

Runwood Homes Limited

The Whitecroft

Inspection report

Stanford Road
Orsett
Grays
Essex
RM16 3JL

Tel: 01375892850

Date of inspection visit:
18 February 2019

Date of publication:
08 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

- The Whitecroft is a residential care home that was providing personal care to 48 people aged 65 and over, some who were living with dementia.

People's experience of using this service:

- People at risk of choking were not always monitored in accordance with their risk assessment which put them at risk of unsafe care.
- Kitchen staff were not aware who was at risk of choking as there was an incorrect list in the kitchen area.
- Staff were stretched during busy times and this impacted on people care especially during mealtimes.
- People who needed support in their rooms were waiting slightly longer after pressing call bells during mealtimes. People who needed support during mealtimes were not receiving this.
- Quality audits were present to drive improvement and to monitor quality within the service. However, care plan audits were not identifying people were not always receiving safe care in relation to choking risks.
- People told us staff were kind towards them and we observed mainly positive interactions between people and staff. Where a poor interaction was observed this was raised directly with management.
- People's medicines were managed safely at the service and staff had completed training.
- The home, including people's bedrooms, was clean. Systems were in place to minimise the risk of spread of infection.
- Staff were supported to have the skills to do their job and received regular training, supervision and appraisals.
- People were supported to have good outcomes in relation to their healthcare and the service worked well with health professionals to support this.
- People at risk of pressure wounds were monitored well by staff.
- People's privacy and dignity was respected as were people's individual needs. Staff at the service were non-discriminatory.
- Activities took place at the service but required more structure and resource so that everyone at the service could participate if they were unable to leave their room.
- Care was personalised and regularly reviewed. People were involved in this process along with their family or advocate to provide support.
- We made three recommendations around health and safety for evacuation procedures, frequency of controlled drugs audits and training in compassionate care.

Enforcement:

- We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around , safe care and treatment and support during mealtimes.

Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection:

- Good - last report published 2 July 2016.

Why we inspected:

- This was a planned inspection to check if the service was meeting the legal requirements.

Follow up:

- We will continue to monitor the service and ask for an action plan asking how they will immediately begin to improve.

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Whitecroft

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 was carried out by three 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. The expert had experience of care for older people over the age of 65.

Service and service type:

- The Whitecroft is a care home. People in care homes receive accommodation and nursing or 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 are 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.

What we did:

- We reviewed information we held on this service and information we had received since their last inspection. This included reviewing any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.
- The provider completed a 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.

- During the inspection, we spoke with seven people who used the service and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We spoke with the registered manager, four team leaders, three support staff and the chef.
- We reviewed seven people's care records including risk assessments and medicine records. We also looked at eight staff files which included their recruitment. We looked at six staff files in relation to training and supervision.
- We also reviewed records relating the management of the home which included audits, policies and procedures.

Is the service safe?

Our findings

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

RI: 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.

Staffing levels

- People and staff provided mixed feedback on staffing levels. We observed that mealtimes and during the morning were when the service became particularly busy and this impacted on people's experience in the service.
- For example, we heard a call bell that had been ringing for more than five minutes around supper time which was after 5.00 pm. After the inspector entered the room the person told us they needed help with personal care. We heard someone calling out who looked close to falling from their chair. We were told the person slides out of the chair but staff were not close by as they were all in the dining room.
- A member of staff told us they thought more staff would be helpful, but they had not raised this with management. One member of staff said, "There are enough staff most of the time, but it gets difficult once the buzzers start and we are in the dining room." Another member of staff when asked if they had enough staff said, "No, if there are any accidents or buzzers going off, five carers are in the dining room."
- One person said, "There is never enough staff in these places is there." Another person said, "Not enough staff. There should be more."
- On the other hand, one person said, "There are enough staff working here." And another person said, "Yes I think there are enough staff working here." A relative said, "I think there are enough staff working here." Another relative said, "There are sufficient staff here for the residents. They also make visitors feel very welcome."
- The registered manager used an assessment tool to determine the service needs which they sent to us after the inspection. We also viewed the staff rota and this showed shifts were covered.

