Tamaris Healthcare (England) Limited

Barrington Lodge Care Home

Inspection report

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20 October 2017

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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

Barrington Lodge Care Home provides accommodation for people with nursing and personal care needs. The home can accommodate up to 70 people. At the time of our inspection there were 58 people using the service. The home is on two floors. People can access garden areas, communal lounges and dining rooms.

This unannounced inspection took place on 9, 10, 16 and 20 October 2017.

At the last inspection carried out in August 2015, we rated the service as overall "Good" and found the provider was meeting relevant regulatory requirements.

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. At the time of the inspection there was no registered manager in post. A new manager had subsequently been appointed but had since left the service. The regional manager told us they were in the process of recruiting a manager. During our inspection, the home was being managed by one of the provider's resident experience support managers. This type of manager provides support to care homes where there is no manager present.

We found fire checks and other maintenance checks had not been carried out as prescribed by the provider in order to keep people safe and ensure the home environment was safe. There had not been a maintenance person employed in the home for some months. The manager agreed to address this issue and begin the recruitment process for a new maintenance person.

Systems were in place to monitor the quality of the service. People were routinely asked for their views. Actions plans were put in place to improve the service when required. However, we found the daily monitoring of the service failed to identify the deficits with cleanliness, storage and the positioning of alarm bells that we found during the first day of our inspection. Following the first day of our inspection the manager addressed the shortfalls in cleanliness and they also ensured emergency pull cords in toilets and bathrooms reached floor level for people to use if they had experienced a fall, and bathrooms were no longer used as storage for equipment.

The food in the home was appetising. Staff knew what people liked to eat. At mealtimes staff were very busy serving meals to people both in the dining room and in people's bedrooms. We found improvements could be made to the meal time arrangements so staff could support and encourage people to eat.

People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and the actions they needed to take if they were concerned a person may be at risk of harm.

People's care plans were up-to-date and accurate. We found these were person centred and contained detailed information to enable staff to deliver personalised care to people living in the home. Staff regularly reviewed the plans.

The manager spoke with us about the numbers of staff they expected to have on duty. We reviewed the rotas and found there were enough staff on duty to meet people's care needs.

The provider had a complaints policy in place. Complaints made to the service had been thoroughly investigated and a response had been provided to the complainant.

Work to implement the provider's framework on dementia had yet to be started. The regional manager explained the plan was to implement the framework when a new manager was appointed.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff approached people with kindness and engaged them in conversation using humour and banter. We found people's dignity and privacy were respected by staff.

Records showed staff had been supported to carry out their duties through the use of induction training, supervision and appraisal. Staff confirmed to us they received this support.

People and their relatives had been involved in discussing end of life care arrangements so people's wishes could be met at this important time.
Communications systems were in place to enable staff to be up to date with people's care needs. Healthcare appointments were documented in a dairy so staff were able to make arrangements for people to attend their appointments.

An activities coordinator was employed by the service. Activities were offered to people either individually or in a group setting. Entertainers had been booked to perform in the home.

When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support. Arrangements were in place to ensure new staff received an induction for working at Barrington Lodge Care Home. All staff were supported through supervision, appraisal and training to carry out their duties.

People were supported as appropriate to receive their medicines safely from staff who were trained and assessed as competent to do so. Staff were able to demonstrate to us how they supported people to take their medicines safely and they informed us about what actions they took to monitor people's stocks of medicines.

We found the service worked in partnership with key agencies to ensure people's health care needs were met.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to Requires improvement.

The service had appropriate risk assessments in place to protect people from harm. However, we found fire checks and water temperature checks had not always been carried out. High furniture had not, when identified been secured to the wall.

People's medicines were administered in a safe way.

Staff had received training on how to safeguard vulnerable adults.

During our inspection actions were taken to improve the cleanliness of people's bedrooms.

Is the service effective?

Requires Improvement

The service has deteriorated to Requires improvement.

Staff were provided with support through induction, supervision, training and appraisal to carry out their duties.

Communication systems were in place to enable staff on duty to be kept up-to-date about people's needs.

The provider had plans in place to improve the environment to ensure people living with dementia were supported to retain their independence.

Is the service caring?

Good

The service remains Good.

Staff knew people well and were able to tell us about their likes and dislikes. They engaged people using humour and banter and people responded well to staff.

Relatives felt they were involved in the service and their views were sought by staff on how best to care for their family members who were using the service.

Staff protected people's privacy and dignity and understood the need for confidentiality.

Is the service responsive?

