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Woodlands

Inspection report

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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

This inspection took place on 31 October 2017 and was unannounced. At our last comprehensive inspection in April 2017 the service was rated 'Requires improvement.' At this inspection the service has again been rated as 'Requires Improvement' but there have been significant improvements made at the home in the six months since the last inspection.

Woodlands is a care home for older people. The home is registered to accommodate twenty older people. At the time of our inspection there were fourteen people living at the home including one who was in hospital. A number of people were living with dementia.

There was a registered manager in post. 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 this home the provider (owner) was the registered manager. He is referred to as the registered manager in this report.

At the last inspection we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to lack of meaningful activities, inadequate hydration, management of complaints, involving people and lack of training for staff. At this inspection we found that the manager had made improvements in all these areas.

The manager had employed an activities organiser to plan and carry out activities with people. This had led to staff engaging more with people and improvements to some people's wellbeing. There had been one outing which people enjoyed.

There had been improvements in encouraging people to drink since the last inspection where we found people not being offered drinks between meals. At this inspection we found that people were given regular drinks throughout the day and jugs of drinks were available in the lounge.

There were risk assessments in place to manage risks to people's health and safety. Medicines were generally managed safely though some staff had not been assessed for competence in administering medicines .

Staffing levels were satisfactory to meet people's needs at the time of this inspection when there were only fourteen people in the home.

There were improvements in managing complaints and the registered manager had taken action to consult and involve people living in the home and their relatives and listen to their views. He had also employed a new training company and ensured staff attended relevant training for their jobs.

There was a limited choice of meals available to people. People who preferred Indian food were well catered for but other people had a lack of variety in their diet.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians. The manager was working alongside other professionals to make continuous improvements in the home.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to nutrition and safety issues in the premises. This was because the hot water was above recommended safe temperature and there were no window restrictors to reduce the risk of falls from windows. 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 was not always safe. Some fire doors did not meet requirements, water was too hot and window restrictors were not in place as required in care homes.
Risk to people's safety, such as risk of falls or pressure ulcers, were in place. Medicines were managed safely.

Staff were trained in infection control, safeguarding and managing medicines.

Is the service effective?

Requires Improvement

The service was not always effective. People did not all have a varied nutritious diet and fluid intake was not recorded accurately for some people.

Staff had a basic understanding of the principles of the MCA 2005 and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

There had been improvements in staff training to ensure they knew how to provide effective care.

People had good support with their health from external healthcare professionals.

Is the service caring?

Good

The service was caring. Some people and relatives said staff were caring. We observed staff engaging with people in a kind way. People's religious and cultural needs were addressed.

Is the service responsive?

Good

People could take part in some daily activities to maintain and enhance their well-being. Care plans listed people's care needs, history and preferences.

There were improvements in the manager seeking the views of people in order to improve the service.

Is the service well-led?

Requires Improvement

The service was not always well-led. The manager had not identified the concerns we found at this inspection with respect to nutrition and safety issues in the premises. Staff said the manager was supportive. He had made improvements in the service since the last inspection.

Woodlands

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 checked 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 unannounced inspection took place on 31 October 2017.

Before the inspection, we reviewed information we had about the provider, including notifications of any incidents which the provider was required to report. We also spoke with a social care professional who visited the home on a regular basis. We also spoke with a representative of Enfield Council who pay for people to live in this home.

This inspection was carried out by two inspectors and two experts 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. One attended the inspection and spent the day talking to people living in the home individually. Another expert by experience made calls to relatives to ask for their views on the service.

We met all the people living in the service and spoke with eleven of them individually. We met with one relative and spoke with three other people's relatives by phone. We spent time observing interaction between staff and people living in the home, including observation of three mealtimes; breakfast, lunch and dinner.

We spoke with five staff in private, a care worker, the cook/care worker, activities organiser, the deputy manager and the registered manager who is also the owner of the service.

We carried out pathway tracking where we read five people's care plans, risk assessments and all records relating to their care to check whether their planned care was being provided appropriately.

