

Mr & Mrs L S P Cook

# Coombes Wood 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:

Coombes Wood House is a care home without nursing and is registered to provide accommodation and support for up to 39 older people. Coombes Wood House provides care to people with dementia, physical disabilities and mental health conditions. At the time of the inspection there were 37 people living at the service with one additional person being admitted during the inspection period.

People's experience of using this service:

There was established leadership at the service, although there had been changes to the management structures recently. We identified concerns over the governance of the service, which the provider took immediate steps to address following taking legal advice. Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided. However, we found these were not always being operated robustly. We identified concerns with pre-employment checks, safe storage and use of creams, environmental risks, a lack of risk assessments for some health conditions, and staffing issues.

Although immediate action was taken by the service to address the concerns we identified and the impact of them on people was low, the issues we found had not all been identified or managed by the service's own quality assurance processes. This told us they were not always operating robustly.

We identified some areas of the building that needed attention, and policies and procedures that were out of date. We have also made a recommendation about reviewing the accommodation in the light of best practice for environmental adaptation for people living with memory loss. We saw some instances where communication with people living with dementia could be improved and these were discussed with the registered manager who said they would speak with staff.

People received their medicines as prescribed. We identified some risks associated with long term health conditions were not being assessed, and this was addressed immediately during the inspection. Other risks around people's care or health were being assessed and managed, for example for falls or pressure ulcers. Following the inspection, the service also removed several expired creams which were left in people's bathrooms. We did not identify any harm that had come to people, however we have made a recommendation about this.

Systems were in place to safeguard people from abuse, and the service responded to any concerns or complaints about people's wellbeing. Recruitment processes had not always been followed consistently, but this was addressed during the inspection. This had concerned a short gap on one person's employment history that had not been explored. Enough staff were in place to meet people's needs, and staff received the training and support they needed to carry out their role. We identified an occasion when staff were not quickly responsive to people's needs, and this was discussed with the registered manager and care

manager.

People and their relatives spoke well of the service they received from Coombes Wood House. People's needs, and wishes were met by staff who knew them well.

People received personalised support which met their needs and preferences. People told us the service met their needs and they felt the care given to them was good. People and their relatives were involved in developing the person's care plans wherever possible, and the service took a positive approach towards risk taking. For example, supporting people to keep mobile, even where they were at high risk of falls, because they recognised the positive effect this had on people's wellbeing.

Staff spoke positively about people and their work at the service, which they said was a good place to work, with staff working well as a team. Staff told us they would be happy for relation of theirs to be supported at the service.

Systems ensured learning took place from incidents and accidents. Feedback from people using the service was used to develop the service further, for example increasing activities available.

More information is in the full report

Rating at last inspection: This service was last inspected in December 2016, when it was rated as good in all areas and as an overall rating.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

We identified a breach of regulation. You can see what action we have asked the provider to take at the end of this full report.

We will continue to monitor the intelligence we receive about the service. If any concerning information is received, 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Coombes Wood 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector, 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:** Coombes Wood House is a care home without nursing. People in care homes receive accommodation and personal care. 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 will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced and started at 07:00am. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

#### What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had completed a provider information return (PIR). This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with seven people living at the service, five visiting relatives, the registered manager, the general manager, care manager, seven members of care staff, and the activities organiser. As most of the people living at Coombes Wood House were living with dementia, many were not able to share their experiences of living at the home with us verbally. We spent time during the inspection visits conducting a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at Coombes Wood House.

We looked at the care records for three people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at two staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

# 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 limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ Recruitment practices had not always been thorough, for example one file we looked at did not contain a full employment history. This was addressed during the inspection. The registered manager also agreed to ensure any risk assessments undertaken in relation to declared criminal offences were recorded. Pre-employment checks from the Disclosure and Barring Service (police) had been undertaken before new staff started work.
- ☐ There were enough staff to ensure people had access to the care that met their needs and protected them from risks. The service had recently increased their staffing levels, as there had been an increase in people's dependency levels. On one occasion we saw staff were eating their lunch, and one person needed assistance. Staff did not respond quickly to the call bell used to request assistance which could have put the person at risk. We discussed this with the registered manager and provider, who agreed to ensure staff increased their supervision of people.
- ☐ People felt safe. Where people were living with dementia and were not always able to raise concerns directly, care plans contained information about interpreting people's behaviour. This helped to assess whether they were unhappy or uncomfortable. A relative told us they way staff supported people helped to relieve their anxiety or any distress. They said "They play along with the strange things she says. They don't make an issue of it. They don't make it obvious and change the subject. They put her at her ease. If they were not skilled she would show it with anxiety."
- ☐ People's feedback overall told us they felt safe. A visitor told us "I have never heard raised voices in here. It all seems to be handled quite calmly" and another person told us the service felt like "It's your home."
- ☐ Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff felt able to report concerns to the management team and were confident these would be addressed. Policies were in place to guide staff on actions to take.

