

Forestglade Limited

Bramble House

Inspection report

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27 June 2019

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bramble House is a care home without nursing that provides a service to up to 29 older people, some of whom may be living with dementia or a physical disability. At the time of our inspection, there were 26 people living at the service.

People's experience of using this service and what we found

A new manager had been appointed and were supported by the provider to make the required improvements we had identified at our previous inspection. Staff we spoke with felt positive about the changes taking place.

Following our previous inspection, we met with the provider to discuss the improvements they were planning to make and to understand why progress had been slow. They showed commitment to address the shortfalls we found at our previous inspection.

The provider had submitted a monthly update of their action plan and our inspection confirmed that progress had been made to address the shortfalls we had previously found in relation to the environment, infection control, fire drills, call bell response times and falls analysis. However, the provider's action plan had not been effective to ensure sufficient improvement was made across all areas that required improvement. We identified ongoing concerns with medicine recording and people's care records and risk screening tools had not always been completed. People remained at risk of harm because the provider still did not have effective systems in place to monitor and improve the quality of the service provided.

People and their relatives were happy with the service they received from Bramble House. They told us they felt safe with the staff who supported them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us staff were friendly and polite towards them and they respected people's dignity and privacy. People and their relatives confirmed they had been involved in the assessment of their care and encouraged to retain their independence.

Staff had been trained to carry out their role and felt supported by the provider and manager. Further training in dementia care was being arranged. People told us they felt staff were knowledgeable about good care practices. Staff had a good understanding of their responsibilities to protect people from harm and abuse and to report any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was requires improvement (published March 2019) and there were one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned comprehensive inspection based on the previous rating. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

We have identified breaches in relation to people's safe care and treatment and the quality and risk monitoring of the service at this inspection. Please see the key questions 'Is the service safe?' and 'Is the service well-led?' sections of this full report.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last focused and comprehensive inspections, by selecting the 'all reports' link for Bramble House on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring. .

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Bramble House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, one inspection manager 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.

Service and service type

Bramble House is a care home without nursing that provides a service for up to 29 older people, some of whom may be living with dementia or a physical disability. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission however; a new manager had commenced employment and had submitted their application to register with CQC. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection took place on 25 and 27 June 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and two health professionals. We also spoke to five members of staff, the new home manager and provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with a commissioner via telephone who had been in regular contact with the service and received feedback from another health professionals by email who had visited the service.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same and has been rated as Requires Improvement.

Using medicines safely

- Following our previous inspection some action had been taken to improve people's medicine management, this included support from the local Care Home Support Team pharmacist to review the home's medicine practices.
- However, we found good medicine recording practices were not always followed which increased the risk of medicine errors occurring. For example, people's liquid medicines were not always dated when opened to ensure they were used within the manufacturer's recommended timeframe to remain effective. When people's medicine administration records (MAR) were hand written these were not always double signed to ensure accuracy.
- For two people who might occasionally require medicines to manage their anxiety there was no MAR and protocols immediately available to guide staff when administering their 'as required' medicines. Staff might therefore not know that this medicine had been prescribed and the dose that needed to be administered to support them to manage their anxiety promptly when needed. The provider took prompt action to find the PRN protocols and placed them in the medicine folder.

We found no evidence that people had been harmed. However, good practice in relation to medicine recording was not always followed. This is an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported by staff who knew them well and were aware of the risks associated with their care. However, people's records did not always provide sufficient information to support staff to manage individual risks to people's safety and welfare. For example, the service used universally recognised tools to assess people's risk of pressure areas and malnutrition. We found these had not always been completed or regularly reviewed. This meant staff and health professionals might not always have all the information they needed about people's risks so that appropriate risk management plans could be developed to keep people safe.
- Areas of people's care plans were blank. For example; two people's care plans with regard to skin integrity, 'as required' medication and nutrition and hydration had not been completed. The director of Bramble House told us care plans were in the process of being updated and staff were getting used to the new system. There were no paper records for these people to ensure the above areas were being recorded and

monitored whilst the electronic system was populated. This put people at risk of receiving unsafe care and treatment.