We looked at records of all food and drink for those people that had their food and fluid intakes recorded. We inspected medicines storage, recording and administration. We checked to see whether the provider

listened and consulted people living in the home and their relatives to assess the quality of the service and checked how they responded to complaints.

We looked at staff training and supervision and staff rotas and signing in sheets. We read the recruitment records for the last two staff employed. We read other records held at the home. We looked at fire and health and safety records, accidents and incidents records, gas and electrical certificates, hot water, fridge, freezer and food temperature records, audits carried out and staff, resident and relatives meetings minutes. We read results of surveys the provider had sent to professionals and relatives. After the inspection we spoke with five professionals who had some involvement in the home for their views.

Requires Improvement

Is the service safe?

Our findings

The registered manager had a good understanding of processes to be followed in the event of any allegation of abuse and knew how to report allegations or incidents to the local safeguarding team. Other staff had a more limited knowledge but knew they could report concerns to other authorities if they were not happy with the action taken by the management team in the home. Staff received training in safeguarding people from abuse in May 2017.

People had their own risk assessments to support them to stay safe. The risk assessments were about risks such as pressure ulcers, falls and nutrition. There was guidance for staff on how to minimise the risks. People who were assessed as being at risk of pressure sores had pressure relieving equipment provided. The manager informed us that there were no people with a pressure ulcer at the time of the inspection. Four staff had attended training in pressure ulcer prevention in 2016 and more training was planned.

We found that medicines were generally well managed. Staff gave people their medicines as prescribed and completed records accurately. There were no errors on medicines charts and stocks of medicines balanced with the records. Medicines were stored safely and the deputy manager who had responsibility for medicines was knowledgeable about her responsibilities. Specific staff that had been trained to give medicines in May 2017 were allowed to do so, but they had not been assessed as competent. We advised the manager of this and he agreed to ensure these staff were assessed as competent before they gave any more medicines.

People told us that they were satisfied with the way their medicines were managed but one person said they were in pain and hadn't been given a painkiller. The deputy manager explained that they would take the painkiller with their meal and that the person had seen the GP and would be having an x-ray the following day to find the reason for the pain. One person had type 1 diabetes and the district nurse attended twice daily to support this person with insulin injections. Controlled drugs were stored and recorded appropriately. The deputy manager was in charge of medicines in the home and was knowledgeable about the controlled drugs and knew that medicines administered by a patch had to be given in a different place each time a patch was applied.

On the day of this unannounced inspection we found two care staff on duty with a cook, cleaner, deputy manager and the registered manager. The activity coordinator came on duty later in the morning. The rotas and signing in sheets for staff did not match so we could not confirm who had worked each day but people told us that this was the usual staffing levels in the home. Staff told us they thought the staffing levels were adequate to meet people's needs and none of the people in the home or their relatives raised any concerns about staffing levels. The cook and the cleaner in the home also worked shifts as care workers. There were two care staff on duty at night. Visiting professionals said that the manager and deputy were always present during the week and during their visits they had no concerns about staffing levels. There were sufficient staff for the number of people living in the home at the time of the inspection.

We checked the recruitment records of the most recently recruited staff and found the appropriate checks

had been carried out to ensure applicants were suitable to work with people.

The standard of cleanliness in the home was variable. Two relatives said they thought the home was clean and another thought it wasn't. The kitchen was clean and fit to prepare food. Bathrooms and toilets were not all cleaned to a high standard and some doors were sticky. One person told us their room was not clean and a relative said that recently bed sheets were not regularly washed. We saw two toilets had no toilet paper but this was replaced as soon as we raised it. There were no sinks in two toilets. When people used those toilets they had to go to their bedroom or a bathroom to wash their hands. The registered manager told us that all toilets and bathrooms would be refurbished in the next few months. There were paper towels available at all sinks but no hot water or soap in the downstairs toilet. Soap was replaced when we asked for it. Staff were trained in infection prevention and control. There was no regular recorded audit of cleanliness and hygiene is implemented to ensure compliance with infection control best practice.

