

Abbey Village Limited

Abbey Village

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 23 July 2018, it was unannounced.

At the last inspection the service was rated good and we made a recommendation under the domain well-led because quality monitoring required improving at the service.

Abbey Village 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.

Abbey Village provides accommodation and care for up to 34 people, some of whom were living with dementia.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12, safe care and treatment. Infection control was not robust within the laundry. Risks to people's wellbeing were not always recorded or monitored in line with the provider's policy. Medicines were not stored within the correct temperature range to ensure they remained effective and some people's creams and ointments were not given as prescribed or recorded on their medicine administration charts.

There was also a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, good governance. Ineffective quality monitoring was undertaken and where issues were found they were not acted on in a timely way. There was a failure to monitor the completion of staff appraisals. Surveys had not been sent out to people using the service or to staff to gain formal feedback from them about the service. Baths required replacing in two bathrooms and the provider had not consulted with people about the bathrooms being unable to be used, which affected people's choice.

You can see what action we told the provider to take at the back of the full version of the report.

This is the first time the service has been rated Requires Improvement.

Staff understood their responsibilities to protect people from harm and abuse. Accidents and incidents were monitored. Robust recruitment processes were in place.

Staffing levels provided meet people's needs and they remained under review by the management team.

Staff undertook training and supervision to maintain and develop their skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people with compassion and supported them in a kind, caring way. People's privacy and dignity was respected. Advocates were available locally to help people raise their views.

People's dietary needs were met. The food served looked appetising and nutritious. People who required assistance to eat and drink were supported by staff. Staff contacted health care professionals for help and advice if they had concerns and acted on the advice received.

People's care records were personalised and staff were aware of their preferences for their care and support. People's communication needs were known by staff. The provider had a complaints policy in place, issues raised were used as learning to improve the service provided.

The registered manager had an 'open door' policy in place so people living at the service, staff or visitors could speak with them at any time. Resident and relative's meetings and staff meetings were held to gain people's views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Infection control was not robust. Medicines were not stored within the correct temperature range to ensure they remained effective. People's creams and ointments were not given as prescribed or recorded on their medicine administration charts.

Risks to people's wellbeing were not always recorded or monitored in line with the provider's policy.

People were safeguarded from abuse and harm. Accidents and incidents were monitored.

Recruitment systems were robust.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Appraisals had not taken place for staff. Staff received supervision and training to help to maintain and develop their skills.

Two baths required replacing to enable the bathrooms to be used by people.

People's dietary needs were met.

People's rights were respected and care was provided with their consent or in people's best interests.

Is the service caring?

Good ●

The service was caring.

People were supported by kind attentive staff who respected their privacy

People were treated dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs were monitored but some people's care records were not reviewed or kept up to date.

People were encouraged to take part in activities if they wished and maintain their hobbies and interests.

There was a complaints procedure in place. Issues raised were acted upon.

Is the service well-led?

The service was not always well-led.

We found a general lack of effective quality monitoring of the service and timely action was not taken when issues were found.

People were asked informally for their views. Surveys had not been sent out to people using the service or to staff to gain formal feedback from them about the service.

Statutory notifications were sent to the Care Quality Commission, as required by law.

Requires Improvement 

Abbey Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 23 July 2018. It was carried out by one inspector. Inspection site visit activity started on 23 July 2018 and ended the same day.

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 considered this information during our inspection. We also looked at the notifications received and we reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We asked the local authority commissioning and safeguarding teams for their views. We contacted Healthwatch (a national consumer health care champion) for their feedback prior to our inspection. We reviewed this information to help us make a judgement about this service.

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions their rights were protected.

During the inspection we spoke with four people living at service and one visitor. We spoke with the registered manager, assistant manager, four staff and with the chef. We spoke with one visiting health care professional. We spent time in the communal areas of the service to observe the interactions between people, visitors and staff.

We looked at a selection of documentation. This included three staff recruitment files and supervision records and staff rotas. We inspected three people's care records, three medicine administration records and the medicine treatment room and fridge temperature information. We looked at the minutes of meetings held with people living at the service, relatives and staff, quality assurance checks, audits, policies and procedures, maintenance records and the complaints and compliments received. We also undertook a

tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not talk with us.

Is the service safe?

Our findings

At the last inspection in November 2015 we rated this domain as good. At this inspection we found there were issues to address with infection control, medicines and risk management.