Good

The service remains good

People had plans in place which reflected their individual needs and which gave guidance to staff on how to provide personalised care for people living in the home.

Plans were reviewed on a regular basis to ensure people's needs were accurately documented. We found the plans were up to date and accurate.

Activities were provided in the home either on a group or an individual basis to protect people from social isolation.

Complaints made by the service were thoroughly investigated and a response was provided to the complainant.

Is the service well-led?

Requires Improvement

The service has deteriorated to Requires improvement.

There was not a registered manager in post.

The daily walkabout audit carried out by the manager or their nominated representative failed to identify the deficits we found during our inspection.

Monthly visits were carried out by the regional manager to check on the quality of the home. They provided a report which included actions required to improve the service.

The provider had electronic systems in place to seek feedback from people who used the service, their relatives and other professionals. These were routinely monitored and areas of concern were addressed.

The service worked in partnership with other professionals to ensure people's needs were met.

Barrington Lodge Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 9, 10, 16 and 20 October 2017 and each day was unannounced.

The inspection team consisted of one adult social care inspector, one assistant adult social care inspector and an expert by experience.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed 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 16 staff including the regional manager, the resident experience

support manager, care home assistant practitioner, senior care workers, care staff, activities coordinator, and kitchen and domestic staff. We spoke with eight relatives and three people who used the service.

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 reviewed five people's care plan files and four staff personnel files and looked at records related to the management of the regulated activities.

Requires Improvement

Is the service safe?

Our findings

People confirmed to us they felt safe living in the home. One relative said, "My [relative] has been here for five years and is very happy because the staff are so friendly and anything they ask for they get straight away."

The manager told us the home had been without a maintenance person whose role included checking fire safety and systems for a number of months. They confirmed that these checks had not been carried out as they should have. We looked at the fire records and found there were gaps in the fire log book reviews; these had not been completed in February, April, May, June, July, August and September 2017. There were also gaps in weekly fire system checks. Monthly temperature checks for hot and cold water outlets (baths and showers) had not been completed in March, May, July and August 2017. Monthly temperature records for water basins were also inconsistent with not being completed in February, July and August 2017. This meant the safety checks had not been carried out in the home to reduce potential risks to people and ensure the environment remained safe.

In one health and safety audit we found it had been noted high furniture had not been secured to the wall. We checked high furniture in people's bedrooms and found these were not secured to prevent accidents. We spoke to the regional manager and the manager who agreed to address the issue.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of our inspection we arrived at the home and found there had been an outbreak of diahorrea and vomiting. We did not enter the home due to the outbreak. The manager had followed procedures and reported the outbreak to the relevant healthcare organisations in line with set protocols. Signs were on the entrance doors advising people of the occurrence. The manager told us they had advised relatives to avoid visiting if they were able to avoid spreading the infection. Staff who had contracted diahorrea and vomited were required to remain at home. As the home had not been without a person displaying signs and symptoms for 48 hours we did not enter the premises on that day and commence our inspection. This demonstrated that the provider took appropriate action to prevent the spread of infection as much as possible.

On the second day of our inspection we asked relatives about the cleanliness of the home. One relative told us the cleanliness was "Not great" and "Left a lot to be desired". Another relative felt the cleanliness of their family member's room could be improved. We looked around the home to see if it was clean. We found communal areas were clean, however we saw brown stains on toilets and toilet frames and people's bedroom carpets were stained. The manager agreed to make immediate improvements. On the last day of our inspection we found improvements had been made.

Risk assessments were in place related to the safe running of the home. For example, we saw a risk assessment was in place for the safe use of ladders. People's individual risks had been assessed and actions

were put in place to mitigate each person's risks. Staff were familiar with what actions to take to keep people safe.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. This meant the provider had in place an appropriate process for vetting staff.

The manager explained to us the staff levels for the home. We looked at the rotas and found there was sufficient staffing to meet people's needs.

In the entrance way to the home we found an emergency pack which contained an emergency plan and equipment to be used should the home need to be evacuated. People had in place 'Personal Emergency Evacuation Plans' (PEEPs) which detailed the support people required to assist them evacuate the premises safely. The PEEPs were stored in a file in the entrance way of the home to allow easy access for the emergency services.

We found emergency pull cords in bathrooms and toilets had been tied up. People who fell on the floor would not have been able to reach the cords to seek staff assistance. We pointed this out to the manager and the regional manager who agreed to take immediate action. When we returned to complete the inspection we found the action had been taken.

Accidents and incidents were recorded by staff and reviewed by the manager. The regional manager had oversight of these. Records showed incidents were regularly reviewed and kept open until they had been fully resolved.

