk.

We looked at the administration and recording of medicines. We spoke with and observed the registered nurse whilst they were administering medication. The nurse demonstrated a good technique and understanding of the safe handling of medication. Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation, these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. The nurse we spoke with was aware of the importance of giving medications at the prescribed times and that medication administration for certain conditions such as Parkinson's may vary. This was marked off accurately on the medications administration record to ensure that the medication is administered correctly. The clinical manager had recently completed an internal medication audit which highlighted some areas for improvement, an action plan had been developed and staff were completing further medication competency training. This demonstrated that the home management were taking steps to ensure that people received their medication as safely as possible.

We carried out a tour of the premises, people were cared for in a clean and hygienic environment. The registered manager told us that the home was due for some

Good

Is the service safe?

refurbishment and we noted that some of the toilets and bathrooms in particular were looking tired and would benefit from redecoration. In the main the home was well decorated and well maintained. The environment was very clean and there were no unpleasant odours. Staff were wearing appropriate gloves and aprons to reduce the risk and help the prevention of infections

Good

Is the service effective?

Our findings

The staff team were well established and knew the people who they cared for very well. A number of staff had been employed by the home for several years and one commented that they "loved" it at Summerville. A person told us that they "felt well cared for" and another said that they "have been here a long time and receive good care", they felt that the staff were good to them.

Staff had the appropriate skills and knowledge to meet people's needs and were well trained We inspected the home's training record, which was used to manage the training needs of the staff. The registered manager told us that they had access to a training team and one of the team had recently devised a new timetable for all staff training, which we saw was on view in the office. The records showed that staff had completed training in relation to food safety awareness, fire safety awareness, infection control, medication, mental capacity, moving and handling and caring for a person with dementia amongst other training. The registered manager told us that there was a thorough and formal procedure for induction which all staff had to complete prior to starting their employment at the home, this included certain subjects that had to be covered and the staff had to complete a training induction portfolio. We saw some examples of these. The registered manager told us that she had completed the same induction herself and found it to be very good.

The home had a supervision policy which required staff to receive a minimum of four supervisions per year. The registered manager, clinical lead and senior housekeeper carried out these one to one supervision meetings with staff. The registered manager showed us a record of the supervisions meetings. We saw that there were some gaps and not all staff had received supervision as frequently as required by the policy. However, we saw that the clinical lead had carried out some one to one sessions with staff around specific topics. Some staff told us that they received supervision whilst others could not recall these meetings, despite this we saw records of meetings having been held with these members of staff. We discussed this difference with the registered manager who felt that some staff may need further clarification as to the purpose of these meetings and to ensure that staff felt able to raise any practice issues or personal training needs. The registered manager told us that she has been managing the home for nine months and that she will now be focusing on regular supervisions for all staff, which will be booked in over the next 12 months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the MCA and the associated DoLS, with the registered manager who had received training and was aware of the requirements of the DoLS. The registered manager also told us that the provider had implemented a managers' work book which she will be completing, with the aim of ensuring that the manager holds up to date and robust knowledge about the MCA and DoLS. We spoke to staff who had an understanding of the MCA and that certain decisions made need to be made in a person's best interests.. At the time of our visit one person was subject to a DoLS authorisation.Capacity assessments had been completed as required and eight further applications for other people had been made to the supervisory body (the local authority). The home was waiting for the local authority to start the assessment process. The registered manager sought advice from the local DoLS team as necessary.

We were told that there was a new cook at the home. We observed the meal being served at lunchtime which looked appetising. Food was served from a hot trolley so people were given the choice of the amount of food that they preferred. There was a choice of meat and fresh vegetables available. People told us that they had a choice of food and

Good

Is the service effective?

we were told that if they didn't like something then the staff will "try and do their best for you and fetch you something else." Another person said that the "food is good with good choices".

We observed that a staff member noticed that one person hadn't touched their dessert so provided further choices, serving a different option which the person was happier with. The atmosphere in the dining room was calm and relaxed. There were a number of people who required support eating their meal and staff assisted as promptly as possible, however we saw that a couple of people had to wait for a staff member to become available before they could start to eat their meal. We saw that a wide range of drinks were served a mealtimes. There was a hostess who we observed to be supporting people with drinks throughout the day, including people who remained in bed.

Staff had good knowledge of individual support needs and preferences around food and drink. For example we saw that a member of staff specifically went to check that a person had enough packets of their favourite crisps available in their bedroom. We were also told that some people liked certain drinks and that alcohol was provided at the request of some people at mealtimes.