We undertook a tour of the building and looked at infection control at the service. We found spare toilet rolls at floor level at the side of a communal toilet, these were removed. In the laundry we saw dirty and clean laundry was next to each other. Open plastic boxes within the laundry were used to store smaller items of clean clothing. We discussed this with the registered manager because there was a risk of cross contamination. The registered manager told us they would address this. Following the inspection, we received evidence that confirmed the plastic boxes would be replaced by boxes with lids and the clean laundry would be stored in another room.

We saw there was a sink in the laundry which contained a bowl of soaking dirty laundry. We asked the manager and laundry staff where they washed their hands and we were told that sink was used. This posed a cross contamination risk and following discussion with the registered manager they confirmed staff would use a sink in the next room to wash their hands.

During our tour of the service we found three sluices required repainting in some areas so that the walls could be kept clean. The handyperson was asked by the registered manager to start to address this straight away during the inspection. We also saw some commode pans and urinals required further cleaning or discarding. All of these issues meant that infection prevention and control measures at the service required improving.

We looked at the medicines management systems at the service. We found issues with the temperature of the storage room where medicines were kept. In July 2018 there were 23 days where the temperature of the room had ranged from 25 to 28 degrees centigrade. The chart that staff had recorded the temperature on stated 'The medicine room temperature should be between 21-22 degrees centigrade, check each day. If the temperature is outside the recommended range, take appropriate action as indicated in the written policy.' We reported our concerns immediately to the registered manager and assistant manager. They had not been informed the temperature range had been exceeded. We asked the registered manager to contact the supplying pharmacy to gain help and advice to ascertain if the medicine prescribed for people stored in this room needed to be replaced due to being held outside the correct temperature range. The registered manager gained some advice during our visit and gained more advice the following day from the pharmacist. The registered manager told us an air conditioning unit would be purchased within 24 hours to prevent this issue from occurring again. However, this may have placed some people's wellbeing at risk of harm because their medicine was not stored within the correct temperature range. Following our inspection, we received further information about how this issue was being addressed.

We looked at three people's medicine administration records (MARs). We found since 19 July 2018 staff were not recording if, or when people's prescribed topical creams and ointments had been administered. We discussed this with the registered manager and asked them to address this with the staff.

We found known risks to people's health and wellbeing were not always recorded. One person who required a nurse call box without a cord being present had no care plan or risk assessment in place. The management team told us this information was present, however it could not be found. These records had to be re-written during the inspection. We found the monitoring of risks to people's wellbeing was not recorded on an 'ongoing' basis' as stated in the providers policy, which may have placed some people at risk of harm.

These shortfalls demonstrated a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12, safe care and treatment.

We discussed the staffing levels with the registered manager. They told us they monitored staffing levels, worked on the floor and used their own bank staff to cover sickness and annual leave to help maintain continuity of care. The registered manager told us they increased staffing levels as necessary, to make sure people received timely care and support. People we spoke with told us there were enough staff, but said staff were busy. One person said, "The staff cannot do enough for you." Another person said, "There are times when we could do with more staff. It would be nice if staff could sit and chat with you, but they just don't have time." A visitor told us, "I am more than happy with staffing, the staff cannot do enough for [name]." We spoke with staff to gain their views about the staffing levels provided. They said, "last minute staff sickness can occur. The activity co-ordinator helps and the office staff help on the floor."

People we spoke with at the service told us they felt safe living there. One person said, "I do feel safe knowing staff are about and not long in coming." Another said, "I am safe here." A health care professional we spoke with told us, "I have never seen any abuse here at all, definitely not. Staff are really caring."

There was safeguarding and whistleblowing policy in place to advise staff of the action they must take to protect people from potential harm or abuse. Staff received training about this and understood their responsibility to report potential issues immediately. A member of staff said, "Yes, I would raise issues straight away." Safeguarding incidents were reported to the local authority which, helped to protect people.

During our inspection we observed a member of staff undertaking part of a medicine round at lunchtime, they were competent and stayed with people until they had taken their medicine. People's allergies were recorded on their MAR to inform staff and relevant health care professionals of any potential issues.

We inspected documents relating to the maintaining of equipment and health and safety checks undertaken at the service. Risk assessments were in place regarding the building and general maintenance, servicing and fire safety checks were undertaken. A business continuity plan was in place. People's personal emergency evacuation plans (PEEPs) were just being updated by the registered manager to make sure they still reflected the support people needed to receive in an emergency.