Assessing risk, safety monitoring and management

- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) were made when necessary.
- However, we saw two examples where information on care plans around nutrition and hydration was not actioned. In the first example it said, "[Person] needs observing at meal times due to him being at risk of choking." During our inspection we observed this person trying to eat on their own with no assistance from staff. This person was trying to eat their meal using only a knife. Staff approached the person's table and did not see they required assistance to eat, an inspector eventually intervened to offer the person a fork to help them eat.
- In a second example, where a person had been assessed by SALT, the professional assessment stated, "[Person] is at risk of penetration/aspiration. Remind [person] and staff at Care Home that he needs small mouthfuls, slowly and encourage to do regular swallows to help reduce the risk of aspiration." The risk

assessment placed the person at medium risk. This person was not on the kitchen list for people with special diets. We observed this person was eating in their room unsupervised with their meal placed on their stomach while sitting in bed. Eating in this position put the person at an increased risk of choking. There was no assistance or support to ensure they were minimising the risk of choking.

- After the inspection we received an updated risk assessment showing how people should be supported with choking risks and this person was to have a member of staff with them at all times if they were eating in their room.
- Risk assessments were updated monthly or more often, when needed. However, evaluations and reviews were not used to implement more robust risk assessments. Risk review documents stated "assessments ongoing" or "no change" where there had been a change to people's risk levels.

The above was a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People had ongoing individual risk assessments which covered the following areas; breathing, malnutrition, pressure care, nutrition and hydration, choking, moving and handling, bruising, diabetes and chronic airways disease.

- People at risk of pressure sores had their risk minimised as staff supported them to be regularly turned when in bed, in accordance with guidance from the district nurse, records confirmed this.
- Premises risk assessments and health and safety assessments were completed for all areas in the service. Health and safety checks had been completed in the service which included portable appliance testing (PAT), water temperature checks, legionnaires disease and gas safety checks.
- Equipment at the service was safe and had been appropriately serviced within the due date.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and could tell us the steps they would take if they suspected abuse. Staff said they would report it to their team leader and after that they would approach the registered manager. Staff knew who to contact if they needed to whistleblow. A member of staff said, "I'd go to the CQC and record the injury on a body map, I would also go to social services and the police. All the information is in the hallway."
- People and their relatives told us they felt safe at the service and the staff at the service helped to achieve this.
- People told us they could lock their bedroom door if they chose to. One person said, "10 out of 10 for being safe." A relative said, "Yes she is safe in her room. This home helps residents feel that this is their home."
- One person expressed concern on how they would be evacuated in the event of a fire.
- Records confirmed people had evacuation plans to support them in the event of fire or emergency. People who were high risk and needed to be evacuated first were highlighted in red.

We recommend the service seeks guidance in communicating evacuation procedures to people at the service.

Recruitment

- Staff personnel files contained all the necessary checks and documents to ensure fit and proper persons were employed. This included identification checks, a criminal history check, full employment history, checks of conduct (references), qualifications, health questionnaire and interview notes.

Using medicines safely

- People told us they received their medicines on time. People told us they did not always know what the medicine they were taking was for but that they did not want to know. One person said, "If I wanted to know

what they were for I'd ask the staff and they would tell me."

- Staff had received training in medicines during their induction. Permanent staff and agency staff completed practical assessments to assess their competency in medicines regularly. This was checked by the registered manager. A member of staff said, "We had refresher training just before Christmas."
- An up to date record of the names, signatures and initials of staff competent to administer medicines had been maintained.
- We observed staff follow safe medicines practices. They checked the name of the medicine and the time before dispensing medicine into a cup.
- The local pharmacy provided support and advice as needed.
- There were protocols in place for 'as required' (PRN) medicines such as paracetamol.
- Anticipatory medicines were in place for people reaching end of life care. These were reviewed by a GP on a regular basis.
- We checked the count for several medicines at random, including some controlled medicines and the actual count matched the expected count in all cases. We checked the medicine administration records of the people living at the home. Photographic identification was available for all of them and allergies were recorded.
- Documentation for each cream or lotion was available and we saw that administration records were up to date.
- Staff administering medicines had access to the medicines policy of the home, NICE guidelines, patient information leaflets and a copy of the British National Formulary (BNF). This helped staff to keep up to date about diverse medicines and be able to respond to questions from people living in the home where necessary.
- Medicines no longer required were stored and recorded safely and disposed of appropriately.
- Fridge and clinic room temperatures were recorded daily.
- The service had controlled drugs (those subject to stringent control) stored and used appropriately. However, these were not audited frequently.
- Monthly audits of balances took place.