- One person had developed a pressure ulcer whilst being cared for in the home. Daily notes were not always consistent and did not always show repositioning of people who may require assistance or have pressure areas. We found records relating to this person's skin integrity, nutrition and hydration had not always been completed. This meant health professionals and the provider could not determine whether this person had received the care they needed to protect their skin from deteriorating and that health professionals' guidance had been followed appropriately.
- Systems were in place to monitor and learn from incidents and accidents but had not always been operated effectively. When the provider became aware that this person had acquired a pressure ulcer they had appropriately referred the concern and requested health professional input. However, they had not promptly investigated, and review staff practice and people's records to determine if this could have been prevented, to check that the person was supported to manage their skin risk appropriately, and whether any lessons could be learned, or action taken to prevent reoccurrence. They informed us they had completed an investigation following our inspection when prompted by the local authority.
- We found one person had missed one dose of their medicines, which had not been identified by staff and reported to the manager. Action had therefore not been taken to ensure there was no adverse effect on the person and to investigate so this did not happen again.
- Another person's daily notes stated that they were frequently in pain and had areas of sore skin when receiving personal care from staff. This was recorded daily over six consecutive days. Although records showed that health professional advice had been sought this person's care records had not been reviewed to ensure staff had sufficient guidance on how to monitor and support this person's pain and skin integrity. The provider failed to ensure there were effective systems and processes in place to monitor, manage and mitigate risks to people's health and welfare placed people at risk of harm.

This is a breach of regulation 12 (Safe Care and Treatment). They had also not ensured people's records were up to date. This is a continuous breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found some risks to people had been managed well. For example, where people required assistance with their mobility, there were clear and comprehensive plans in place to ensure they were assisted safely. For example, one person required assistance from two members of staff to assist them to mobilise. There were clear guidelines for staff to follow, including the equipment required and how to appropriately use these pieces of equipment.
- We also found when safety incidents had been reported appropriately these had been recorded and investigated. We saw some examples where learning had taken place. For example, the registered manager had analysed the frequency of falls experienced by one person and looked for patterns and trends and control measures put in place to minimise the risk.
- Equipment and furniture had been inspected and continued to be safe to use. Following our previous inspection, the provider had the bath hoist serviced.
- People were protected from risks associated with fire and electrical and gas equipment through regular checks and management of identified risks. The fire escape route was kept clear of obstructions to aid safe evacuation if needed. The fire service had completed a full assessment since our last inspection and new aids were in place to evacuate people safely in the event of an emergency.

Staffing and recruitment

- People were supported by an established staff team who knew them well. The provider told us a dependency tool was used to determine staffing and this was regularly updated.

- Recruitment processes protected people from being cared for by staff that were unsuitable to work in their home. A range of recruitment checks took place before staff started working at the home. These included the requirement for staff to complete a Disclosure and Barring Service (DBS) check prior to commencing their role. This enabled the provider to check the applicants' suitability for their role.
- The provider kept the necessary records to show a robust recruitment processes were followed.

Systems and processes to safeguard people from the risk of abuse

- The people and family members we spoke with told us they felt safe in the home.
- Staff had received appropriate training and had a good understanding of safeguarding policies and procedures. Staff were clear of their responsibilities to report any suspicions of abuse and would whistle blow if they had any concerns about the quality of care people received. They told us they would contact external agencies if they felt this was required.
- The service had appropriately informed CQC and the local safeguarding team of any suspicions of abuse. For example, an altercation between two people living at the home had been reported and we found control measures had been put in place to reduce the risk of this happening again.

Preventing and controlling infection

- Following our previous inspection, action was taken to ensure the home was clean and effective infection control and prevention procedures were being followed.
- Staff had been trained in infection control and were seen to be using personal protective clothing such as aprons and gloves appropriately. There were posters displayed to encourage robust hand washing.
- An infection control audit had been implemented to ensure the home was being effectively cleaned and meeting national infection control standards. Audits in regard to infection control practices were signed off by the provider and actions were taken when shortfalls were found.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same and has been rated as Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with ongoing involvement of their relatives. People told us they had choices and were involved by the service with regard to their needs.

Staff support: induction, training, skills and experience

- Bramble House is described as a 'Specialist Dementia' home. People were supported by staff who told us they had received training relevant to their roles and responsibilities. Records showed staff were provided with a wide range of training specific to people's needs such as; safeguarding, medicine management, infection control, MCA and DoLS and first aid, and some on-line dementia training. The service had plans to introduce further dementia training and for staff to attend a one-day dementia awareness training course. The home had plans to introduce a dementia lead and dementia link workers to develop their knowledge of dementia care and to support the rest of the staff team.
- All new staff received an induction and probation period to ensure they had the skills and confidence to support people. They were supported to complete the Care Certificate which is a nationally recognised set of care standards. The initial induction covered online dementia training.
- Records showed, and staff confirmed that they received regular supervision and an annual appraisal to review their work practices and personal development objectives. The manager and provider carried out regular observations and spot checks of staff to ensure staff sustained their expected care standards and met the needs of people.