Recruitment was robust. Staff completed application forms, provided references, and a disclosure and barring service check (DBS) was undertaken to assess if potential staff were suitable to work in the care industry.

The registered manager monitored accidents and incidents that occurred, looking for any patterns. They gained help and advice from health care professionals to prevent further incidents from occurring.

Staff had undertaken training about how to care for people living with dementia whose behaviour may challenge. This helped to protect all parties.

Is the service effective?

Our findings

At the last inspection in November 2015 we rated this domain as good. At this inspection we found there were issues to address with appraisals and two hoist bathrooms were out of commission.

We reviewed staff files and found very detailed staff supervision was taking place on a regular basis, which enabled staff to discuss any performance or training needs. However, the registered manager told us they had not undertaken any staff appraisals and these had not been scheduled to take place. We asked the registered manager to address this. We received an action plan following our inspection which informed us all staff would have an appraisal by the end of August 2018.

We found two hoist bathrooms were out of commission because the baths required replacing. We discussed this with the registered manager who told us the bathrooms were going to have new baths so they could be used by people. Information about this was provided to us following the inspection which, informed us one bath was being replaced.

A staff training matrix was sent to us following our inspection. It confirmed training was on-going in a variety of subjects, such as dementia care, safeguarding, moving and handling and food hygiene. The registered manager confirmed they monitored this information to help identify when staff needed to undertake training to maintain or develop their skills.

New staff had to complete a period of induction and training working with senior staff to develop their knowledge. New staff undertook the care certificate. This is a nationally recognised care qualification used to promote and develop the staffs care skills. Staff we spoke with told us there was plenty of training to complete. A member of staff said, "I have completed training recently about first aid, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)."

People we spoke with told us the staff supported them effectively, they confirmed they made their own choices about how to live their life. People confirmed the food provided met their needs. One person said, "I do my own thing and choose how to live here and I cannot fault the food." Another person said, "Staff meet my needs. I have plenty to eat, when I want it." A visitor said, "The staff are attentive and they know what they are doing."

People's care records we inspected confirmed support was gained from relevant health care professionals. People signed a consent form which enabled information to be shared with all relevant parties to promote people's wellbeing. Information about people's health and wellbeing was sent with them on health care appointments to inform health care professionals about people's needs. A health care professional told us they had provided training to staff about pressure sore identification and classification. They confirmed most of the staff had attended the two sessions which were held to increase their knowledge.

We observed staff supported people to maintain their independence and choice. People were encouraged to remain as independent as possible, even if there were risks present. For example, we saw staff walking at

the side of a person who was unsteady on their feet, they had not taken their walking aid with them. Staff assisted people without restricting their freedom of choice.

We undertook a tour of the service and found some areas had been enhanced and refurbished, since our last inspection. The registered manager told us all areas of the service were being reviewed to make sure they were suitable for people living with dementia. We saw people personalised their own room with items from home to aid their comfort and reminiscence. Bedroom doors had numbers and pictures present to help people living with dementia to find their room. Pictorial signage was displayed throughout the service to help people find the communal toilets, bathrooms, lounges and dining room. There were different lounges and secure garden and patio areas with level access for people to use

People's dietary needs were met. Their needs were known by the chef and staff. We observed lunch, the food served looked appetizing and nutritious. We saw plate guards and beakers were used to help people maintain their independence with eating and drinking. Coloured plates were not used, which may have helped people living with dementia to define their food on their plate. Finger foods and fortified meals were provided if people were losing weight. Staff encouraged people to eat and drink and monitored their dietary intake. If staff had concerns, they were reported to relevant health care professionals so that corrective action could be taken.

The 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 make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals is called the DoLS.

We checked whether the service was working within the principles of the MCA and applying DoLS appropriately. At the time of our inspection seven DoLS applications had been submitted to the local authority. Staff had undertaken training in this area. Where people lacked capacity to make their own decisions care was provided in their best interests following discussions held with people's relatives and relevant health care professionals. This helped to protect people's rights. A member of staff said, "People are asked to make their own choices, for example about their food or what they want to wear." We found one person's care records required updating in relation to their bed rails and a lap strap used in a chair to maintain their safety. This was addressed swiftly at the time of the inspection.

