

Tamby Seeneevassen

Beechwood Nursing 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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 and 14 February 2017 and was unannounced.

Beechwood Nursing Home is registered to provide nursing care for up to 32 older people. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation is provided in one adapted building spread across three floors. At the time of our inspection 27 older people with nursing needs were using the service.

The service had a registered manager. They had been the registered manager since December 2017. A registered manager is a person who has registered with the CQC 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 the last inspection in December 2016, we asked the provider to take action to make improvements to ensure the service was person-centred and to improve governance and quality assurance at the service. At this inspection, improvement had been made in some areas and the service was person-centred. However, we identified new concerns regarding safe care and treatment, staffing and on-going concerns about the governance of the service.

The provider did not have an infection prevention and control lead. The sluice room and laundry were unclean and robust systems were not in place to ensure and evidence all areas of the service were regularly cleaned and deep cleaned.

There were a number of maintenance and health and safety issues. Risks had not been adequately assessed to ensure appropriate control measures were in place to keep people safe. For example, the need for window opening restrictors had not been adequately assessed and regular checks had not been completed to ensure these were in place. Concerns identified at our last inspection about doors being left unlocked and cleaning chemicals left in accessible places had not been addressed.

Staff had not always received appropriate training. Staff had not received regular supervisions; annual appraisals had not been completed. The provider had not ensured competency checks were consistently completed to evidence staff had the necessary skills to safely meet people's needs.

The concerns identified during our inspection showed us effective systems were not in place to monitor the quality and safety of the service provided and to maintain consistent standards of care. This was the third consecutive inspection where we identified a breach of regulation and the second time the service has been

rated Requires Improvement.

We found breaches of regulation relating to safe care and treatment, staffing and the governance of the service. You can see the action we asked the registered provider to take at the back of the full version of this report.

People who used the service told us they felt safe. Staff were safely recruited and sufficient staff were deployed to meet people's needs.

Care plans and risk assessments were person-centred and generally contained proportionate information about how staff should support people to maintain their safety. Accidents and incidents were recorded and actions taken to reduce risk and prevent reoccurrences.

Staff supported people to ensure they ate and drank enough. Staff worked with healthcare professionals and supported people to see their GP or attend appointments when necessary.

Consent to care was considered and documented in line with relevant legislation and best practice guidance.

Staff were kind and caring. Staff respected people's privacy, dignity and personal space. People made choices about their care and support and staff respected people's decisions.

The registered manager had a system in place to gather feedback and manage and respond to any complaints about the service.

Regular activities provided the opportunity for meaningful stimulation. Staff knew people who used the service well. Care plans contained person-centred information to support staff to provide care and support to meet people's individual needs.

We received consistently good feedback about the new registered manager and the positive changes they had made to improve morale and organisation.

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.

Health and safety risks had not been adequately assessed and managed.

The provider had not followed best practice guidance regarding infection prevention and control.

Records around how medicines were managed safely were not always detailed and clear.

Staff understood their responsibility to safeguard people who used the service from abuse and avoidable harm.

Sufficient staff were safely recruited and deployed to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not consistently received appropriate training, regular supervisions or an annual appraisal of their performance.

Consent to care was sought in line with relevant legislation and guidance on best practice.

Staff supported people to ensure they ate and drank enough.

Staff worked with other professionals to meet people's health needs.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People told us staff respected their privacy and dignity.

Good ●

People had choice and control over their daily routines and were encouraged to make decisions.

Is the service responsive?

The service was responsive.

Care plans were person-centred. Staff knew and understood the support people required to meet their needs.

Activities provided regular opportunities for meaningful stimulation.

There were systems in place to gather and respond to feedback about the service including complaints.

Good ●

Is the service well-led?

The service was not always well-led.

The provider did not have effective systems in place to maintain the quality and safety of the service.

The previously identified shortfalls in governance had not been addressed at this inspection.

The registered manager had improved organisation and morale at the service and we received positive feedback about their leadership.