In other sinks and baths the water was above safe temperatures and left people at risk of scalding. After the inspection the provider sent confirmation that he had arranged a plumber to visit and reduce hot water temperature. It was not evident whether thermostatic mixing vales were fitted to each sink and bath/shower as required. The provider said the bathrooms would all be refurbished in the next few months and we advised that these valves must be in place to protect people from getting scalded. In the meantime the hot water temperature had been lowered to a safe temperature centrally.

Some fire doors did not meet safety standards. We advised the provider that the kitchen fire door did not close properly and that advice on fire doors should be sought from the London Fire and Emergency Planning authority. Some first floor bedrooms did not have window restrictors fitted to ensure the window could only open a safe distance. These are required in all care homes and a lack of window restrictors leaves people at risk of falling from a window. After the inspection the registered manager contacted us to say that the kitchen fire door was repaired and that window restrictors would be fitted.

The above concerns regarding the premises amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some damaged chairs in people's rooms and commodes with rust on the legs. We discussed this with the registered manager who agreed to remove these items. Monthly audits of the kitchen were carried out and there were regular fire drills and checks of fire equipment.

Two people told us they felt safe in the home, one told us "there is no way they would let anything happen to me" And the other said, "they make sure they look after me well." Three others said they didn't feel free to talk about whether they felt safe or not.

Requires Improvement

Is the service effective?

Our findings

Staff training had improved since our last inspection when there had been a breach of regulation due to a lack of training for staff. The registered manager had employed a new training company. The majority of staff had completed training in mandatory training topics as well as activities and dementia awareness. This was a significant improvement since the last inspection. Staff had completed or were currently undertaking relevant health and social care qualifications. They had also recently completed the Care Certificate. The Care Certificate is a national training course that sets out standards that social care and health workers adhere to as part of their role.

Staff confirmed they received regular supervision and yearly appraisals and we saw records of these. The registered manager told us that he discussed topics such as the Mental Capacity Act with staff during their day to day work and tested their understanding. We saw that relevant topics were also discussed in staff meetings to improve staff knowledge.

There had been improvements in people's hydration since the last inspection when there had been a breach of regulation due to insufficient drinks being provided to people. Staff offered people drinks between meals and had been encouraging them to drink more. However when we looked at the fluid intake records for three people we found that the records suggested they did not have enough to drink. We discussed this with the registered manager and deputy manager who had not checked the fluid charts so had not seen that staff were recording certain people drank very small amounts. We discovered this was a case of staff not knowing how much a cup held so instead of measuring had guessed the amount and guessed wrongly. Other staff had copied the inaccurate records. This had led to fluid charts being inaccurate. In practice a professional told us that there were no concerns about people's hydration. This was therefore a recording concern.

There was one person who needed all their drinks recorded as they had their fluids restricted for medical reasons. However for this person staff failed to record their drinks at all despite the recent written advice of a healthcare professional. Their nutrition risk assessment stated that staff would monitor their food and fluid but they did not do so. This put the person at risk of being given excess drinks by staff which could have a serious adverse effect on their health. There was dietician advice for this person's diet in their file but we were not able to confirm that this advice was followed as food intake for this person was not recorded. The cook was not aware of it. The person's care plan under "diet" said "normal."

There was mixed feedback about the quality of the food. One person said, "They help me up to have breakfast and anything I want to eat I can ask for". A relative said, "I'd say it's brilliant; very good." Another relative told us, "The food is gorgeous; he gets a choice of what he wants" but we found that the majority of people had a limited menu to choose from.

Although the diet was sufficient to maintain weight it lacked variety. The menu was displayed but not always followed. One example of this was that the menu indicated that a full English cooked breakfast was available three times a week but we checked the records of food eaten for the last three weeks and saw that a cooked breakfast was made only three times and each time was eggs only. The usual breakfast consisted

or porridge or cereal followed by white bread with jam or marmalade every day. No cooked items, fruit or juice was provided so the breakfast lacked variety. One person's care plan said they liked boiled eggs but these were not offered at breakfast. Lunch on the day of the inspection was a choice of frozen meat pie or frozen fish in sauce with mashed potato and frozen mixed vegetables. We observed that a few people didn't eat much of the vegetables. Two said they didn't like them and three others also left them on their plate. The records of food showed that they were given frozen mixed vegetables nearly every day. Two people said they would have preferred other vegetables. This demonstrated a lack of variety in people's diet. The only fresh vegetable available in the home on the day of the inspection was one aubergine.