The service provided a computer for people to use so they could Skype (video calling) their relatives who lived out of the area or in different countries. They also used the internet to maintain their cultural needs and hobbies.

Is the service caring?

Our findings

At the last inspection in November 2015 we rated this domain as good. At this inspection we found this domain remained good.

People confirmed the staff were caring and said their privacy and dignity was maintained. We received the following comments; "The staff are always good to me", "The staff are so relaxed, they make me feel at home. They do anything for you. I am well looked after, they cannot do enough for you" and, "The staff respect my privacy and dignity."

A visiting healthcare professional told us the staff were very welcoming and caring and people received the support they required. They said, "There are fantastic care staff here who are very supportive."

The Brigg Methodist Church had presented the service with a 'knitted angel' award because their members had observed the staff were smiling whilst working and the people they visited told them 'the staff were angels'.

We observed staff interacting with people in the communal areas of the service. We saw staff were attentive, polite and kind. Staff observed people and asked them if they were alright or if they needed any help or assistance and they acted upon what people said to maintain their wellbeing. Staff could reminisce with people about their family and working life, which people enjoyed and this helped to stimulate people's memories.

We saw staff protected people's privacy and dignity. For example, we saw staff knocked on people's bedroom doors before they entered and personal care was undertaken in bathrooms and bedrooms behind closed doors. Staff discreetly asked people if they required the bathroom and they assisted them with a patient, calm manner.

Staff used eye contact and gentle appropriate touch to aid communication and reassure people, especially those living with dementia. People's communication needs were recorded in their care records and this was understood by staff who implemented this to make sure effective communication took place. We observed if people became anxious or upset staff attended to support them in a timely way.

People confirmed information was provided to them about the service on their admission, this was shared with their relatives to help inform all parties. The information was provided to people in a format that met their needs. The service followed the Accessible Information Standard. People told us they made decisions about their care and they could speak with staff about this if they wished.

Advocates were available to support people to raise their views. Throughout the service there were notice boards which contained information about upcoming events and activities taking place at the service. Pictorial signage was present on toilet and bathroom doors and some people had a picture that was meaningful to them on their bedroom door to help them find their room. Resident and relatives' meetings

were held regularly. People we spoke with told us they attended, if they wished.

The registered manager confirmed staff covered each other's absence and annual leave to provide continuity of care. The provider employed 'bank' staff to support the service, which helped to ensure people were cared for by staff who understood their needs and preferences for their care.

Staff recognised the need to treat people equally and respect their diversity. We saw staff treated people as individuals and they appreciated this. There was an equality and diversity champion in place to promote equality at the service. A member of staff said, "We do treat people as individuals."

People's care records and records relating to the staff and management of the service were held securely in line with the Data Protection Act. There was a confidentiality policy in place for staff to adhere to and staff understood the importance of this.

Is the service responsive?

Our findings

At the last inspection in November 2015 we rated this domain as good. At this inspection we found there were issues to address with people's care records.

We looked at people's care records. We found some people's needs were not reviewed in a timely way. The provider's policy stated, 'reviews are ongoing'. We saw some people's care records had their care plans and risk assessments reviewed every month, whilst other people had not had reviews undertaken. For example, one person who was prone to falls had a falls risk assessment which stated they were at high risk, this had not been reviewed since May 2016. They also had a nutritional risk assessment that stated, 'there was cause for concern' with a score of 9 (moderate risk). We found no reassessment of this person's condition had occurred since January 2018. Another person had a risk assessment for going out and the risk of falls. This had not been reviewed since May 2016 and their elimination care plan, personal cleanliness and dressing care plan had not been reviewed since September 2017. Another person required a buzzer with no cord to be used in their bedroom due to a risk of harm. The assistant manager told us there was a care plan and risk assessment in place about this. However, this was not present in the person's care records or on the computer system. These care records were put in place at the time of the inspection.

We found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12, safe care and treatment.

People told us their needs were met by staff and health care professionals who attended to them. One person said, "The staff would get the GP if I needed them." Another person said, "I get the care I need." People confirmed they could be involved in reviewing their care, if they wished.

A visiting health care professional said, "Staff follow my instructions. They ring if they are worried and ask for a visit. I have no concerns at all."

People had their needs assessed before they were offered a place at the service and could ask staff questions and gain information about the service, which helped them decide if this was the right place for them. Staff gained information about people's health and wellbeing from health care professionals, the local authority and from discharging hospitals. This information was used to create individual care records for people stating their needs, preferences, likes and dislikes for their care and support.