We recommend the provider seek advice and guidance about controlled drugs medicines management.

Preventing and controlling infection

- The service was clean throughout and there were sufficient hand washing facilities at the service.
- Staff were provided with appropriate personal protective equipment while performing personal care.
- One person living at the service said, "Yes, the home is clean, every day the room is cleaned dusted and vacuumed." A relative said, "Yes, the place is very clean. They regularly shampoo the carpets."

Learning lessons when things go wrong

- Accidents and incidents were reported. Records confirmed a "lessons learnt" section was completed.
- We looked at records from 11/12/18 until 16/02/19 and 51 falls were recorded, 22 falls took place between the hours of 21.00pm and 08.00am. The service used this data to analyse trends and they worked with the falls risk assessment team which included a mental health practitioner, a specialist nurse and assistant practitioner on preventative measures which included using lowered beds and sensor mats.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Our lunchtime observations showed that people did not have an enjoyable eating experience and were not always receiving the support required to eat their meal.
- People were brought to the dining room if they chose to eat there from 12.15pm and lunch was due to be served from 12.30pm. Some people had been waiting more than 20 minutes before their food arrived and this caused agitation as people were asking where their food was.
- Staff were seen asking people for their choices for lunch with two prepared plates. We saw that this was sometimes not effective as we observed two instances where people did not provide a response, but a plate of food was put in front of them. A member of staff said, "Yeah that happens a lot, it isn't right." Another member of staff said, "Generally that's what happens put one down, guesswork if they don't say anything, it's not good."
- We only saw two people who received dedicated support from staff to eat their food when there were clearly a lot more people who required support to eat. In one example, we observed someone was looking at their food for 15 minutes after it had been served without eating, a member of staff walked past and told them they needed to eat all of their food without offering support. Another member of staff walked past and asked the person if they needed support to cut their food. Only after this interaction when the food was cut up did the person start to eat their lunch.

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

- Food was well presented and people we spoke to told us they enjoyed the food. Where people did not like the choice of meal provided they were offered an alternative.
- The service performed a menu survey and the registered manager advised they changed the menu twice a year.
- Each week four people were taken to the service's in-house café to experience a fine dining experience. The table was set out with special dinnerware. The activities person told us that everyone living at the service was able to experience this dining experience.
- People were provided with sufficient amounts to drink and appropriate fluid charts were maintained to check people were supported in this area.

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

- People had pre-admission assessments before they moved in the service. The registered manager told us

this was to ensure they could meet people's care needs and that the environment would be suitable, especially for people with dementia.

- GP notes and local authority notes were also obtained before care commenced.
- A further admission assessment was completed within the first 24 hours to provide more information about the person's needs. The assessment included; memory, communication, orientation, cooperation with staff, mobility, transfers, washing, dressing, bathing, use of toilet, continence, teeth, dental care, eating, hearing, eyesight, sleeping, temperament, social relationships, interests and activities, privacy and independence within the home.
- People told us staff offered them choices which included whether they would like a shower or a bath and where they would like to spend their day.

Staff support: induction, training, skills and experience

- Staff joining the service received a six week induction and had to complete a probationary period. Records confirmed new staff had a probationary meeting each week to discuss their progress.
- Staff completed mandatory training in; Mental Capacity Act and DoLS, medicines administration, moving and handling, data protection, basic life support, safeguarding, infection control, food safety, fire awareness in care, equality and diversity, practical fire awareness, practical fire safety and fluids and nutrition.
- Staff told us they felt supported and received training to gain new skills for their role. A member of staff said, "I've learnt so much, I absolutely love it."
- Staff received supervision in line with the provider's policy and were given the opportunity to discuss the role and future training needs. Records also confirmed staff received an annual appraisal.
- People at the service and their relatives told us they thought staff were well trained and knew what they were doing. One person using the service said, "The staff are very well trained and they are so nice."