We found people's oral medicines were administered in a safe manner. Arrangements were in place for the ordering, supply, storage and disposal of people's medicines. During our inspection we observed a delivery of one person's medicines. The staff member checked the name of the person and ensured they were in the home before agreeing to sign for the medicine. This showed staff were aware of how to ensure the medicine had been delivered to the right home. We looked at Medicine Administration Records (MARs) and found these were accurately completed. Controlled drugs, which are drugs that are liable to misuse, were found to be stored appropriately and the stocks held by the home matched the records.

We looked at the records for people's topical medicines (creams applied to the skin) and found there were gaps in the records. The manager showed us they had gathered together topical medicines charts and had already identified this as an area for improvement.

Staff had received training in safeguarding vulnerable adults and were able to tell us about actions they took to ensure people were protected from harm. Staff told us they felt confident in approaching the manager if they had concerns about people receiving inappropriate care or improper treatment. At the time of our inspection the manager told us there were no on-going concerns raised by staff and there were no staff whistleblowing issues under investigation.

The provider had in place a staff disciplinary policy to ensure people were protected from any staff

misconduct. The manager told us there were no current staff disciplinary issues.

Requires Improvement

Is the service effective?

Our findings

We reviewed staff records and found staff who were new to the service underwent an induction period to familiarise themselves with the service and people's needs. Inductions for agency staff had also been carried out. Staff who were new to working with people in care services were required to complete the Care Certificate. This certificate sets national standards which are required of health and social care workers in their roles in the care sector. The provider had in place a training programme for staff; this included first aid, reporting incidents, food safety, using bed rails and information governance. Staff confirmed to us they had undertaken training. One staff member said, "I have now achieved level 2 in care and I have done a course in stroke awareness, and new courses are shown on the notice board for staff to see." Staff were also supported in their roles through regular supervision and annual appraisal.

We found people's health care needs were addressed. Staff had prepared people's files for GP visits during our inspection to discuss with the GP people's current health conditions. We spoke with one healthcare professional who told us staff made appropriate referrals to health care services including continence and dietary specialists.

Relatives spoke to us about staff skills and recognised how their family members sometimes displayed behaviour which could challenge the staff. The relatives we spoke with felt staff had the required skills; one relative described their family member's behaviour and said, "The staff know how to handle her."

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 so that they can 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 found staff had been trained in MCA and DoLS and understood their role in applying the MCA to their daily work.

Applications had been made to the local authority to appropriately deprive people of their liberty and keep them safe. Notifications had been made to CQC when the applications had been granted. We saw where people were unable to make decisions for themselves, capacity assessments had been carried out and decisions involving relatives and professionals were made in people's best interests.

We looked around the kitchen and found that it was clean and well organised. Information was available to kitchen staff about people's dietary needs and arrangements were in place to meet those needs.

The food served was appetising and staff knew what people liked. In response to a provider survey one person had commented, "It (the meal) was very nice thank you and yesterday's was quite nice too." Another person commented, "The lasses [staff] always ask me what I want and always help if I don't like the options." A relative told us, "I am here at mealtimes and I see the food and its good, and plenty of it."

We carried out our short observational framework for inspection over a lunchtime period. We observed staff hurrying between the dining room and people's bedrooms with trays of food. People in the dining room were cared for by one staff member who had to leave the dining room to deliver food. Staff gave words of encouragement to people to eat as they walked past to give people their meals in their rooms. One person in the dining room was spoken to only when being offered their next course. Another person stood up and left the table on three occasions. On each occasion they left the dining room without the assistance of their walking stick and on one occasion they used another person's walking frame. In the lounge, staff supported one person to eat and told them they would go and get their pudding. Another member of staff came along and took off their apron. Twenty minutes later the person had still not received their desert. We asked the manager to ensure they were offered their dessert and they provided reassurances the person would get the remainder of their meal. We found the mealtime experience needed to be revisited to enable staff to have the opportunity to engage with people to provide support and encouragement to eat. We spoke with the manager about our findings and they suggested ways forward to address the management of mealtimes.

Communication systems were in place to ensure staff were up to date with people's care needs. Diaries were available for people's appointments. One member of staff showed us handover sheets which documented essential information about people. They told us the handover sheet had been introduced by the manager and was very useful especially for agency staff who then had pertinent information about people at a glance. Relatives told us staff kept them informed and gave more information when asked. We observed telephone communication with another professional. Staff were accountable on the telephone for the actions they had taken and they then recorded their call in relevant care records.