Requires Improvement ●

Beechwood Nursing 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 was planned to check 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 inspection site visits took place on 6 and 14 February 2018 and were unannounced. The inspection was carried out by two inspectors 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. They were an expert in care for older people, and supported the inspection by speaking with people who used the service and visitors to gather their feedback. They also observed interactions in communal areas and support provided with activities.

Before the inspection we reviewed information we held about the service. This included notifications providers send us about certain changes, events or incidents that occur which affect their service or the people who use it. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

During the inspection, we spoke with 10 people who used the service, four visitors who were their relatives or friends and three health and social care professionals. We spoke with the registered manager, two nurses, one team leader, three care staff, the activities coordinator and chef.

We completed a tour of the service, which included people's bedrooms, with their permission. We reviewed four people's care plans and risk assessments, three staff recruitment, induction and training records. We looked at the systems in place for medicines management. This included 11 medicines administration records (MARs) and looked at medicines storage, handling and stock requirements.

Is the service safe?

Our findings

The provider did not have an infection prevention and control lead as required under Criterion One of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Cleaning rotas were in place, but these did not robustly evidence all areas of the service were regularly cleaned and deep cleaned. Some areas of the service, for example, the laundry and sluice room were unclean and best practice guidance on infection prevention had not been followed. The laundry room was found to be unclean at our last inspection and remained an outstanding concern at this inspection.

We received mixed feedback about the cleanliness of the service. People who used the service said, "I feel it is very clean. It's excellent. They are constantly cleaning" and "The cleaners come around so it is clean." A relative told us, "It could be better, it could be a lot better actually." A health care professional said, "Equipment is dirty sometimes and the rooms are variable."

At our last inspection, the sluice room door did not have a lock and cleaning chemicals were left in accessible places. During this inspection, we identified cleaning chemicals were again left in accessible places and the door to the sluice room as well as stairs to the basement did not have locks on.

We identified a number of other maintenance or health and safety issues. This included concerns that window opening restrictors were not consistently in place and some areas of the service had single paned glass, which had not been reinforced. We were concerned about the risk of people falling from height.

A risk assessment had not been completed to identify these risks in the home environment and explore what control measures were needed to ensure people would be safe. Regular documented safety checks had not been completed of window restrictors or bed rails to ensure they were in safe working order.

The provider had a basic fire risk assessment, but records of fire drills did not evidence a robust approach to monitoring and ensuring staff knew how to respond in the event of an emergency.

Concerns regarding infection prevention and control practices, and how risks were identified, assessed and managed were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection, the registered manager showed us the work they had done to address our concerns. This included completing an environmental risk assessment, installing locks on doors and fitting window restrictors where necessary. This showed us the registered manager was responsive to our feedback and keen to take action to improve and ensure the safety of the service.

The provider had a medicines policy and procedure, but not all staff had up-to-date medicine training and the provider had not completed competency assessments to ensure and evidence staff had the necessary skills.

Topical medicines were not always administered as prescribed. Topical medicines application charts were not always available for prescribed creams and some of the records were not completed in full.

Two out of three people's care plans lacked detail about support required with medicines. One person's diabetic care plan described contacting the GP if problems arose, but did not provide information about the problems to look for. Medicine audits were completed monthly, but they lacked detail and only two people were audited each month. A review was required to ensure audits were able to identify and drive improvements.

We recommend the provider implements best practice guidance relating to the management and recording of the support provided with people's medicines.

People who used the service provided positive feedback about the support they received with their medicines. One person said, "They bring my medicines and make sure I get what I need."

Medicines were securely stored at a safe temperature. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored safely and checked regularly.

Medicines were ordered on a monthly basis, however, stock levels were not always sufficient and one person had been without their pain relief patch for three days in January 2018. The registered manager was aware of the problem. They had attended meetings with the pharmacy to address difficulties with the supply of medicines; however, this was an on-going concern at the time of our inspection.

