

Mr & Mrs F Bartlett

# St Leonards Rest Home

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 27 November 2017 and was unannounced.

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

St Leonards accommodates 15 people in one adapted building. People may be living with dementia or a mental health issue. At the time of our inspection there were 12 people living at the home. People were accommodated in 11 single rooms and two double rooms, with two shared lounges, a dining room and an enclosed garden.

There was a registered manager in place. '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.'

Medicines were not always managed safely as accurate records were not always kept regarding administration.

Accidents and incidents were not monitored to ensure that appropriate action had taken place or analysed to monitor any patterns of behaviours.

Environmental risks were not always well managed. The use of equipment such as wheelchairs was not always safe.

Emergency systems had been put in place to keep people safe. These were to be upgraded.

Care records contained detailed information about how individuals wished to be supported. Generally, people's risks were managed, monitored and regularly reviewed to help keep people safe. However there was no guidance regarding the risks associated with some medicines.

There were no records of best interest decision making where people lacked the mental capacity to make informed decisions about their care. Applications had been submitted to deprive people of their liberty, in their best interest.

People's individual communication methods and needs were taken into account and respected

People looked comfortable, relaxed and happy in their home and with the people they lived with. Relatives were welcomed into the home.

Staff had a good understanding of people's needs and spoke in a compassionate and caring way about the people they supported.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe.

Staff were well trained and aspects of training were used regularly when planning care and supporting people with their needs and lifestyle choices.

People were supported by staff who had a good understanding of how to keep them safe. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and were able to describe what action they would take to protect people from harm.

People were supported to maintain good health through regular access to health and social care professionals, such as GPs and district nurses. People's dietary needs and any risks were understood and met by the staff team.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Improvements were needed to ensure any risks to people's safety and welfare were identified and acted on.

Medication was not being managed safely.

The provider had appropriate arrangements in place to safeguard people from potential abuse.

The registered manager had robust recruitment systems in place.

Arrangements were in place to protect people from the risk of infection.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

There were no records of best interest decisions being made where people lacked the mental capacity to make informed decisions about their care.

Staff did not always offer a choice of food and drink.

The provider had not fully implemented best practice guidance in creating a dementia friendly home.

Staff had received relevant training and ongoing development.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity and respect.

Staff engaged with people in a supportive and patient manner.

### Is the service responsive?

The service was not always responsive

People were not consistently supported to participate in meaningful activities.

The provider had a complaints procedure.

Risks to people's welfare were not always assessed and managed appropriately.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led

The provider did not apply effective quality assurance monitoring systems to ensure people were safe.

The provider had effective policies and procedures in place for notifying the relevant organisations about safeguarding issues.

The registered manager had created an open culture in the home which allowed people to comment about the quality of care they received.

**Requires Improvement** 

# St Leonards Rest Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. The service was last inspected in November 2015 and was rated as Good.

The inspection took place on 27 November 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience whose area of expertise was dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people had communication difficulties associated with living with dementia. Because of these, we were unable to have full conversations with them about their experience of the home. We relied mainly on our observations of care and our discussions with staff and relatives to form our judgements. We did speak with six people about their life at the home and four relatives.

We spoke with the provider, registered manager, deputy manager and three members of staff. We looked at the care records for three people. We also looked at a range of records relating to the management of the service such as accidents, complaints and quality audits. Where requested, the provider sent us further information after the inspection visit.

# Is the service safe?

## Our findings

At our previous inspection in November 2015, we rated the provider as 'good' under the key question of 'Is the service safe?' We found at this inspection improvement was required.

From our observations of the interaction between staff and the people living at the home and through talking with people and relatives, people appeared to feel comfortable with the staff. One relative said; "I don't worry about him, which is great."

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. However, on entering the building we saw a heater plugged into a socket in the hallway with the heater itself in a bedroom. This posed both a trip and fire hazard and prevented the door closing in the event of a fire. The room opposite had a trolley in front of the door again preventing the door from closing. When we went back after ten minutes to check the room numbers, these items had been removed.

We spoke to the provider and registered manager about this and they said that the fire could have been plugged into an electrical socket in the room. We highlighted that this still posed a risk. They explained the door closures have timers and they do not freely open until 10am. We discussed the use of anything that prevented a door from closing to safeguard people.