Assessing risk, safety monitoring and management

- ☐ On the day of the first visit we identified some minor areas needing attention in the environment, such as some windows needing assessing, and some furnishings which needed securing to the walls. By the day of the second visit these had been attended to.
- ☐ People were protected from risks associated with their healthcare. People living with long term health conditions, such as diabetes, had care plans, but did not all have risk assessments related to these conditions. This was addressed during the inspection, with risk assessments being provided. Plans guided staff on what actions were needed to keep people safe. A relative told us "They have everything in place to

ensure she is not at risk. She used to walk constantly when she first came in and they made sure she was not falling over. As her condition has deteriorated the different things that need to be in place are in place."

- Other risk assessments were in place, to help identify people at risk from pressure damage, falls and poor nutrition. Where people were at risk of choking, advice on appropriate food and fluid textures was available. The service worked alongside families to ensure people could take positive managed risks. This meant for example identifying that although a person was at risk of falls, the benefit to them of being mobile outweighed this.

- Systems were in place to assess risks from equipment including bed rails, and pressure mattresses to ensure they were safe, clean and hygienic. Pressure relieving mattresses checked during the inspection were set to the correct weight settings to ensure they were effective.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed. Separate medicine areas were on each floor to ensure medicines could be given to people in a timely way. During a tour of the service we identified several prescribed moisturising creams left in bathrooms, en-suite facilities and bedrooms. Some of these had their prescription labels removed, so it was not possible to see who these had originally been prescribed for. Some of these were out of date. We did not identify anyone had suffered harm as a result of the use of these, which were all removed during the inspection. We recommend the registered persons implement systems to ensure the safe use of creams, which are only used for the people for whom they are prescribed.

- Systems were in place to audit medicines, and the competency of staff administering medicines was assessed regularly. Not all staff gave out medicines, and no-one did so without training. Records for medicines administration were completed. Where people needed medicines via injection, this was done by visiting community nurses, who kept their own records, for example of people's blood sugar levels.

- The service's medicines management policy needed updating, but this was resolved through the purchase of a new policies and procedures manual which was carried out during the inspection.

#### Preventing and controlling infection

- Good infection control practice was in place, and the service did not have any significant malodour. Where a specific infection risk was identified, guidance had been made available to support staff to manage this.

- Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections.

- The laundry area, although small, was clean and free from a build-up of items waiting to be laundered. Appropriate arrangements were in place for the management of clinical waste.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence. The registered manager audited incidents and accidents, for example falls, to identify any trends and reduce further risk. As an example, some people at high risk of falls had pressure mats in place to alert staff to them moving around.

- Staff were always supported by senior staff on duty, and members of the management team were on call in case of further advice being needed. Information on emergency management was available, and team lead staff had the delegated permission to call in for extra staff as needed.

- Equipment was well maintained and regularly serviced. Regular fire tests and drills were carried out. The provider told us they would be ensuring a stairgate on the first floor was discussed with the fire authority and included on their fire risk assessment.



# 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. This has been maintained.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ There was some limited signage around the building helping people living with memory loss to orientate themselves, and signs on people's doors to help with identification. Toilet seats had been provided in bright colours to help people identify them. Courtyard and garden areas were enclosed to minimise risks of people leaving without staff being aware. We recommend the service reviews the accommodation in line with best practice on environmental design for people living with memory loss.
- ☐ Coombes Wood House is an older adapted building set over three floors, with administration offices on the third floor. Accommodation for people living at the service was set on the ground and first floors, with access via a passenger lift. The service had attractive gardens with seating outside and numerous bird tables, which people were enjoying during the inspection. All areas of the home were clean, warm and comfortable.
- ☐ Adapted bathrooms, hand rails, mobile hoists, door alarms, shower rooms and toilet facilities were provided to meet people's needs.

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

- ☐ Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. One person was being assessed for admission on the day of the inspection. Senior staff discussed the person's needs with the senior team before any decision was made to admit the person. This helped ensure everyone understood their needs before they moved to the service. The person's relatives had already visited the home to see if it was somewhere they might like to live.
- ☐ People's needs were regularly reviewed and where changes had occurred their care plans were updated. Relatives said they were kept up to date with any changes or incidents. One told us "They are on the phone to me, for organisational things or changes." Another said, "We had a six-month review, and presume there will be one at the year."
- ☐ People or their relatives had been involved in their care planning and reviews.
- ☐ Care plans were maintained on a computerised system with each staff member having access to them at all times on a phone sized device. Plans were person centred, concise and in line with good practice.

Staff support: Induction, training, skills and experience.