We saw from the records that peoples nutritional and hydration needs were recorded. There was evidence that staff were monitoring those people who were at risk of losing weight and the manager completed a monthly nutritional review to ensure that people at risk were receiving the correct support.

People living at the home had access to a range of health professionals. The registered manager and staff at Summerville sought support from outside health care agencies, for example the GP carried out a weekly visit to the home to help ensure that the correct care and support were provided to the people living there. We saw that one person's health had deteriorated over the past few weeks and staff had responded and sought advice on more than one occasion from the GP.

We also spoke with a visiting health professional who felt that the staff appeared knowledgeable about the people that they were visiting and provided good information in a helpful manner.

Good

Is the service caring?

Our findings

People and relatives we spoke with were happy with the care provided at Summerville. People told us that the staff were very kind and caring. Comments made included “all staff are very good” and it’s like “home from home”. Another person said that the staff were kind and friendly stating “They are kind, no doubt about that”.

We observed how people were supported by staff and saw that staff were kind and compassionate. We saw staff talking gently to a person who was a little upset in the lounge, the member of staff knelt down beside the person and talked quietly to them offering reassurance. A relative commented that the staff do “the little things well”. She gave an example of when her relative was going out and told us that the staff supported him to get ready and waved him off. When he returned the staff made a fuss and showed real interest in what he had been doing whilst he was out, which demonstrated their caring approach. The visitor commented that “People always look well cared for.”

However on one occasion in the lounge we noticed that one person did call out for help on three occasions, this was during lunchtime and some staff were nearby but busy with other tasks, staff did not respond initially to these calls and eventually responded to the person several minutes later. We discussed this with the registered manager who told us that they would address this further.

We observed that staff chatted and talked to the people living at the home, listening to them and respecting their views. We overheard staff talking to people whilst they were providing support to them in their bedrooms, the chat was friendly and caring in approach. We spoke to staff to see how well they knew the people living in the home and it was evident that they had a lot of knowledge about the people and their likes and dislikes. One member of staff said that they knew which of the people in the home generally like to get up early, but that sometimes they may prefer to stay in bed longer or to stay in their room and that they respected these choices. A person told us that they could “get up and go to bed when I like”.

We saw that people were treated with dignity and their privacy was upheld. During lunchtime staff supported some residents to eat their meals. We saw that staff supported people discreetly and understood how much support they needed. Staff spoke in a relaxed and friendly way. One staff member in particular supported a person extremely well, when the person became a little agitated and unsure about eating their lunch. The staff member took time to talk and listen, they responded appropriately, enabling the person to feel at ease and to understand what they needed to do so that that they could eat their meal independently, which promoted their dignity.

We saw that information about the service was available in all of the people’s bedrooms. Information and advice was also available in written format at the entrance to the home and on notice boards. This included information about the regulators and how to make a complaint, which ensured that the person living at the home and their relatives had access to information in a way that could be understood.

The home had achieved the Gold Standard award for end of life care which meant that all staff have received training to help to care for and support people and their families when the person reached the end stages of their life. The home had a working protocol to guide and assist staff in specialist palliative care for people who were coming to the end of their life. The staff worked closely with the team at the local hospice and the McMillan nurses to ensure that the care of people at the end of their lives and the support for their families was of good quality and based on best practice.

Good

Is the service responsive?

Our findings

People told us that the staff were responsive and people felt able to make choices about how they would like to be supported. One person told us that staff will "help you with whatever you want them to". Another person said "I like it here, I've got what I need". Another told us that you can choose where you want to sit and where you want to be during the day. Some people preferred to spend time in their room and staff respected these choices.

We looked at the care records for four people who use the service. The provider had recently changed the way that information was recorded about people's care needs and a template called "My Day, My Life" was in place. The records that we looked at were personalised. People had an assessment completed prior to their admission which formed the basis of their plans of care. We saw that the documentation supported staff to record people's preferences and abilities, focusing on what people could do for themselves. For example one plan stated that the person had "full capacity and is able to discuss and take part in her lifestyle choices." The plans included information about people's health and social care needs, as well as their preferences, likes and dislikes. The care records provided sufficient detail to enable the staff to know how to meet the person's care and support needs in a way that they preferred.