Protocols were in place to guide staff on how to administer 'as and when required' medicines. Additional records guided staff in the safe administration of transdermal patches.

People who used the service told us they felt safe. They said, "I feel quite safe here. If I have any concerns I would raise them, but I don't have any" and "I've always been happy with the home. They [staff] are very good to me."

The provider had an adult safeguarding policy and procedure, but this had not been updated to reflect changes in legislation and best practice guidance introduced by the Care Act 2014. The registered manager agreed to address this.

Staff understood the signs and symptoms which may indicate people were experiencing abuse, and knew what action to take to ensure people were safe. Safeguarding concerns were identified and reported to the local authority safeguarding team. When concerns had been identified, for example, regarding medicine management, action had been taken to ensure lessons were learnt and improvements made.

People's needs had been assessed to identify risks to their health and well-being. Care plans and risk assessments contained information and guidance for staff on how to safely support people to minimise risks. Staff used assessment tools, for example the Malnutrition Universal Screening Tool (MUST), to identify the level of risk and inform what actions were needed to keep people safe. Care plans and risk assessments contained generally proportionate, up-to-date and person-centred information about the support people required to keep them safe.

The registered manager completed checks to help ensure suitable staff were employed. New staff completed an application form, had an interview, provided references and underwent a Disclosure and

Barring Service (DBS) check. DBS checks return information from the police national database and help employers make safer recruitment decisions

The registered manager had checked with the Nursing and Midwifery Council (NMC) to ensure the nurses employed at the service had active registrations to practice.

At the time of our inspection, staffing levels during the day consisted of one nurse, one senior, four care workers, two domestic staff, a laundry assistant and chef. At night, one nurse and two carer workers were on duty.

People who used the service spoke positively about staffing levels. They told us, "There's somebody there all the time", "There is always someone about" and "I've got a buzzer and they come quickly if needed." A health and social care professional said, "There is quite a lot of staff on usually."

Staff told us, "There is enough staff to cover people calling in sick or on holiday", "Staffing levels are fine" and "I think there are enough staff and they get cover if needed."

The registered manager was a registered nurse and supernumerary. This meant they were available to covers shifts when necessary. They explained agency staff were used as a last resort, but had not been required since Christmas 2017.

Staff were visible throughout our inspection. Call bells were generally answered in a timely manner, and we spoke with the registered manager about auditing response times to monitor and ensure they were consistently answered during busy periods.

Staff documented any accidents or incidents involving people who used the service. These records were collated and analysed to identify any patterns or trends and showed action was taken in response to new risks or concerns. For example, one person had fallen a number of times. Their care plan and risk assessment had been updated and staff had consulted with the person's G.P for further advice and guidance regarding any medical cause for the recent falls.

The registered manager had a 'grab file' with information about the level of assistance people would need to evacuate the service in the event of an emergency. The provider had a plan outlining how they would continue to meet people's needs in adverse weather conditions or if there was a loss of gas or electricity within the service.

Is the service effective?

Our findings

The provider did not have a comprehensive and robust approach to induction, training and to evidence staff had the skills and knowledge to safely meet people's needs.

The provider told us they completed an induction checklist and new staff shadowed other members of the team when they were first employed. We saw evidence of the induction checklists completed, but identified concerns that new staff had started supporting people without completing the provider's formal training courses. For example, one member of staff had started work without completing moving and handling, infection control, health and safety or safeguarding training. Three out of five nursing staff responsible for administering medicines did not have up-to-date training. Competency checks, including medicine competencies, had not been consistently documented to ensure and evidence staff had the knowledge and skills needed to safely support people.

Training records showed of the 22 care and nursing staff working at the service at the time of our inspection, 12 staff had not completed health and safety training and eight staff had not completed fire safety training. Six staff had not completed infection control training. Five staff had not completed moving and handling training. Three staff had not completed safeguarding training and two last completed this training in August 2015. Staff had not completed training on equality and diversity or food hygiene and only one member of care staff had completed training on the Mental Capacity Act 2005. There was limited evidence of additional training provided to nursing staff to support their continued professional development and maintain their clinical skills.