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

- The service had hand rails around the building to support people's mobility.
- People with dementia were supported as the colour of the floors and walls were in contrast.
- The service had a small sensory room, the registered manager advised the aim was to switch to a larger room so that more chairs could be placed.
- People's rooms were individually decorated.

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

- People were supported to maintain good health as the service arranged for health professionals to attend the service. Records confirmed people were seen by the GP, district nurse, dietitian, physiotherapist, falls team and chiropodist. One person said, "The GP comes to me, into my room. This is all arranged by the home."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- Records confirmed consent was sought appropriately and the correct power of attorney was held on file for decisions to be made on people's health. Where people lacked capacity the service supported people to make decisions about their lives by providing choices and by making decisions in people's best interests.
- Staff asked for people's permission before giving personal care.
- Staff understood the principles of the MCA.
- The service supported people to have access to advocates to ensure their voice was heard.
- The registered manager maintained a register of all the people who had an authorised DoLS.
- The registered manager had applied to the local authority to renew people's DoLS before the expiry date.

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported

- There was polite, professional and at times jovial communication between staff and people during the day. This encouraged people to develop and maintain positive relationships with staff. People told us they enjoyed living at the service and that staff were kind to them. One person said, "The staff are very kind and caring."
- Relatives told us staff were kind and caring whenever they came to visit. One relative said, "You can see they really care."
- Staff told us how important it was to spend time with people getting to know them. A member of staff said, "I'm always jolly and happy when talking to resident, maintain eye contact." Another member of staff said, "I tend to take people and introduce them to other residents, so they are encouraged to talk to one another." We observed a member of staff tell someone they were "lovely" and the person responded with a smile.
- Staff knew people's preferences which enabled them to give care to meet people's needs.
- A relative told us their family member was able to move in with their pet cat which provided comfort for the person.
- However, during the early evening we observed a poor interaction between a member of staff and a person within the main lounge whereby the person was chastised by this staff member in front of other residents and staff. The impact of this would have caused distress to the person and possible embarrassment. We informed the team leader and registered manager after the incident and the member of staff was spoken to.
- We had seen during the day that some people just wanted a moment of comfort from staff whether it be their hand held or a quick chat to settle them.

We recommend the service finds out more about training for staff, based on current best practice, in relation to providing compassionate care.

Respecting people's equality and diversity

- Staff received training in this area and understood the need to respect people as individuals and to not discriminate against them.
- Staff told us they were not aware of anyone who did identify as lesbian, gay, bisexual or transgender. However, if someone at the service did staff told us they would not treat them any differently to anyone else living at the home. The registered manager said, "If that is how person wanted to be it's their choice, it's who they are." A member of staff said, "We have had training, I would support them the best way I could."

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

- One person said, "The staff listen to me all the time and make me feel this is now my home."
- People were supported to speak to their family if they wanted to discuss aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Yes they always respect us and our dignity."
- Staff knocked on people's bedroom doors before entering. A member of staff said, "If approaching a room would knock on door, say their [people using the service] name. If giving personal care, make sure door is closed. Cover bottom half depending on area being washed."
- People were supported to maintain their independence and carry out tasks they were still able to. We saw people were encouraged to maintain their mobility as much as possible. People were walking around the home and where mobility aids were used such as zimmer frames, staff would guide people.
- The registered manager said, "Anything they [people] can do, if can wash your face let them do that don't take that away from them. Everyone got the right to do what they can for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