We saw that care records contained risk assessments and daily monitoring sheets. The records also demonstrated that plans of care were reviewed on a regular basis and updated when people's needs changed. We saw that one person's health needs had changed and the person's care records included up to date information about these needs, so that staff understood about the care that the person required. We inspected some records which were kept in people's rooms to record when staff had carried out care tasks such as assistance with moving or having a drink, these records were completed consistently and were kept up to date.

People told us that there were activities going on and that they could choose whether they wanted to take part. The home had an activities coordinator who organised group activities and also supported people on a one to one basis.

One person commented that the activities coordinator was "worth her weight in gold" and thought that the activities on offer were excellent. There was a programme of events, with a timetable on display in the home, as well as a copy for each person available in their bedroom.

We observed a group activity taking place during our inspection, with three people having a chat over a cup of tea. The activities organiser explained that they subscribed to the Daily Sparkle newsletter, which is an excellent tool for sparking conversation and included interesting information such as "this day in history". There were also new games available such as "Name that tune" and jigsaw puzzles which had recently been purchased. The activities coordinator was responsive to the needs of the people living at the home, seeking their views and preferences for activities and entertainment. We were told that regular trips had been organised during the summer months and that people had enjoyed a canal boat trip and lunch at a local restaurant. Visits to a local museum had also been organised.

People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the home. We saw that the registered manager had a system for logging any complaints and that these were documented with any actions taken to resolve them. The records demonstrated that there had been three complaints in the past twelve months, all of which had been dealt with appropriately. The registered manager told us that they held quarterly residents/relatives meetings. We reviewed the minutes of these meetings and saw that they provided an opportunity for residents and relatives to share their experiences and give feedback about the quality of the care. As well as the meetings we heard that the residents were encouraged to give their opinion and one person told us that "there seems to be a lot of attention given to whether I am satisfied".

We asked the clinical lead about maintaining links with the local community. She told us that local people regularly came into the home to provide entertainment, as well as visits from the library service who brought in books on a regular basis. Local clergy visited the home every other Friday to perform holy communion to those people who wished to take part, to meet their spiritual needs.

Good

Is the service well-led?

Our findings

We found that the service was well led. People told us that the care that they received was good and that the home was well managed with good staff. A visitor told us that their relative had come on "leaps and bounds" since being at Summerville and that they were" very well looked after". The registered manager was visible around the home and had a friendly approach towards people living at the home and their visitors.

We saw that suitable management systems were in place to ensure that the home was well-led. The registered manager had been in post since February 2015 and is registered with The Care Quality Commission (CQC). The registered manager understood her responsibilities and was well supported by a wider team, including a clinical lead, training team and quality assurance staff. The staff team as a whole were stable and consisted of staff who have worked at the home for many years. A member of staff told us that they enjoyed working at Summerville and felt "well supported". The registered manager told us that she has an open door policy and that staff would often come to her office if they wished to discuss any issues. Staff told us that if they had any concerns then they would go and speak to the registered manager and felt able to do this.

We were told that staff meetings were held, we saw that the frequency of these has been variable over the past few months. The registered manager told us that separate meetings were held for qualified staff and care staff. A meeting had been held for night staff quite recently but only a very small number of staff attended. Health and safety meetings were due to be held every three months, although there had been a longer gap in these meetings with meetings held in March and October this year. Minutes of these meetings were reviewed and we saw that various topics were discussed including the expectations on staff.

The registered manager engaged well with CQC and our records demonstrated that she notified CQC of significant events appropriately, as legally required to do so.

A staff survey had recently been completed and the registered manager had the results, she told us that she was in the process of developing an action plan to address any issues highlighted by the staff survey. A residents/ relatives survey had also been completed and the registered manager was currently awaiting the results of these. The registered manager told us that she will also devise an action plan to make improvements on any areas that may be highlighted through the residents' survey.

There were arrangements in place to regularly assess and monitor the quality of the service. We saw that the registered manager and clinical lead completed monthly audit checks and kept robust records of these checks. Some of these audits included a home manager report, pressure ulcer log, nutrition review, infections and medication. The clinical lead had completed a care plan audit where some improvements were identified, we saw that the improvements were carried out and the clinical lead made a further check to ensure that these were completed. Therefore the service ensured that the quality of the care was monitored and improvements were made.

Each month a formal quality assurance visit was carried out by the provider and the quality manager. We saw records of the most recent visit whereby the quality manager completed a thorough audit of all areas of the home and assessed their performance. We saw that this supported the registered manager to highlight any areas for improvement and actions plans were developed from these audits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.