The registered manager acknowledged there were gaps in staff training. They told us they had focussed their efforts on addressing practice issues when they started working at the service and were now moving on to address gaps in training.

Staff had not received regular supervisions or annual appraisals. The registered manager explained regular supervisions had not been completed before their arrival and they had seen no evidence that staff had received an annual appraisal under previous management.

Gaps in staff training, the lack of competency checks and the fact staff had not consistently received regular supervisions and appraisals was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager showed us the work they had done to introduce a system of formal supervisions and shared copies of supervisions they had completed since their arrival. At the time of our inspection, 12 out of 28 staff had received a recent supervision. The registered manager told us they planned to complete appraisals in the summer of 2018.

This showed us the registered manager was working to improve the training and monitoring of staff's performance. However, there were still significant gaps in staff training and there was not robust system in

place to ensure and evidence staff had the skills needed to safely support people.

People who used the service told us the food was good. Comments included, "I enjoy it. That's the main thing"; "Ninety-nine times out of a hundred the food is perfect. There is more than ample and if you want some more you could have it" and "It is fine, no problems. In the morning they come around and ask us what we want to eat."

We observed lunch being served and saw people were offered a choice of meals. Staff encouraged and prompted people to eat and drink and provided additional support when necessary. Drinks were left in accessible places for people to help themselves and staff regularly offered and prompted people to eat and drink in-between meals. Food and fluid monitoring charts were used when necessary to record the amounts people ate and drank and identify concerns. Staff monitored people's weights and shared any concerns with healthcare professionals.

Healthcare professionals provided positive feedback about the working relationships they shared with staff and the registered manager. They told us staff were responsive to their feedback and took action where they made recommendations. A visiting health and social care professional told us, "They are meeting [name's] needs and monitoring them. They are doing a good job." People were referred to and supported to access healthcare services when necessary.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive people of their liberty were being met.

Staff asked people's permission before carrying out tasks. For example, at lunchtime, staff asked people's permission before putting on clothes protectors. People had been asked to sign to document they consented to the care and support provided. Mental capacity assessments and best interest decisions were documented when necessary. Applications to deprive people of their liberty had been appropriately submitted. This ensured people's rights were protected.

Adaptations had been made to improve the suitability of the home environment where possible. The decoration in areas of the service was tired and we noted a number of maintenance issues. The registered manager showed us how maintenance issues were reported and renovations were planned in different areas of the home. For example, to repair and replace roofing and replace windows with double glazing. Detailed plans and timescales for when this work was due to be completed were not available to us at the time of our inspection.

Is the service caring?

Our findings

People who used the service provided generally positive feedback about the staff who supported them. They told us, "A lot of the carers are kind and caring. They are nice people", "They look after me" and "They are all very pleasant with me. I sit and have a joke with them." Relatives said, "There is a really nice mixture of staff and they are all lovely" and "They are all good carers."

Staff were patient and attentive in the way they supported people. We observed staff gently supporting someone to walk into the lounge. They spoke in a kind and compassionate way giving encouragement and support to enable them to maintain their independence. We saw other examples where staff patiently provided one to one support with people's meals or engaged people in conversations. One person who used the service said, "They don't rush me. They're very kind"

Interactions were relaxed and informal. Staff used people's preferred names and spoke with people in a respectful manner and tone. People who used the service responded positively towards staff, engaging them in conversation and joking with them. This showed us people had developed meaningful relationships with staff that supported them.

Staff supported people to express their views and be involved in making decisions about their care and support. People who used the service told us staff listened to them and respected their choices. Comments included, "They let me do what I want", "You can do what you want" and "They respect my choices."