The home was cluttered with odd pieces of equipment on the side in the small dining area and wheelchairs in the corridors and in the main lounge there were a lot of items on the floor near the dining room table that could pose a safety risk. This included a whiteboard, board and other boxes.

An area of the back garden appeared to be full of rubbish, although we were told this area was not accessible to the residents. This area did appear to be blocked off. The provider told us that they were arranging for the rubbish to be removed.

We saw that staff were using wheelchairs to assist people move around the home with either no footplates on the chair or not using the footplates that were on the wheelchair. This posed a risk to people using the chairs or those in their path when being moved.

People were placed at risk when staff were using wheelchairs to assist them move around the home as staff were not using them safely.

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

There did not appear to be any call buttons (monitors) in reach of the residents in all the main areas of the home for people to be able to summon support. However one of the residents said "I have a buzzer in my room, right by my bed and I use it if I want something." We saw this when we looked around the home.

Medicines were managed, stored and disposed of safely. Temperatures were recorded daily to ensure

medicines were stored at the correct temperature. Medicines were kept in a trolley and were dispensed from a daily storage system. Regular checks were in place to ensure that medicines were stored and administered safely however, whilst there were checks, there were still gaps in the medicine records where staff had not signed to say they had administered the medicines that had been prescribed.

Records were not always kept regarding the administration of medicines, lotions and creams. For example, topical medicine administration charts however had not been consistently signed by staff with 50 gaps where staff had not signed to show they had applied these creams for the dates 30 October 2017 to 26 November 2017. One person had been prescribed a barrier cream. The instructions on the topical chart were "apply on sacrum", but there were no other instructions although records that had been completed implied this was twice a day. We saw examples where another person had been prescribed a cream for dry skin, but there were no instructions on where to apply the cream or how often.

It was noted that for medicines that were to be administered 'as required' (PRN), it was not always documented under what circumstances staff should administer these medicines. Where people were prescribed medicines such as blood thinners there were no protocols for staff on the use of these and issues to be aware of; for example unusual headaches, prolonged nosebleeds and severe bruising. People were placed at risk regarding their medicines as the information regarding the use of specific medicines was not available for staff to help them monitor people's health and wellbeing. The provider sent us protocols for these medicines after the inspection.

There was an accident record book and incidents had been recorded in daily records. However we were concerned the registered manager had not had oversight of incidents and accidents and no analysis took place to see if there were any patterns occurring to minimise the risks of the incident occurring again. This placed people and staff at risk of reoccurrence of an issue because no action had been taken.

Care plans contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition. Where risks were identified, the plans contained guidance for staff on how to reduce the risk of harm to people. For example, where people had been assessed for the risk of dehydration and malnutrition, people's weights were monitored. When people lost weight support and guidance was sought.

People and relatives confirmed there were sufficient staff on duty. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. We looked at the staff duty rota for a four week period around the week of the inspection. Rotas confirmed what staff had told us; that between 8am and 2pm there were three staff, between 2pm and 4pm there were two staff, between 4pm and 8 pm there were three staff and this reduced to two again between 8pm and 9pm. There were two staff working at night, one awake and one asleep in between the hours of 11pm and 6am. The provider, registered manager and senior car staff told us there were four members of staff who worked an on call system should staff need them.

Staff spoken with confirmed they usually had time to spend interacting with people. During the inspection, we observed staff responded promptly to people's needs and had time to participate in an activity with them.

Staff had been recruited through a recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Suitable references were obtained and any gaps in recruitment history were thoroughly explored.



Newly appointed staff were enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

The provider manager told us they were actively recruiting to fill the vacancies, for night time staff.

Staff said they had received safeguarding training and knew how to report any signs of abuse. All of the staff said they believed that any concerns they raised would be taken seriously. One member of staff said "I've had safeguarding training; if I had a concern I would go to the manager or take my concern to head office or CQC if I needed to". Another said; "I would report concerns to the manager or whistle blow if I needed to".

The home was clean and we saw that infection control measures were in place throughout the home including the laundry area and kitchen. All staff that needed to had completed food hygiene training.