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

- Staff supported people to make meal choices and we observed staff discussing options with people regarding their meals. All the people we spoke to told us they liked the food and had choices. All the relatives we spoke to told us, "The food is good".
- Staff were aware of everyone's likes, dislikes and dietary needs. They provided meals to suit people's preferences and health needs. People with dietary needs were supported and catered for. For example, the kitchen area had details of people's allergies, dietary needs and dislikes and people's care plans had been updated with this information.

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

- People were supported to access ongoing healthcare. Staff supported people to arrange and attend

health care appointments.

- Staff worked with external health care professionals to ensure people were supported to access health services. Staff knew people well and were able to identify when people were becoming unwell and contacted health services in a timely manner for additional support. There was positive feedback given to the service after paramedics attended the home in 2019.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff who understood the principles of MCA. Staff supported people to make choices about their lives and significant decisions. People told us they were in control of the support and decisions about their care requirements.
- People with no family support or representatives were supported to access advocacy services if they required assistance with making significant decisions.
- Where people were living with dementia, staff supported them to make an informed choice, by providing clear options. One member of staff told us how they supported one person to make simple decisions, such as what they would like to eat, drink or wear.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same and has been rated as Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were always treated with kindness and were positive about the staff's care and support. One person said, "They know me well, they are thoughtful and respectful". Another person said, "I think it is very good here, people are always very helpful and friendly. I don't think I could ask for more".
- The home had implemented surveys for relatives which supported our observations of people being treated in a considerate and non-discriminatory manner. Relatives used words such as, 'Friendly' and 'Good' to describe the staff team.
- With people's consent, relatives were invited to visit people in their home. Relatives told us staff made them feel very welcome.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- One person had been supported to visit the local DIY shop and choose their own wallpaper and furnishings for their bedroom.
- People told us they were given choices about their day and how they spent their time. Staff accommodated people's social needs and preferences. For example, some people enjoyed spending time engaging in the activity programme on offer and others preferred to stay in their rooms.
- Staff signed posted people to sources of advice or advocacy services as required. An independent mental capacity advocate (IMCA) had been used for one person regarding their finances in 2019.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed when supporting people with their personal care and respecting when a person needed space. We observed all staff knocking before entering people's bedrooms.
- People's diverse needs, such as their cultural or religious needs were reflected in their care planning. One person enjoyed going to church and this was facilitated by the home when possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains Good.

Good: People's needs were met through good organisation and delivery.

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

- People received personalised care in response to their needs. It was clear from our conversations with the managers and staff that they knew people's individual needs. Staff were aware of people's likes/dislikes and people and items which were important to them.
- People were supported to take part in activities in the home such as board games, books and puzzles. An activity co-ordinator planned daily activities such as; singing, music and exercises for people to participate in if they wished.
 - People were involved and were able to make decisions about their social and leisure time and were able to communicate this to staff. Individual preferences to be in their rooms or in communal areas. One person liked to lie on the sofa in the day room, another in the hall and others who wanted to just walk around.
 - Staff discussed the importance of ensure people received timely medical support. One member of staff said, "We know people well. When people are living with dementia, it can be difficult for them to communicate pain. We know if they require PRN medication". It is clear that consistent staff working at the home knew people well, but information and guidance was not always available for staff in people's care plans and records.

Meeting people's communication needs

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

- People's communication needs had been assessed and were known by staff. People's care plans provided staff with information about people's communication needs and preferences. For one-person staff used simple short sentences to aid their understanding.
- Care plans gave staff guidance on how to communicate with each person. They also noted any aids people used such as; hearing aids or glasses to ensure staff knew people could see or hear them.

Improving care quality in response to complaints or concerns

- There was mixed feedback from people's relatives regarding their experience of how concerns and complaints were managed in the service. People told us they knew how to raise concerns and would raise any issues with the management team however, during our inspection some relatives told us they did not always feel listened to. The provider told us they would speak with relatives to better understand their experience when raising concerns.

- Records showed that all complaints had been recorded, investigated and responded to in line with the provider's complaints procedure.

End of life care and support

- The manager informed us no-one was receiving end of life care at the time of the inspection. However, as part of the provider and manager's action plan, they were already speaking to people and their relatives about their end of life wishes and preferences and were training staff to have a better understanding of end of life care practices.
- People with deteriorating conditions were known to staff and the provider planned for their end of life needs to be recorded as part of advanced care planning. This ensured that when these people entered their 'last few days of life', arrangements were in place to support them in a way the way they wanted to be supported. This needed to be completed to ensure people would always receive personalised care at the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question is still rated as Requires Improvement.

Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The registered manager had left the service in December 2018 and the provider had recently recruited a new manager who had submitted their application to register with CQC to ensure the provider met their registration requirements. The provider's director was supporting the new manager with the day to day management of the home.