We observed staff routinely offered people choices, for example, about what to eat and drink or where and how to spend their time. When people struggled to decide, staff made suggestions or showed people the options available to help them choose. One member of staff explained how they looked for non-verbal cues from a person, who smiled if they agreed or were happy with something. They went onto explain how the person's relative also helped them to understand the person's preferences and what choices to offer them.

People's care plans recorded person-centred information about their wishes and preferences. These evidenced people were involved and encouraged to make decisions about how their care and support was provided.

The registered manager understood the role of advocacy services in supporting people to make decisions. Where necessary, people were supported by an advocate to ensure their wishes and views were heard were heard.

We asked people who used the service if staff maintained their privacy and dignity. They told us, "Staff are very good. They close the door when I want to go the loo" and "As far as I know they do. If I shut the door, they don't just come barging in." Another person said, "It's a comfortable place. It's warm and the staff treat you nice and properly." Relatives commented, "I feel they are respectful" and "Their dignity is maintained. I have never seen staff treat people with a lack of respect."

Staff understood the importance of maintaining people's privacy and dignity. They told us, "We treat people like we would treat one of our own"; "We always announce ourselves and tell people what we want to do. We make sure people are covered with a towel [when providing personal care]" and "We do not discuss things in front of other residents or staff." Staff knocked before entering people's bedrooms and closed blinds and curtains when necessary to maintain their privacy and dignity. We observed staff routinely asked people's permission before providing care and support and explained to them what they were doing. This showed us staff treated people with dignity and respected their privacy and personal space. A person who used the service said, "They do treat me with respect, but we have a laugh at the same time."

Is the service responsive?

Our findings

At the last inspection in December 2016, care plans and risk assessments did not always include person-centred information which reflected people's needs. This was a breach or regulation related to person-centred care. At this inspection, improvements had been made.

Each person who used the service had a care plan and risk assessments to guide staff on the support they required. The registered manager explained the work they had done to review and update these to ensure they reflected people's needs and preferences. We found care plans were person-centred. They incorporated information about what people did for themselves and any support required from staff. Care plans covered all aspects of people's care and support needs and provided guidance to staff on how to meet their needs.

Where people had complex nursing needs, care plans and risk assessments provided guidance about the level of support nursing interventions required. They also recorded information about other healthcare professionals involved in monitoring and meeting that person's health needs. Nursing staff provided support around the management of catheters, wound care and to ensure adequate food and fluid intake whilst managing risks associated with choking and diabetes.

Staff showed a good understanding of the people they supported and what was important to them. They used people's preferred names and provided us with important information about the support they provided and people's preferences around their daily routines. People told us staff were responsive to their needs. Comments included, "They are very good. If you ask them to do anything they will" and "They are very helpful. They help you all you want."

Systems were in place to ensure care plans were reviewed and up-dated as people's needs changed. Staff used daily notes to document the support they provided and held handover meetings to share information from one shift to the next. This ensured staff had up-to-date information and to enable them to respond and provide additional support when necessary.

Staff enabled people to maintain important relationships by encouraging and welcoming family and friends to the service. People received visitors throughout our inspection and staff were observed to be warm and welcoming to them. Visitors were encouraged to stay for lunch or activities if they wanted to.

The provider employed an activities coordinator who worked four hours per day five days a week. A weekly activities programme was in place with scheduled one to one time and group activities including painting, reminiscence sessions, arts and crafts, hand massages, music and 'sing along' and a cinema afternoon.

People told us, "They have quizzes. They are quite enjoyable to do" and "I like quizzes and dominoes." A relative said, "They've got a lot more entertainment and activities now. I've seen them doing crafts and activities and they show old films and have popcorn."

We observed activities taking place on the first day of our inspection. People were supported to join in hand and feet exercises, dominoes and a quiz. Five people were observed enjoying these activities and there was a good atmosphere throughout the sessions. Other people chose to spend times in their rooms reading or watching television or relaxed and chatted in communal areas.