At lunchtime four people did not eat much of their lunch as they said they did not like it and staff did not offer any alternative when they saw how little these people had eaten. There were snacks offered mid-morning, mid afternoon and evening but these were always biscuits. There were a range of desserts on the menu but records showed the planned desserts were replaced by pots of yoghurt and crème caramel or ice-cream. Although people seemed to enjoy these, they were not what was offered on the menu.

The evening meal was usually sandwiches or tinned beans or spaghetti, fish fingers or burgers, sausage rolls or scrambled egg.

The above concerns were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The cook prepared Indian food for two people whose preference was to eat Indian food. This was positive. Staff gave people support to eat if they needed it. As it was Halloween on the day of the inspection the activities organiser had prepared some extra treats which included "monster faces" with kiwi fruit for people to try.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Eight people who needed a DoLS had this in place and the provider kept a record of when each DoLS was due to expire. Staff had received training in the MCA so had some knowledge of the requirements associated with it.

Most people we asked told us that staff asked their permission before they helped them with anything. One person commented, "Yes they do; very good staff." During the inspection we observed staff asking people's consent and offering them choices.

Care plans had been signed by the person or their representative to indicate they consented to their care plan. People signed their consent to staff giving them their prescribed medicines, physical examination, to be weighed regularly and to have their needs assessed.

Staff recorded people's weight regularly and we checked a sample of five of these. There were no concerns about those people losing weight.

People were appropriately supported to access health and other services when they needed to. We saw that staff supported people to see the chiropodist, dentist and optician as well as the GP who visited the home when needed. People told us and records we saw confirmed that they had good access to health and social

care professionals. The local Care Home Assessment Team visited the home regularly and provided clinical support and guidance for staff on meeting people's health needs.

The home had a lift and the registered manager said nobody was able to use the stairs. The toilets upstairs were small with no sinks so not suitable for people who needed staff assistance in the toilet. The registered manager said that people found it difficult to use the baths. The plugs were missing which indicated they were not used. There was one accessible shower which everyone used. Nobody raised a concern about this but the lack of choice for personal care arrangements was not satisfactory. The provider told us that all bathrooms would be refurbished in early 2018. People were able to move around the ground floor with a wheelchair and walking frame. Everybody had a commode in their room regardless of whether their care plan stated that they were unable to go to the toilet during the night. Three rooms had two beds in as they had previously being shared by couples. However one person was living in each room and the excess furniture was still in the room. The registered manager said that lack of storage space meant unused beds and commodes were stored in these people's rooms when they were not required. He said that he planned to address this issue.

Good

Is the service caring?

Our findings

People living in the home gave mixed feedback about whether staff were caring. Two people living in the home said they didn't like it at all and were not happy. The other people said they thought staff were caring and looked after them well. One told us, "I am quite happy with the care given, and I don't think they can do any more "and another said, "when I am down they lift my spirit and cheer me up." This person went on to say, "if I am feeling down they kiss me, they pat me, and they hug me and do all kind of nice things to me to make me feel better". One person said that staff were behaving differently because we were there and said, "they are presenting themselves in a lovely way". We spent long periods of time observing interaction between staff and people living in the home to make observations on people's wellbeing as their feedback was so mixed. We observed that three people were not feeling happy but staff were treating them with kindness.

Relatives thought staff were caring. One said, "Yes, we think so. […] seems to be well-settled in now. We were not happy about this choice of home. We had read the CQC Report." One said that although the building needed updating and painting they liked the home because the staff "are amazing people."

The dining area was homely and bright with photographs of people living in the home, tapestries, pictures and ornaments. People said they did not need staff to help them with personal care but said staff would accompany them to the bathroom and make sure they had everything they needed for bath or shower, and they would assist if needed.