We found equipment such as commodes, wheelchairs and a comfy chair stored in bathrooms. These posed risks to people using the bathrooms and we drew the manager's attention to the risks. They arranged for more appropriate storage of the equipment.

Whilst we found there was some signage upstairs to help people identify bathrooms and toilets, we found throughout the building further work was required to support people living with dementia to orientate themselves around the home and promote their independence. In the PIR submitted in July 2017 the provider stated they intended to implement their Dementia Framework in the home. This is an approach designed to further develop staff understanding of dementia type conditions and create an environment where people living with dementia can be more independent and stimulated. The regional manager explained that due to the management changes in the home this was the last home in their group of homes to implement the framework. They told us they felt it was appropriate to wait until a permanent manager was recruited to carry out this piece of work.

Good

Is the service caring?

Our findings

People told us staff were, "Very caring." In the provider's survey one person had commented, "Staff are friendly and approachable." One relative told us the staff always asked about their family members and enquired about the health of others in the family. They told us staff were genuinely interested in their family.

We observed staff kneeling down to speak to people face to face and provide them with explanations for example when they needed to take their medicines. Staff spoke with people as they passed by and stopped to have meaningful conversations with them. We saw staff listened to people and showed they were interested in their conversations.

Staff spoke to us in warm caring tones about people. They were proud to tell us they had worked in the home for a number of years and were able to give us detailed information about people's needs, backgrounds likes and dislikes. They spoke to us about people's family members and how often they were able to visit people. We observed staff treating people with kindness, they offered help and support to people and empathised with them when people felt tired. One member of staff told us, "That is how you would want your own parents to be treated."

We observed staff using 'banter' and humour to engage people and divert them from potentially harming themselves or others. For example, one person was amused by trying to run people over with a wheeled zimmer frame. Staff smiled and used the humour to encourage the person to divert their attention onto another activity. People responded well to the staff.

Records showed the relevant people including healthcare professionals and relatives were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People had emergency health care plans and end of life plans in place where staff had discussed with each person and their relatives how they wished to care for. The care plans for some people included the directive 'Do not attempt cardio pulmonary resuscitation' (DNACPR). We saw that where necessary, for example where people could not make these decisions for themselves, relatives had been involved in this decision-making. We found up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

We saw staff protected people's privacy and dignity by knocking before entering their rooms, and closing bedroom and bathroom doors before delivering personal care.

Relatives told us they felt involved in the service and were welcomed into the home; one person said, "We even come for Christmas dinner and a member of staff picks us up from home and brings us here to spend the day, it's a great day."

The service had in place plans for people entitled, "Psychological, emotional and sleep needs." These plans documented what was required to enhance people's well-being. Staff were familiar with the plans and were able to tell us how they supported people's well-being. We found staff were advised to give people

reassurance to prevent any distress reactions. Staff throughout our inspection provided reassurances to people.

We saw people's plans involved their relatives and actions were put in place to work with relatives on their wishes. This meant the staff listened to relatives as natural advocates for people who used the service.

Arrangements were in place to protect people's confidentiality. Care documents were stored in lockable cupboards in locked offices. Staff spoke with us in hushed voices when they were explaining people's needs to avoid being overheard ensuring that people's confidentiality and dignity was maintained.

Good

Is the service responsive?

Our findings

We found the provider had in place a complaints policy. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Complaints made about the service were well documented in line with the provider's policy and complaint outcomes were on file. We saw the manager and the regional manager had written to complainants outlining their findings and what actions they had taken to prevent their complaint from re-occurring. We spoke with one relative who had made a complaint. They told us there had been an improvement. Another relative said, "I have no complaints and I know most of the staff and they look after my wife."

Each person had a separate care file in which we found background information about their care needs. Assessments had been carried out before people began to use the service to provide information to staff and a basis on which people's care plans could be written. We saw people and their family members were involved in identifying their needs, choices and preferences and how they would be met.

People's care, treatment and support was set out in detailed written plans which described what staff needed to do to make sure personalised care was provided. This meant people's care plans were relevant to them. The care plans covered a range of issues including personal care, mental capacity, nutrition and hydration, psychological, emotion and sleep needs. Where people had specific health care needs these were addressed with individual care plans. For example, one person needed to be fed using a percutaneous endoscopic gastrostomy (PEG), which is a tube through which nutrition is passed directly into a person's stomach; their care plan was well documented and information was also provided in the person's bedroom, the place where they received this care. Similarly people with diabetes had specific information in their care plans to enable staff to provide appropriate care.