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

- Care plans were reviewed monthly and formal care reviews took place every three months and relatives and health professionals were invited. However, evaluations were not effective as they did not provide sufficient detail to indicate people's level of need had changed. For example, if someone was unable to use standard cutlery during eating, consideration had not been given in the review to making a request to a health professional for adapted cutlery.
- People's care plans were personalised. They contained details of people's preferences such as when they would like to wake up, go to sleep, preferred name, tea and coffee preferences, foods enjoyed, choice of male or female carer and preferred toiletries.
- Care plans had a section telling staff what was important to the person, which included "I like to be shaved" and "I like to sit in the quiet lounge and have my glasses with me."
- Life histories and family trees were provided which gave staff an insight to the person and people who were important to them.
- People's bedroom doors had descriptions of what jobs people used to do and their likes and dislikes.
- The registered manager showed they understood person centred care. They said, "It's about the person. I look at myself, if I had to go into care I'd look at the time I would like to wake up, when I'd like a shower, when I'd put my make up on and all these sorts of things. What I'd like to drink and eat. Look at the person, don't look at every person like they're the same."
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The accessible information standard (AIS) was met. People's communication needs were recorded clearly in the care plan. If people needed additional support the service would use flash cards (which are visual tools that can be used to overcome communication difficulties). The registered manager told us they would observe people's body language to determine their needs. If necessary, the registered manager advised they would obtain information in different languages.
- The service had one activities coordinator to facilitate activities at the service.
- The majority of the people we spoke to told us they took part in the activities and enjoyed them, one person said they could be better.
- We were advised the service had a minivan to take people to the local pub and out on trips however, the registered manager advised the van was not in use as they were in the process of recruiting a new driver.

Improving care quality in response to complaints or concerns

- The service had a complaints policy.
- People were supported to make a complaint and felt they would be listened to. One person said, "Yes they

would listen to me if I complained. I have never complained."

- Relatives told us if they wanted to make a complaint they would approach the registered manager.
- Records confirmed people who had raised a complaint to the service had it investigated and resolved to the person's satisfaction.
- After each complaint the service recorded lessons learnt.

End of life care and support

- People had end of life care plans which respected people's wishes, both culturally and religiously where applicable.
- People had "do not attempt resuscitation" forms on file that had been authorised by the appropriate health professional.
- The registered manager told us they requested the GP to visit when necessary to ensure people had the appropriate anticipatory medicines when they were nearing the end of their life, and to ensure they were comfortable and pain free.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager was focused on providing good quality care and acted on recommendations to improve immediately after our inspection and from internal audits.
- However the audit system for care files had not identified people's level of support needed to change in order to fully meet their needs in relation to the risk of choking.
- After the inspection the registered manager sent us confirmation that they had reviewed people's care plans for those at high risk of choking and made appropriate referrals to the speech and language therapist after speaking to people's GP.
- The registered manager completed a number of audits to check the quality of the service. These included audits of health and safety, monitoring falls, medicines and night spot checks. The deputy manager performed audits of care files, fluid, nutrition and turn charts and staff files which included checking supervisions were taking place.
- The provider had completed an audit on 11 and 12 December 2018 and improvements needed were recorded in an action plan and those completed had been updated. For example, they had produced guidance on PRN medicines after the audit had been identified the guidance was not available.
- The registered manager understood their duty of candour responsibility, and records confirmed they informed the CQC of incidents and DoLS authorisations.

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

- The registered manager was clear about their responsibilities and ensured staff were aware of their roles. This was done through team meetings where expectations of staff were reinforced.
- Upon arrival at the service we saw the registered manager was completing a handover with staff who had come on shift to update them with any important issues.
- Relatives told us they could always speak to the registered manager. One relative said, "[Registered manager] is always helpful."
- The registered manager told us they operated an open- door policy as they wanted staff to feel comfortable in approaching them with any concerns. During our inspection we observed staff sought guidance from the registered manager.
- Staff told us the registered manager was good. One member of staff said, "Yes [registered manager] is very approachable."

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

- Records confirmed people, relatives and staff had regular meetings. Staff who were not able to make meetings told us they did not always receive a copy of the minutes.
- One person said, "I always go to the meetings."
- The registered manager said, "We have regular meetings monthly, meet with other managers and with head office. We also meet with directors to discuss any changes."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they felt supported by the provider and senior management. The registered manager said, "I've never felt unsupported. We [managers] share best practice. Any problems we can share it and discuss how we would manage. Proprietor attends some of our meetings."
- The registered manager told us they had attended events to enable continuous learning, these included speakers from the CQC, and speakers talking about dementia and catheter care.
- The service worked with the local church to provide a weekly service and a local school visited to sing songs weekly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users and all that was practicable was not done to mitigate any such risks. 12 (1) (2) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The nutritional needs of service users were not always met. Service users did not always receive support to eat. 14 (1) (2) (a) (4) (d)