At our last inspection the provider and manager continued to not always operate effective systems to monitor and improve the quality of care people received. Accurate and comprehensive records about the care people required and had received were not maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People remained at risk of harm because the provider still did not have effective systems in place to monitor and improve the quality of the service provided.
- Following our previous inspection, we met with the provider to discuss the improvements they were planning to make and to understand why progress had been slow. They showed commitment to address the shortfalls we found at our previous inspection. The provider had submitted a monthly update of their action plan and our inspection confirmed that progress had been made to address the shortfalls we had previously found in relation to the environment, infection control, fire drills, call bell response times and falls analysis.
- However, the provider's action plan had not been effective to ensure sufficient improvement was made across all areas that required improvement and we identified ongoing concerns with medicine practice and people's care records not being completed.
- Internal auditing and quality assurance systems were carried out regularly and these had identified that further improvement was needed in regards to medicines management, daily notes and recording of areas such as; repositioning and food and fluid intake. However, when shortfalls had been identified prompt action had not been taken to ensure people remained safe whilst improvements were being made. For example, senior care workers completed their weekly medicine audit on 10 June 2019 and noted under the

section 'Medication omitted without reason given?' the outcome as 'Sometimes'. No further information regarding these medicine omissions were recorded and staff did not know whether this was the missed dose of medication for one person that we had identified. However, by the time of the inspection no action had been taken to investigate why these omissions noted in the audit had occurred. The senior support worker who had completed the audit had not raised these omissions with the management team so that they could be investigated to ensure people were safe.

- The provider was aware that people's daily records were being completed in several places whilst the electronic recording system was being populated and had instructed senior care workers to check people's care delivery records daily. However, this had not taken place. One person had developed several pressure ulcers and the provider could not determine from their records whether the person had received the care they had required to protect their skin from damage. The monitoring that the provider had put in place to reduce the risk of record shortfalls had not been effective in managing the risk to people.

- We found some monitoring of safety incidents had taken place. However, when medicine errors occurred, or when one person had acquired pressure ulcers investigations had not always been completed to ensure lessons were learnt and prompt action taken to ensure people were safe. When the provider became aware that this person had acquired a pressure ulcer they had appropriately referred the concern and requested health professional input. However, they had not promptly investigated, and review staff practice and people's records to determine if this could have been prevented, to check that the person was supported to manage their skin risk appropriately, and whether any lessons could be learned, or action taken to prevent reoccurrence. They informed us they had completed an investigation following our inspection when prompted by the local authority.

The continued failure to ensure the quality assurance process was robust and effective meant that people were placed at risk of harm. This is an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood duty of candour and their legal responsibilities to inform people and agencies when concerns were raised or when something has gone wrong.
- The registered manager notified CQC of all significant events and had displayed the previous CQC rating on their website and prominently in the entrance hall.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider told us their vision was to provide a good quality of care for residents; to be one of the best homes in the area. They accepted and acknowledged that further improvement in relation to record keeping was required.
- We had positive feedback from people, relatives and staff about the changes in management. One staff member said, "The new manager is approachable, and things have really improved".
- Staff were kept informed of changes and adjustments to what was required of them. The provider and manager had arranged for monthly meetings. These meetings were used to communicate important messages and changes, as well as discuss the expectations of care staff. Care staff were also given the opportunity to express their views on the service and changes they would like to see made. One member of staff told us, "It helps us to feel listened to."

- The provider had sent out to surveys to relatives to get feedback about the care and support provided. The

results were analysed, and actions taken to make required improvements.

- One relative stated, "I have received letters from the owner about staff changes and redecoration plans at the home".
- Staff were confident in the leadership and management of the service and told us they felt supported by the changes in management. Records showed that staff had received supervision and had opportunities to feedback about the service and any concerns that they may have through regular contact with the manager and provider.

Working in partnership with others

- The provider worked in partnership with health care professionals and commissioners and attended local conferences regarding Adult Social Care updates within Gloucestershire. The care home support team had been actively involved since our last inspection to deliver training sessions and advice and guidance to staff within the home. We received mixed feedback about the service from commissioners and visiting health care professionals.

Continuous learning and improving care

- The manager and provider told us they were continuously looking at ways to improve the service and to be more effective as a service. They kept up to date by subscribing to various health and social care websites, newsletters and alerts which kept them informed of any changes of legislation and guidance.

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 registered person had not ensured care and treatment was provided in a safe way for service users. 12(1) 2 (a) (b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person continued to not always operate effective systems to monitor and improve the quality of care people received. Accurate and comprehensive records about the care people required and had received were not maintained. 17(2)(a).

The enforcement action we took:

Warning notice.