People's privacy was respected. We saw staff talking discreetly to people when asking them if they wanted to use the toilet. One person told us that staff would make sure doors were closed when she was in the bathroom and make sure she is warm and would put a towel around her so she was not exposed.

Most staff had recently completed training in dementia awareness to be more understanding of the needs of people living with dementia. We found improvement in the ways staff engaged with people since the findings at the last inspection. At this inspection staff were talking to people and spending time with them and there was a positive atmosphere. The level of interaction between staff and people in the lounge was good and people were affectionate. Staff responded quickly and patiently to people's requests such as assistance to go to the toilet or a biscuit. Relatives said they felt welcome to visit the home whenever they wanted.

Two relatives told us, "The staff in there are lovely. The staff are beautiful, unbelievable" and "He's so happy. He gets on with people and the staff."

Professionals involved with people living at the home told us that, "They've been very caring, doing things like paying for her toiletries. The family are in the legal stage of taking over her finances." , "Yes, they were making an effort to engage her and they were good at that" and, "They seemed to know their clients well. My impression was that they were trying to engage people."

Most people could not remember being involved in their care plans but those who were able to have signed their consent and their relatives confirmed they had been involved in the planning of their care.

The deputy manager gave us an example of where she had advocated for a person in the home when she thought other professionals had not treated her correctly. She said that she ensured people were treated with respect. We observed staff treating people respectfully.

People's care plans included information about their cultural and religious backgrounds. The cook prepared culturally preferred food for two people every day. Their preferences regarding the gender of staff to provide their personal care was also recorded where people had a preference for religious or personal choice.
Staff said they were aware of and acted in accordance with people's preferences. Staff supported people to follow their religion by ensuring they had religious books in their preferred language and supporting people to worship. The majority of people in the home were Christian or Hindu and the staff were knowledgeable about both religions.

There was a priest visiting the home weekly to give communion to people who wanted this and a religious service was held in the home every Friday by representatives of a local place of worship.

Good

Is the service responsive?

Our findings

The registered manager had received assistance from other professionals in Enfield to improve the quality of care plans and make the service more responsive to people's needs.

The assessments carried out before a person moved to the home were brief and covered basic needs. The care plans addressed the person's holistic needs and most relatives said they had been involved. One said, "Yes we were very involved in her care plan."

The care plans included the person's history such as places they had worked and lived as well as their preferred routines and care needs. Hobbies and interests were also recorded. This made care plans more personalised.

One person had a diagnosis of bipolar illness but had no care plan to address their mental health. Staff said they were not aware of this diagnosis. The manager agreed to address this with the assistance of healthcare professionals.

The management team reviewed the care plans every month but the reviews did not always include any events or changes that had happened during the month. Sometimes the same comment was written each time. We advised the manager of this and he agreed that these reviews would be improved. We recommend more comprehensive review of the care plans regularly to ensure they always meet current needs.

We asked people if they thought staff understood their needs and preferences and responded to them appropriately. One person said they were, "pretty much happy with the treatment as staff are helpful".

The complaints procedure was displayed so that people could make a complaint if they were able. We asked people if they had ever made a complaint or had any current concerns. There was mixed feedback. One person said, "I don't say much because I don't want them to think I am complaining". Another said, "If I have any concerns I would tell them [staff] and I think they would sort it out". This person also told us that she did not have to complain about anything because the staff took good care of her. "I can be quite open with staff and that is good". Another person informed us, "I don't know who to make a complaint to if I have any concerns as I don't know who the managers are". A relative told us, "Yes, I think so. I do give my opinion and ask about things if we have concerns and they do respond" and gave an example of where the provider acted quickly to resolve a concern.

People could attend a residents meeting every month. The provider said that he also talked to people individually to check on their satisfaction in the home.

One person said she had no concerns about the care and had come to the home for respite and did not want to leave because she enjoyed her stay so much. They and their relative said that the staff met their needs well and that they were happy.

The manager held a relatives meeting in August and new questionnaires had been sent to relatives, visiting professionals and people living in the home for them to give their views on the quality of service and make suggestions for improvements. A complaints/suggestions box had also been implemented.