# Is the service effective?

## Our findings

At our previous inspection in November 2015, we rated the provider as 'good' under the key question of 'Is the service effective?' We found at this inspection improvement was required.

People and relatives spoke positively about the support and care at St Leonards. We received the following comments, "Staff are good at their job, yes they are helpful", "It's absolutely marvellous here. The way they look after me, and not just me" and "I think they're good at everything." A relative commented, "They're [staff] seem well trained." We observed that people got on well with staff and were comfortable in their company. Staff knew people well and demonstrated a confidence when supporting people with their care needs.

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.

One member of staff said; "The MCA is where everyone has capacity until proven otherwise. We observe, and talk to residents and this is very clear in their care plan. We have a daily routine. I do understand about DoLS." Another told us; "We do assume that residents have capacity and we do ask for their opinion. We have had training on the MCA but I can't recall everything to mind at the moment. We do have one resident that has DoLS."

We found there were no records of best interest decisions being made where people lacked the mental capacity to make informed decisions about their care. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). People's freedom had been restricted to keep them safe.

We were told that one person was subject to a DoLS and another had been applied for and rejected. We were later told that the emails had been checked and the second one had been approved. Following the inspection the provider confirmed they had applied for DoLS for five other people for whom they were awaiting a decision.

We discussed how people with capacity could leave the home as the front door was locked. The registered manager told us that people could ask to leave the home and staff would accompany them. Most people were too frail to leave unaccompanied and people went out with family or staff.

People were supported with food and drink. In the morning people were offered a choice of coffee or tea. People said; "Anytime you want a drink or something to eat, they make it for you." We noted that people

were given their hot drinks in a cup and saucer. People were offered a biscuit with their hot drink, but not a choice, and this was not with their coffee. Although we did hear a member of staff say; "You surprised me by wanting toast, you normally have cereal;" it appears that choices were offered but not consistently.

Care plans showed that an assessment had been carried out prior to people moving to the home. As the staff became more familiar with people's needs and the support that was needed, the care plans were amended.

We observed the lunchtime meal in the two dining areas and also in a side room. People were given squash or water with their meals. We did not witness that anyone was given choice, although everyone appeared to be happy with their drink. This may have been because staff knew people's likes and dislikes.

There was one choice for lunch and two desserts, people were served the cottage pie then asked which choice of vegetables they wanted with it; there were two choices. Extra gravy was available on the table and we saw people pass it to others who were sat at their table. Comments from people about the food included, "The food is homemade and you get fresh vegetables." "The food is great and I get plenty." "The food was tasteless today, but I have not been here long." People we observed did not appear to need any assistance with their food. We did not observe anyone being offered any choice and the meals were just placed in front of people.

Following the inspection we received training information for the 13 members of staff. It showed ten staff had received training in food hygiene, 10 staff had received training in fire awareness, all had received training for medicines and one person had received training in moving handling. This was of concern having observed staff using wheel chairs in an unsafe manner. However, the provider told us within the training information sent to us that "A practical course on Moving and Handling will be booked in the new year."

We had seen that one member of staff had achieved dementia care level 3, and other staff would receive training in the new year in dementia and challenging behaviours. One member of staff said; "I have done medication training, first aid and food hygiene. I would like to do some more training, but we do have the opportunity to do on line courses if we ask [name]. We have not done any dementia training." We were told that in house training was available for the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff spoken with had a good understanding of people's health care needs. All the people we spoke with told us; if they needed a doctor the staff team would make an appointment for them. A relative told us; "My father has a catheter and always had problems and infections when he was at home. He has had only two infections since he has been here, about a year and a half." This means that care and support was effective in helping manage people's needs.

The staff team were contacting other health professionals to support the care they were providing. This included GP appointments and referrals to specialists when there were concerns about people's welfare. Relatives told us they were kept up to date and had opportunities to discuss these developments with staff.

St Leonards offers care and support for older people some of whom live with dementia. People who had limited or poor mobility, where possible had a room downstairs. There appeared to be no clear signage at the home which would assist people with memory impairment to move about independently. There was equipment to help people stand and to move around the home, when it was needed. People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. People told us; "The rooms are lovely and clean and the beds

made for you." "We can bring in our own ornaments and things." "If someone has a cat or a dog, they can bring it in to live here with them." People could spend time in three communal areas or their rooms if they wished. Some people went to their rooms after lunch for rest. The home had an accessible garden to the side of the property that people could access.