We saw staff kept a daily record of the care that had been provided as well as any changes to a person's health care needs. This meant staff were accountable for the care they delivered to people. Staff documented, for example when people needed support to turn in bed and when these positional changes were carried out. Guidance was in place using photographs to demonstrate how one person needed to lie in bed. Regular checks were in place for people nursed in bed who were unable to use their nurse call buttons.

Regular reviews of people's care plans took place. One staff member told us plans were changed when people's care needs changed so they were always up to date. This meant staff had the information necessary to guide their practice and meet people's needs safely.

We found choice was a key element of the service. Staff gave and supported people to make choices about what they wanted to eat, where they wanted to be and what they wanted to do in the home. We observed people asking to be taken to their rooms and out of the dining room. Staff supported people in the choices they made.

The provider had in place arrangements for people moving between the services and hospital and there

were strategies in place to maintain continuity of care.

The provider employed an activities coordinator who showed us records of the activities. People confirmed they had participated in activities. In the provider's survey results one person said, "It has been nice today with the fair. I won the bingo and the raffle and feel sick because I've eaten too much cake!" The coordinator explained that although they may have an activities plan in place for any given day, the plan was always liable to change as people may wish to do different things. Staff had decorated the home to engage people in Halloween and remind people of the different calendar dates throughout the year. Entertainers were booked to visit the home; one person said, "I liked the singer."

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. We saw people were invited to participate in group activities, for example making cakes and playing bingo. Some people told us they did not always want to participate in group activities and preferred to be in their room. One relative told us, "The girls [staff] come in and talk to him." We saw staff spent individual time with people, for example to help them read or write letters, or to engage them in conversations about the content of their morning newspaper.

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in post. The home was being managed by a resident experience support manager. Within the provider's organisation, this type of manager provides support to the homes where there is no manager present. The regional manager had recruitment processes in place to recruit a new manager for the home. Following the inspection the regional manager told us they had appointed a new manager for the home.

We saw the manager or their nominated representative carried out a daily walk around of the service. The provider required the staff member carrying out the daily checks to look at a number of aspects of the home including cleanliness and if people appeared well cared for. This included talking to one person each day to discuss their levels of satisfaction with the home. Actions, if required were put in place each day to address deficits found during the daily walk around. However we found these daily walks around the home had failed to address the deficits we found during our inspection. These included the cleanliness of the home, the emergency pull cords in the bathrooms and the storage of equipment. This meant the systems in place failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service.

The manager completed a home governance audit to demonstrate staff meetings, relative's meetings, health and safety meetings and clinical governance meetings were taking place. Audits were also in place to monitor people's care plans and the health and safety of people in the home . These audits had identified the lack of maintenance staff to carry out the required checks on the home. We saw the manager was supported by a regional manager and there were regular monitoring visits to the service. The regional manager produced a report after each visit and had identified the gaps in the maintenance checks including fire checks in the home due to recruitment problems of maintenance personnel. Arrangements had been put in place at the time of the report for a maintenance person from another home to carry out the required checks, however these checks were not carried out.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The resident experience support manager was able to give us a good account of the service, having previously worked in the home. They provided us with all of the information we needed. Staff expressed confidence in the manager and felt they received good support and guidance from them. The manager chaired staff meetings where they raised issues about the standards of care and what staff needed to do to improve the care delivered in the home.

Staff spoke to us about the culture of the home and how this had changed as different managers had managed the home. They felt the current way of working was much more supportive and expressed confidence in how the service was being managed.

During the inspection we found people's topical medicines records were not up to date or reflected the

prescription guidance given by healthcare professionals. The manager had gathered used topical medicine's charts and had already identified the issue in order to look at the record keeping.

The provider had an electronic system in place for gathering the views of people who used the service, their relatives and other professionals. The results of these views were analysed and actions to improve the service were devised and monitored.

The provider had carried out a staff survey across all of their homes. Staff responses from each individual home had been aggregated and were rated red, amber and green. An action plan had been drawn up to address staff concerns at Barrington Lodge Care Home and improve the service. For example, staff stated they had not had an appraisal in the last 12 months. This was a red area for improvement. The action plan stated how this was going to be taken forward by deputy manager.

We saw all records were kept secure, maintained and used in accordance with the Data Protection Act.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. Staff in the home had worked with the speech and language therapy team (SALT), tissue viability, staff, occupational and physiotherapists, and nurse practitioners. This meant the staff in the home were working with other services to meet people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably practicable to mitigate risks to people who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity