

Somerset Care Limited

# Wessex House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Wessex House is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 56 people.

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

People told us they were happy living at Wessex House and that they felt safe. However, we found that people had been put at potential risk of harm due to pressure relieving mattresses not being checked to ensure they were at the right setting for the person's weight. We also observed thickening agents left on a sideboard un-observed and stored in people's wardrobes. This placed people at risk of harm because, the powder used to thicken fluids had the potential to cause a person to choke if they ate it. The systems to check the safety and quality of the service had not been effective in identifying these risks. When we mentioned this to the registered manager they took immediate action to rectify the shortfalls and ensure people were safe.

There were mixed comments on staffing levels, some people said there were enough staff whilst others said, "Staff are rushed of their feet," and "Sometimes you have to wait as there are not enough staff around." The registered manager aimed to provide 10% more staff than the numbers recommended by the dependency staffing tool they used to determine staffing levels.

People received effective care from staff who were well trained and demonstrated a good knowledge of people's needs, likes and dislikes.

People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs. However, the dining experience differed for people on different floors. On one floor staff sat with people and made the lunchtime a social occasion whilst on the upper floor people experienced a task orientated approach to support around serving and assisting with eating.

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 received care from staff who were kind and caring. Staff always respected people's privacy and dignity.

Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and were involved in the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes

and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes. However, people's specific end of life wishes were not recorded in a person centred way.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the registered manager was open, approachable and they could see them around the home most days. Staff said they felt they were valued and well supported. They told us they felt their ideas were listened to when they had a suggestion about working practices in the home.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

The registered manager responded promptly to shortfalls raised during the inspection and took immediate action to improve outcomes for people. Following the inspection, the registered manager showed us evidence that all shortfalls discussed had been rectified and systems were in place to prevent them reoccurring.

We have identified one breach in relation to Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Please see the action we have told the provider to take at the end of this report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 13 February 2017).

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 effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Wessex 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

The inspection was carried out by two inspectors, a specialist advisor with expertise in nursing, a specialist advisor with expertise in medicines management 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

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

The service had a manager registered with the Care Quality Commission. This 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

The inspection was unannounced

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people and eight relatives/friends about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager and the organisations head of nursing. We observed how staff interacted with people in the home. We also 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 a range of records. This included nine people's care records and medication records. We looked at three 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 also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at Staffing rotas and the staffing dependency tool. We also looked at documents sent retrospectively to show progress made with care plans and pressure mattress audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was a potential for people to be put at risk or harm.

Assessing risk, safety monitoring and management and Using medicines safely

- People were at risk of developing pressure ulcers, of the 22 pressure relieving mattresses we looked at 50% were set at the wrong pressure for the weight of the person.
- Although some pressure mattresses were incorrectly set people had not developed pressure ulcers whilst living in the home as other measures were in place to mitigate the risk.
- Two people were witnessed being left sitting in their chair with their hoist slings underneath them. It was not clear whether these slings were safe to be left in position for long periods of time. One member of staff reassured us they were suitable, although no information was in place to demonstrate these risks had been considered. We discussed this with the registered manager who assured us the correct slings were being used but records did not identify this. Following the inspection records were revised to be clearer about the type of sling staff could leave in-situ.
- People on blood thinning medicines did not have clear protocols in place to direct staff on how to act if the person experienced a head injury. Staff spoken with were aware of the need to monitor a person on blood thinning medicines following a fall, but the guidance was not written down. This meant there was the potential that complications due to the medicines may not be identified in a timely manner.
- People and visitors were placed at risk of choking because a special powder used to thicken drinks was not stored securely. We saw large quantities of the agent stored in people's wardrobes, which could not be locked. At lunchtime one person's drink was thickened and the container was placed on top of a chest of drawers in their bedroom. It was left there for over half an hour. One inspector spoke with a member of staff and advised it needed to be stored securely.

Whilst we did not find significant impact to people, the lack of guidance for monitoring people on blood thinning medicines following a fall, unsafe storage of thickening agents and the incorrect settings for pressure mattresses presented a potential risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the registered manager. Within 48 hours of the inspection the registered manager sent us evidence to show they had obtained manufacturer's information and put in place checks to ensure pressure mattresses were always at the optimum pressure to prevent pressure ulcers developing. They also sent us evidence to show all thickening agents had been removed from people's wardrobes and were stored safely. Refresher training was in place for staff and senior staff were also responsible for ensuring the thickening agent was put away following use.