## Is the service caring?

### Our findings

We asked people about living at the home and comments received included the following comments from people; "I like it here because I can sit with my friends." "We go outside in the summer and sometimes [name] brings in soil so we can plant things and we have a sunflower growing competition." "I have been here a long time and have not regretted a moment." "The staff are lovely". "[Name] takes you in the car if you have an appointment. If you are worried, they will hold your hand." "[Name] takes letters to the post-box for me and they will also do shopping for me." "The staff are natural and understanding, they listen and sort things out." Relatives said; "All the staff are really smashing." "[Name] is terrific." "We are always made welcome when we come in and I am always asked if I would like some dinner." "I help my wife with eating."

We observed that staff called people "Love" and not by their name. Staff appeared to know people well and took time, when they could to talk with them. We observed a person being moved with a hoist and they were given very clear instructions and checked by the staff. We also observed one member of staff waking a person up. The person jumped and became quite shaky and upset as they had been fast asleep. They were also shaking for quite a while afterwards. We observed humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love it here, the home is very welcoming. All the staff are dedicated to looking after people the best way they can." Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to maintain and build their mobility. One member of staff told us it was important people remained as independent as possible in order to, "Promote people's sense of well-being."

People said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. Some people were independent with some of their care so did not always require staff support. One person told us, "I like the home, the staff encourage me to do things and decide things for myself."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. People were also able to express their views by means of daily conversations.

People's privacy and dignity was respected. Staff said although people needed staff to help ensure their safety, they still allowed them time to be on their own and to have privacy when needed. Some people chose to spend time alone in their room and this choice was respected by the staff. We observed staff knocking on doors and waiting to enter during the inspection.

There was a cordoned off area of the garden which was used for one of the staff's two dogs which they bought into the home. They were not allowed into the living area unless supervised, people seemed to like

having the dogs there. The home had a resident cat which people were seen talking to and cuddling. One person had cat treats in their bag specially.

## Is the service responsive?

### Our findings

At our previous inspection in November 2015, we rated the provider as 'good' under the key question of 'Is the service responsive?' We found at this inspection improvement was required.

People told us; "If you are not well, the staff know straight away as they can tell." "If you want to go to bed that is ok." "The staff sort things out straight away, they are never too busy to help." A relative said; "I know that the staff would know if he was unwell." Another said; "I can come and go as I like." "I am shown her records and there is always something written down." However we were also told; "The only thing I would say is that they possibly don't stimulate them enough."

Staff had not received training on respecting people's equality and diversity needs, which included people from the Lesbian, Gay, Bi-sexual and Transgender community (LGBT).

A member of staff had been asked to carry out the activities co-ordinator role. They said they had just taken over sorting activities, and hadn't done enough yet. People said "They do activities here, but you don't have to join in." "We did some Christmas painting." "We have a hairdresser come in every other Thursday." "Every Sunday after breakfast we have a game of bingo. We get prizes, but you can't get more than two." "We did have someone coming in from church, but not anymore." We did not find evidence of activities suitable for people living with dementia taking place at the time of our inspection visit.

A recent assessment of a person wishing to move to the home was undertaken at a local hospital. The registered manager found there was an issue with their skin integrity with them having a pressure area. Before the person moved into the home the registered manager had spoken with the district nurses, arranged a suitable mattress to be delivered, cream had been prescribed to use on the area and a visit from the nurse had been arranged. This ensured that the most appropriate care would be available from the day they moved to the home.

We found that care plans were reviewed and there was evidence to support input from people and their family members. We found that when there were changes to a person's health this had been identified and recorded in the care plans and showed the involvement of health care professionals when needed. Staff we spoke with were knowledgeable about people's needs and risks associated with their care and were able to give examples of personalised care and how they managed difficult situations. For example, when people became upset and angry. All the staff we spoke with told us that they received updates in changes in people's needs in handovers between staff at shift changes and would also read people's care plans. Information regarding end of life care was available where people had expressed their wishes.