- The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction training and support, face to face training and online resources. Newly appointed staff were expected to complete the Care Certificate if they did not have experience. The Care Certificate is a nationally recognised course in Induction for care workers. Staff said they received enough training and support to enable them to do their job. One said they had worked alongside more senior staff when they started at Coombes Wood House, even though they were experienced.
- Mandatory training updates were taking place and the service had a training matrix to ensure updates were made in a timely way. Staff had the opportunity to discuss their training and development needs at supervision and appraisals. Senior staff also carried out observational supervision, where they assessed staff members competency in practice.

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

- Where advised specialist dietary textures were provided to assist people with swallowing difficulties. Where people were at risk of malnutrition some people had been prescribed supplements. People said the meals could sometimes get a bit repetitive but were aware they could ask for something else if they wanted this. We saw this happening on the day of the inspection when someone didn't want the meal being served. A relative said "They will offer to cook her something she likes."
- People were offered additional food if they wanted this, and the service made up a fresh milk shake and homemade soup each day to help encourage people to take in enough fluids.
- The registered manager said the service had made changes to the menu to meet people's wishes. For example, people were finding it more difficult to eat joints of meat so softer options were being provided, such as cottage pie.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place. Where applications to deprive people of their liberty had been authorised, conditions had been complied with.
- People were asked for their consent for care. Where people lacked capacity to consent, for example to admission to the home, we saw best interest decisions had been made and recorded in conjunction with people authorised to make decisions on their behalf.

### Supporting people to live healthier lives, access healthcare services and support

- People had access to a full range of community healthcare, including GPs, community nurses, podiatry, optical and dental services. The service had also recently accessed physiotherapy support and had good links with the older people's mental health team. A local GP visited the home every week to help ensure people received regular assessments of their health.
- People and relatives said "The GP has been. She has seen the optician, dentist, all that's organised" and

"The GP comes here and they (staff) will go with you if you want them to."

# 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. This has been maintained.

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's dignity and privacy were respected. However, staff communication was not always positive. We saw many examples of staff supporting people positively, gently and discreetly. We also observed some instances where staff were not always discreet in their discussions about people in front of others. Some staff used words such as "darling" and "my lovely" rather than using the person's name. We discussed this with the registered manager and care manager who agreed to speak with staff about the impact of this.
- ☐ People's mealtime experience was positive. Tables were nicely laid, and where people needed assistance to eat this was done well, with lots of positive interactions and at the person's own pace. We saw one person requesting additional portions. They were given this and ate all the meal on offer. Another person was offered options for their dessert, which they ate well.
- ☐ Personal care was delivered in private. Staff understood where people wanted to retain their independence, and what they were able to achieve for themselves.

Ensuring people are well treated and supported

- ☐ People and relatives said they felt people were cared for well. People told us "They call me by my chosen name, not my Christian name" and "Staff are always friendly." One person had moved to Coombes Wood House from another service. Their relatives said "I think it's a lot better here. There's always staff moving around, so always someone to ask. They have built a relationship with (person's name). They encourage her and smile".
- ☐ Visitors were made welcome to the home at any time. A visitor said "The family visit on a regular basis. They always ask if we want a cup of tea and make us feel comfortable." Some relatives told us how they shared information amongst themselves on social media. They told us how they had recently shared a photo of their relation sitting outside with their feet in a paddling pool of cool water during the hot weather, which they had enjoyed seeing.
- ☐ We saw evidence of positive relationships in place. Staff expressed concern for people in their care, and spoke positively about them as people, not just focussing on their needs.

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

- ☐ People were involved in their care planning and expressing their wishes about their care where they were able. The service did not hold 'residents' meetings', but the registered manager said their 'door was always open'. A relative said "I would go to the manager's office "if they wanted to discuss anything about their relations care and support.

- Care plans included information about people's personal, cultural and religious beliefs. Ministers from a local Baptist church visited the service, and communion was held monthly for people who wished this.
- The service respected people's diversity and was open to people of all faiths and belief systems or none. The registered manager and staff told us people and staff protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The registered manager agreed to make this more explicit to people living in or considering moving into the service.

# 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. This has been maintained.

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

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

- ☐ People received care and support in a way that was responsive to their needs, however one person said they were not always able to go to bed at their chosen time. We discussed this with the general manager, who said they would monitor this. The registered manager told us they had recently increased the night staffing levels, as people's needs were increased at this time.
- ☐ Care plans provided staff with descriptions of people's needs and how they should provide support in line with people's preferences and needs. Plans were regularly updated and supplemented by daily records, which staff could complete throughout the day. The care planning system in use sent immediate alerts to staff if people had not received enough fluids or needed repositioning, so they could take appropriate action.
- ☐ Staff could describe for us what support people needed and how they met this. For example, we discussed with a staff member how they had supported a person to get up that morning. They demonstrated they understood the person and their needs and wishes about their care.
- ☐ Most care plans contained information about people's social and personal history. The registered manager said they had some difficulty in having some relatives complete these. The registered manager told us they were asking relatives again if they would do so and explaining the importance of this to them. Where this was in place staff understood them and could use them in discussion with the person. These histories are important, especially where the person has memory loss, as they help staff to understand the person in the context of the life they have lived.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices.