- People's care plans contained detailed risk assessments linked to their needs. These included the actions

staff should take to promote people's safety and ensure their needs were met. Care plans included risk assessments related to nutrition and hydration and preventing pressure ulcers.

- People were transferred safely by staff using special equipment. We observed staff supporting a person with a transfer between an armchair and a wheelchair. Staff kindly talked the person through the procedure and reassured them throughout. Care plans contained details to provide guidance to staff and mitigate any risks.
- People who required a thickening agent in their drink to prevent choking had been assessed by Speech and Language Therapists [SALT] and staff followed the guidance closely to prevent choking and aspiration.
- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used.

### Staffing and recruitment

- The registered manager explained how they used a dependency tool based on people's needs to assess the numbers of staff working on each shift. They told us they worked towards 10% more staff than the dependency tool recommended.
- However, people and relatives had mixed opinions about whether there were enough staff. One person said, "Yes" when asked if there were enough staff. Another person told us, "Sometimes there is a lot of staff. Sometimes barely enough". One relative expressed concerns their family member was missing out on activities because no staff had transferred them to another part of the home. The person waited nearly 20 minutes to be transferred to the activity.
- Some staff and volunteers did not feel there were enough staff to support people and keep them safe. Volunteers said care staff were not always present during some activities, including at the weekly coffee morning. This placed people at risk of choking or aspiration because their eating and drinking needs may not be met. One member of staff told us that during the coffee morning on the day of inspection an un-thickened drink and biscuit was given to a person who could have choked. No care staff had been there to check the drinks and snacks being given to people.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner.
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.
- All staff spoken with told us they were confident they could speak to any senior member of staff if they had concerns.
- People told us they felt safe living in the home. One person said, "I feel safe when others are around as I know I'm not on my own." A relative told us, "They [the person] are definitely safe, our observations of staff and their interacting with residents make us feel they're safe."

### Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean people replied, "Yes very tidy", and "Never a problem for me, always very clean."

### Learning lessons when things go wrong

- During the inspection the registered manager demonstrated an open approach to learning. When we discussed things that had gone wrong they acted immediately and put measures in place to improve the outcomes for people in the home.
- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

# 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 has remained the same. 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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met.
- Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One person said, "I know about the plans the nurses use, we have discussed what I like and don't like."
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care whilst respecting individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs. One staff member said, "There is plenty of training and if we want to look at something we think is necessary or might be of benefit they always consider it."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One relative told us, "The carers that have been around for a while know the residents so well and can almost pre-empt their requests."

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

- People were mainly positive about the range of food they were offered. One person said, "It's very good." Another person said, "The meals are always very well prepared and presented very nice indeed." However, one person told us it was, "Horrible hospital food," and was concerned the evening meal choice was just sandwiches. We looked at the evening menus which showed there were options available other than sandwiches.
- The registered manager told us how they encouraged staff to sit with people during meal times to promote a more sociable experience.
- We observed the lunchtime experience on each floor. The experience for people was different dependent on the floor they were on. For example, on one floor we observed very caring approaches with staff sat

talking to people during the meal. However, on the top floor we observed the lunchtime experience was not as social as it could be. People had task-based interaction from staff during the meal. One person was being supported to eat and the staff member had little engagement with them. There were occasions when no staff were present in the dining room to support people. None of the staff on the top floor appeared to follow the registered manager's ethos of sitting and making meals sociable. We discussed this with the registered manager who said they would carry out a mealtime observation to assess where changes were needed.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks. One relative told us, "The home has adapted to the changes in need of [the person] and made changes to the way they are cared for."
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties. Staff also consulted tissue viability nurses when they required advice on preventing pressure damage for people considered at risk.

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments.
- All areas of the home were accessible with very clear signage to enable people to mobilise around the home independently.

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

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. 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. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- Consent forms were signed, or best interest decisions recorded for the use of bed rails and sensor mats.
- People only received care with their consent. One person said, "I can stay in bed if I want to, I am always asked."