People felt that staff knew what was happening at the home and one said "The staff have a handover for the different shifts and they know what is going on."

People and relatives we spoke with told us they were satisfied with the home. One person told us, "If I had a complaint, I would speak to any member of staff and it would be sorted." Another said "If I had a problem I

would go to any staff and they would sort it." A relative said; "I have not got a complaint." We were also given an example of responsiveness. A relative said "Sometimes I need to remind the girls that [name] needs to change what they is wearing. Most of the time it is done for them, but if I remind them, they do it."



## Is the service well-led?

### Our findings

At our previous inspection in November 2015, we rated the provider as 'good' under the key question of 'Is the service well led?' We found at this inspection improvement was required.

The home is a single location owned and managed by the provider. It aims to offer a homely environment and they go above and beyond in caring for people in their care, for example taking people to hospital appointments and staying with them throughout. The provider is at the home daily and the registered manager most days; they live near the home and are available to support people and the staff when needed. If they are away then they ensure that support is available from their family or by them via the telephone. Their close support of the home helps them to monitor the staff and the day to day culture of the service which is centred around the individual.

Systems were in place to check on the standards within the service. However, systems were not implemented to ensure accidents and incidents were followed up to ensure appropriate action had been taken. For example, we saw records detailing where people had harmed themselves, staff and other people using the service; '[Name]' went to another resident and tried to hit them, a staff member had to pull [name] away'. We could not see what action had been taken nor whether it had been investigated. There were no assessments associated with this behaviour and further training had not been considered for staff to ensure they were taking action safely and appropriately.

Some people were having their output monitored, as they were at risk of infections. The monitoring record we looked at was written on sheets of paper with dates, amounts and times. Nowhere did it state what the records were for. The registered manager and senior staff said the record was to monitor output for someone who often had difficulties with their catheter. Medicine records had not been fully completed to show that medicines and lotions had been administered as prescribed.

The lack of accurate records for medicines, monitoring of people's health and monitoring of accidents and incidents at the home to monitor, assess and make improvements to ensure safety, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members we spoke with told us the provider and registered manager were approachable and if they had concerns regarding the service, they would speak with them. One member of staff said, "My relative is also doing an apprenticeship here. I think it is well managed here. There is always someone to support you. They appear to deal with any issues promptly. I also feel they are very fair here." Others commented; "We don't ever have any agency workers." "We do get a lot of support and [name] has taken a step back from the business. We have two assistant managers. They have taken over a lot of the drug ordering and [name] is doing an NVQ5."

One observation from staff was that the provider could "act a little quicker at times", with staff requests." With regard to appraisals and supervision one member of staff said; "We get informal feedback all the time, but I have not had a formal appraisal for two to three years. [Name] is very encouraging and handing over a

little more." Following the inspection the provider sent us an example of staff appraisals this was dated June 2016.

The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. We had received notifications as appropriate.

It is a legal requirement that the overall rating from our last inspection is displayed within the home. We found the provider had displayed their rating as required. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider and registered manager were working in accordance with this regulation within their practice. We also found the provider and registered manager had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.

The provider told us about the new electronic care records system that is being slowly introduced. They said that next of kin and/or Lasting Power of Attorneys (LPOA) would be able to see some of the information and make comments. We discussed the protection of data and how much others outside of the home could see of private care records and how they would ensure that people who lived at the home consented where able. The provider undertook to look into this further with the new system provider.

The provider and registered manager use an external company to assist them with monitoring the health and safety of the home and carry out a yearly audit. Surveys are sent out each year by 'Your Care Rating' who will then produce a report which will then be sent to the home; from which the provider told us, they will review and take action if needed.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People we placed at risk when staff were using wheelchairs to assist them move around the home as staff were not using them safely. This was a breach Regulation 12 2 (e) of the Health and Social Care Act 2008 (Regulated Activities).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There were no records of best interest decisions being made where people lacked the mental capacity to make informed decisions about their care. This was a breach of Regulation 13 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of accurate records for medicines, monitoring of people's health and monitoring of accidents and incidents at the home to monitor, assess and make improvements to ensure safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