At the last inspection we had found that that people lacked any meaningful stimulation or engagement and there was a breach of regulation relating to this. There had been significant improvements since the last inspection. The manager had employed an activities organiser who worked at the home four days a week. The planned activities on the day of the inspection were jigsaw puzzles, colouring, manicures and discussion. The manicures did not take place as these had happened recently. People appeared to enjoy staff spending time with them individually chatting as they did a puzzle. They said they also enjoyed singing and dancing with staff. Other activities on the planned programme were quizzes, sing-alongs, art, draughts and reminiscing. The activities organiser had completed training in person centred activities for people with dementia and had assessed each person to find out their interests in order to plan better activities for them. They said that the registered manager had been supportive in helping them produce individual activity plans which were soon to be introduced and had taken photographs of people enjoying new activities.

One relative said, "I don't see activities going on. They're all just sitting around in the lounge" and another told us, They're not encouraged to be in their rooms. Everyone seems to be sitting round the edge in the lounge with the big TV that's on but without the sound" but others said, "There's all sorts: playing darts, they watch TV a lot, cards and games, puzzles, sport;" and "The care was adequate. I felt it was quite improved: the activities improved. There's a big wall notice and they now have people coming in for activities with residents. There's been only one trip – [...] enjoyed that."

There had been a trip in a minibus to Trent Park where people had visited the café and enjoyed themselves. The provider said that other trips would be planned as some people had no opportunities to leave the home. A trip was planned to see the Christmas lights in central London followed by a McDonalds. Those who had relatives or friends able to take them out were encouraged to do that. The activities organiser had carried out an assessment for each person to try to find out what interests they had before moving to the home and what they would like to do now. They told us of plans to get young children to visit the home and have a "pet coffee morning" for a person who was an animal lover. A musical entertainer had been visiting every week since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

The provider was also the registered manager of the home. He was supported by a deputy manager who had worked at the home for many years. Staff said they felt well supported by the registered manager.

The registered manager was present in the home every day and staff told us they felt comfortable approaching him or the deputy manager for advice.

Since the last inspection the management team has made a number of improvements to the service. They had ensured staff had read and signed all the home's policies as evidence that they had read and understood them. The registered manager had tested staff knowledge of important topics such as safeguarding people and the Mental Capacity Act through regular discussion.

The registered manager had made improvements in seeking views on the quality of the service. He had met with relatives and devised a survey which he sent to people living at home and their representatives and analysed the results. He had also updated himself on changes to inspection methodology.

Representatives from Enfield Council and other healthcare professionals had worked closely with the home to help them effect improvements since the last inspection and they reported that the registered manager and deputy worked well with them to make the necessary improvements to care plans and to the quality of service. The employment of an activities organiser and the first trip out for people was a significant improvement made by the registered manager which had a positive impact on people's wellbeing. The registered manager had also improved staff knowledge through purchasing more training to enable them to carry out their work effectively.

The registered manager told us he was committed to continuous improvement and told us of plans to improve the building including building a conservatory, refurbishing all bathrooms and replacing fire doors.

Quality assurance in the form of audits to assess risk and quality were not sufficiently effective. The registered manager did not audit care plans to ensure updates were included in the monthly reviews and audits of records of care delivery such as food and fluid charts were not effective at the time of the inspection so the registered manager had not picked up through auditing the concerns we found. The health and safety checks in the building had not found the concerns we highlighted regarding fire doors, hot water and lack of window restrictors. The registered manager responded to us immediately after the inspection to inform us that he had addressed the urgent issues and was in the process of addressing the others.

The last CQC inspection report with the rating was displayed as required in the home. The report was not displayed on the provider's website and we reminded them that it was an offence not to do so. After the inspection the registered manager contacted us to advise that he had displayed the rating on the home website as required.

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 There was a failure to ensure the premises were safe as water was above recommended safe temperatures and window restrictors were not in place. Regulation 12(1)(2)(d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The food provided lacked variety to meet people's preferences. Regulation 14(1)(3)(a)(c).