# 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 has remained the same. 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

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of what people liked to talk about.
- People were relaxed and cheerful in the presence of staff.
- We observed staff and volunteers taking time to talk with people. One relative told us, "It's a lovely home. I can't fault the care or the way they look after residents, but sometimes the carers don't have enough time."
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.
- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do and trips they wanted organised.
- The registered manager had carried out a survey to find out how people preferred to dine at lunchtime. Either separate tables or a refectory style long table. People had responded, and we saw the tables laid out in the way they had voted for.
- A record of compliments was also kept and any received were shared with staff.
- Compliments received included, "Thank you to all staff for the kindness and thoughtfulness shown to us... [The person] was treated with kindness and respect by all the staff who did their utmost to keep her as comfortable as possible." And, "The care staff without exception have been attentive and kind..."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care. For example, we saw a note on one person's door which asked for them, not to be disturbed until awake at the bottom of the note it said, "These are her express wishes." All staff were aware that the person did not like to be disturbed and respected their wish.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

# 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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was being personalised to meet their needs and wishes. The level of guidance included in care plans was mixed and sometimes contained contradictions or lacked details. For example, one person who did not take food orally was fed through a tube direct into their stomach called a PEG tube. This person had no specific PEG care plan identifying when the tube should be rotated and daily site assessments. However, records showed staff were aware of the checks and they had been carried out. This meant there was a potential for new staff who did not know the person to fail to carry out these checks. We discussed this with the registered manager who agreed to review the care plan immediately.

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.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- People's care plans included how people preferred information to be shared with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by many volunteers to help run activities and increase social opportunities for them. The volunteers proudly told us about all the activities they completed. This included raffles, regular coffee mornings, knitting, crafting and music events. As a result of fundraising the activity volunteers had helped purchase two large fish tanks. They also helped to maintain the three fish tanks in the home.
- Staff and the volunteers regularly participated in events to help fundraise for further opportunities for people. One member of staff was having a sponsored slim and had already raised £400. Other events included Christmas and Easter fairs.
- People who enjoyed animals had plenty of opportunities created for them. There had been ducklings hatched in the home who went to live at a farm once old enough. Trips to visit a local horse charity had been arranged. At Christmas they had donkeys and reindeers visiting people at the home.

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.

- People and their relatives had access to the policy and knew who they could talk to. One person said, "I know where to go if I am not happy, I see [the registered manager] about I can talk to her." A relative told us, "I have had dealings with both [the registered manager] and [the deputy] and find them both approachable. I haven't had to make a complaint but would be happy to do so knowing staff would listen to me and try to resolve the issues."
- Records showed the provider responded to complaints within the time frame of their policy and procedure and sought feedback once completed.

#### End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- However, care plans directed staff to specific policy led actions rather than the person's stated wishes. For example, one care plan stated, "if my mouth gets dry see mouth care policy section six of care manual." We discussed this with the registered manager who said they were currently working on obtaining and recording peoples wishes.
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership could be inconsistent. Systems in place did not always identify shortfalls within the service.

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

- There were effective quality assurance systems to monitor care and plans for on-going improvements. However, they had failed to identify some of the shortfalls highlighted during the inspection.

We recommend the provider reviews the quality assurance system to reflect current best practice.

- There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged.
- Where shortfalls in care plans had been discussed during the inspection, these were identified as poor recording rather than poor provision of person-centred care.
- People and staff told us the service was well managed. One person said, "I see [the registered manager] around the home a lot, she is very pleasant and very approachable." One relative told us, "We have very good communication with the manager and staff. They are all very much on the ball."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "It is down to talking to residents and their relatives and listening to what they want."
- All staff demonstrated that they were aware of people's specific needs and were providing the care and support they required in the way they preferred.

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 registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- For example, when we raised areas of shortfall during the inspection the registered manager immediately acted. Within 48 hours of the inspection they were able to demonstrate they had made changes to improve the outcomes for people living in the home.
- This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advise or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff felt supported and received regular supervisions and appraisals. Two staff members told us they had just had an annual appraisal. This provided opportunities to discuss their practice and any learning requirements.

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

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people at resident and relative meetings.
- The registered manger also carried out themed conversations with people. Records showed that people had been able to comment, and action had been taken. For example, one person had said their bedroom was noisy, it was agreed they could move rooms to a quieter part of the home, and they were happier. Another person said they liked the bigger cutlery they had been provided with as it meant they could maintain their independence.
- A record of action taken was recorded on a noticeboard headed, "You said We did." Examples were, "You said you would like to watch more films, we purchased an [device to enable digital films to be shown on TV]." And, "You said you wanted larger drinking glasses. We purchased a variety of sizes."

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.

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
Treatment of disease, disorder or injury	The provider had failed to ensure people were protected from potential risk due to the unsafe storage of thickening agents, lack of guidance for staff following falls and the lack of monitoring of pressure relieving mattresses.