The registered manager held 'Residents and Relatives' meetings to gather feedback about the service and seek suggestions for improvements. For example, at the last meeting in January 2018 activities had been discussed and feedback sought. Relatives we spoke with told us, "We bring ideas up" and "We had one last week. We discuss things if we have an issue."

The provider had a complaints policy and procedure, which contained details about how they would manage and respond to feedback about the service. People consistently told us staff and the registered manager were approachable and they felt able to speak with them if they had any concerns. One person told us, "If I am not happy with anything I say so." Another said, "I don't think I have ever complained. They are very caring." A relative told us, "If I have ever had any worries or concerns they have gone out of their way to help."

The registered manager told us there had been no formal complaints about the service in the last six months.

People's care plans included information about their end of life wishes and preferences regarding funeral arrangements. Do not attempt resuscitation orders were discussed and put in place according to people's wishes or when this was in their best interests.

Is the service well-led?

Our findings

At the last inspection in December 2016, there were breaches of regulation relating to person-centred care and the governance of the service. At this inspection, some improvement had been made. The service was person-centred and the provider was compliant with this regulation. However, we identified new concerns about how risks were assessed and managed to ensure a safe home environment and to minimise the risk of spreading infections. The provider had not established a consistently effective system to ensure staff received regular training, supervisions and appraisals and to evidence staff competencies. These concerns were breaches of regulation relating to staffing and the governance of the service.

Care plans, accidents and incidents, infection prevention and control, activities, finances and wound care were regularly audited. The provider's 'general manager' had also completed an audit in January 2018 to review the service provided. However, the quality and effectiveness of these audits varied. Care plan audits were used to robustly review and ensure these were person-centred and reflected people's needs. However, medicine audits were not thorough or detailed enough to identify the issues we found and to drive improvements. Infection prevention and control audits had not ensured best practice guidance was consistently followed in relation to maintaining a clean and safe home environment. Audits had not identified the health and safety concerns we found, whilst the provider's audits had not been effective in ensuring compliance with the fundamental standards of quality and safety.

Although we noted the significant and positive impact of the new registered manager, our findings and these breaches of regulation showed us the service had not been consistently well-led. This was the third consecutive inspection where we had identified a breach of regulation and second inspection where the service was found to require improvements. This showed us the provider had not operated effective systems and process to monitor and ensure the quality and safety of the service provided.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activity) Regulations 2014.

People who used the service provided positive feedback about the home and management. They told us, "I am happy here. I feel it is managed very well" and "From what I have seen, it is well managed. All the staff seem to be quite happy."

Relatives of people who used the service told us the service was, "Very, very good...They [the registered manager] hasn't been here long, but they are making changes for the better" and "Things have improved a lot, particularly the management and organisation. The atmosphere is so much nicer and more relaxed."

Staff provided positive feedback about the registered manager and the changes and improvements they had implemented. They told us, "There is a nice atmosphere and it is a good team to work with." They said, "The manager is very good. They are easy to talk to if there are any problems and they make staff feel valued", "It has improved a lot, [registered manager's name] is a good manager. The morale and atmosphere has improved" and "[Registered manager's name] has changed a lot, they make you feel happy

to come into work."

There was a positive atmosphere within the service and the registered manager was a visible presence coordinating and delegating tasks to ensure people's needs were met. They were responsive to our feedback and took action during our inspection to make improvements and address concerns. They acknowledged there were outstanding areas they had yet to address, but we saw clear evidence of the work already completed and actions planned to resolve these issues.

The registered manager held monthly team meetings to share information and discuss the running of the service. Topics discussed included improving team working, supervisions, roles and responsibilities and feedback from professionals' visits.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks had not been adequately assessed. The registered person had not done everything that was reasonably practicable to mitigate risks. Regulation 12(2)(a)(b).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to improve the quality and safety of the services provided. Regulation 17(1)(2)(a)(b).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training, supervision and appraisal. There was not a robust system to ensure and evidence staff had been assessed as competent to carry out their roles. Regulation 18(2)(a).