- ☐ Where people had difficulties with verbal communication staff understood how to support them. This included by using closed questions and limited alternatives to help them make choices. People's care plan gave guidance to staff on how to support their communication where this was needed. The service had in the past supported people with talking books and papers.
- ☐ The service had an activities organiser, who worked both with people on an individual basis and in groups. Discussion with this newly appointed person demonstrated they were taking things slowly to make sure they understood people well. They said, "When new people come in I sit down and have a chat with them, see what they like to do, hobbies." Outside entertainers were provided, including theatre, musical entertainments and visitors were encouraged to bring dogs with them. Many people living at the service had

spent time living in a rural setting and enjoyed watching wildlife in the service's garden. The activities organiser said, "I have a bird book and hope to do a scrap book of what we have seen in the garden." They also told us about how they spent time with and supported people who spent most of their time in their rooms.

#### Improving care quality in response to complaints or concerns

- ☐ Systems were in place for the management of complaints and concerns. The service had a complaints policy and procedure which needed some updating. The registered manager and general manager completed this during the inspection.
- ☐ Records were kept of any investigations and outcomes. Some relatives told us they had raised concerns over missing items of clothing which went missing in the laundry system. The registered manager told us they were aware of this and were making every effort to resolve the issue.

#### End of life care and support

- ☐ People's wishes about the end of their lives were recorded in their care files where these were known. Most people had a treatment escalation plan, agreed with their GP in place. This covered what treatment the person wanted in case of a sudden deterioration in their health, including their wishes regarding resuscitation or medical treatment to prolong their life.
- ☐ Staff received training on how to support people at the end of their lives, some of which had been delivered by the local hospice. Although at the time of the inspection no-one was believed to be at the end of their life, some people had previously assessed as being so, but had since rallied. The registered manager and care manager told us they felt this reflected the care and support given. We saw cards and thank you letters from people whose relation had passed away at the service.

# 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 was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff were clear about their roles and understanding quality performance.

- ☐ We identified concerns over the organisational arrangements and governance of the service. Governance structures were not clear or consistent. The provider took immediate action to address these legal issues and provided us with evidence of the actions being taken to ensure changes had been and were being made.
- ☐ Systems were in place to assess and improve the quality and safety of services. However, we were concerned the systems for auditing and quality assurance had not identified the issues we found on this inspection. These had included concerns over pre-employment checks, safe storage and use of creams, environmental risks, a lack of risk assessments for some health conditions, and staffing issues. This told us that systems had not always been operated robustly or in sufficient detail to identify concerns. Although changes had been made as a result of the inspection, these were responsive to areas we had identified rather than the organisation being proactive and identifying the issues as part of their own quality assurance systems.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the services quality assurance systems had been effectively operated. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ During the inspection we identified policies and procedures that were out of date, some significantly. The senior staff had recognised this and had been working through these to update them. However, following the first day of the inspection they told us they had decided to purchase in a policy and procedures system, which gave regular updates following changes in legislation. Policies would be available online as well as in hard copy for staff reference at any time.
- ☐ Since the last inspection some changes had been made to the management structure of the service, with the previous care manager now being registered with CQC as the registered manager. Additional posts had been made for a senior management team to support her in her role.



Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives said, "I think she is lucky to be in this home, and it's lucky she is here" and "It's a really nice place. Well run."
- The manager and management team were focussed on providing a high quality and person-centred service for people, recognising their individuality. They understood the importance of working well with other agencies and families in an open and transparent way. The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

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

- The manager sought views from people, their relatives, staff and external healthcare professionals through a series of questionnaires. These were then used to compile overall results which were shared with people alongside an action plan to show what changes were being made as a result. For example, in the last series of questionnaires people requested additional activities be provided. The new activities organiser was developing the provision at the service and we saw appropriate resources were made available to support this.
- Staff said they felt listened to, were supported by the management, and had an input into the service. Changes suggested were implemented, for example one staff member had suggested staff wear belt bags with useful items such as tissues and hand gel in them. This helped ensure these items were immediately available when supporting people. We saw this had happened. Staff said it was a nice place to work, and that standards were high. Care staff we spoke with said they would be happy for a relative of theirs to be cared for at the service, and some currently had relatives living at the home or had done so until recently.

Continuous learning and improving care

- The registered manager and care manager could demonstrate they were continually working towards improvements, through reading the Care Press, CQC website and other service's reports. Additional options were discussed to improve links with other local services.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers quality assurance and management systems were not being operated effectively, as they had not identified a number of concerns identified on this inspection.</p> <p>Regulation 17 (1) (2) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance)</p>