Health care professionals visited the service or staff escorted people to appointments. People had information sent with them if they required hospital treatment to ensure their needs could be met.

We saw relevant health care professional were involved in monitoring people's wellbeing where this was required. If special equipment was assessed as being required for example, pressure relieving cushions and mattresses to prevent skin damage or hoists to transfer people safely, this was provided.

There was a programme of activities displayed at the service. During our inspection bingo took place and

people took part if they wished. People were encouraged to maintain their hobbies, for example growing tomatoes in the greenhouse. Staff took people out in the local community and supported them to go out with family and friends. Local clergy provided regular Holy Communion and a Methodist service to make sure people's religious needs were met. A hairdresser also visited to provide a service for people. Visiting was permitted at any time. Visitors told us they were made welcome and could attend activities and social events held at the service.

End of life care was provided for people and they were asked about their wishes in relation to this, although not everyone chose to have this information in place. Health care professionals supported people with end of life care to ensure people remained comfortable and had a pain free death. There was an end of life care champion to promote this service. The following compliment had been received about the end of life care provided, "Thank you from the bottom of my heart for the warmth and kindness you demonstrated towards mum in the final stages of her life. You are a brilliant team and you should be proud of the standards you achieved" and "[Name] was supported, nourished and cherished with compassion and dignity for their end of life care. Surrounded by people who knew them and cared for them."

A complaints policy was in place and people were aware of it. People we spoke with said they had no complaints to raise. One person said, "Oh, Yes I would complain I would knock on the office door." Another person said, "If I weren't happy with something I would be able to tell staff." Complaints received were acted upon. The provider used this information to help improve the service.

Is the service well-led?

Our findings

At this inspection we found satisfactory improvements had not been made to the governance systems. In November 2015 we rated this domain as requires improvement. This was because the quality monitoring of the service needed to be improved and we made a recommendation about this.

During this inspection we found the quality monitoring of the service required improvement. We found timely action was not taken to address issues when they were found. There was ineffective monitoring of infection control, medicine storage and management, risk management and people's care records at the service. There was a failure to monitor the completion of staff appraisals. Baths required replacing in two bathrooms and the provider had not consulted with people about the bathrooms being unable to be used, which affected people's choice.

We looked at the checks and audits undertaken. A hand hygiene assessment had been carried out, along with spot checks of infection control, communication, equality and diversity, people's bedrooms and night staff forms. The provider also visited the service to carry out checks and audits. We saw the provider had conducted an audit of the service in June 2018 and issues had been found in a variety of areas. For example, the answering of call bells by staff, the lack of audits being carried out in the last six months, and a failure to address this by the registered manager. We saw an action plan had been created by the provider for the registered manager to follow. During our inspection we were informed by the registered manager corrective action had not been taken to address the provider's concerns.

We looked at a care plan audit that the assistant manager had completed on 10 April 2018. We found the shortfalls we identified about people's care records had been found but corrective action had not been taken to address this.

We found people living at the service had not had their views formally gained by receiving a survey from the provider for some time. Staff surveys were completed in April 2017 but not since. We asked the manager when these surveys should have been repeated and we were informed they should have been sent out twice a year or quarterly. This quality monitoring had not taken place. Following our inspection, we received an action plan which told us people living at the service, staff and visitors were going to be sent a survey.

We spoke with the registered manager and assistant manager about the quality monitoring of the service. The registered manager said, "We told the provider we needed help. We are helping the staff on the floor and the administrator has now left. There are interviews to carry out for staff. I had told the provider I was not confident about the next Care Quality Commission inspection because the paperwork was letting me down."

The continued lack of effective quality monitoring of the service meant there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, good governance.

During this inspection we also found a breach of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, Regulation 12, safe care and treatment. There was ineffective infection control in the laundry. Risks to people's wellbeing were not always recorded or monitored in line with the provider's policy and medicine management and monitoring required improvement.

People we spoke with told us they were satisfied with the service they received. One person said, "I have no complaints about it." Another person said, "I feel at home. There are residents' meetings, but I don't go because I am quite happy." A health care professional told us, "It is a lovely care home." We saw a person who had just left the service had sent a 'thank you' card which said, "I enjoyed my stay very much. The building was clean the food was to a good standard and I had a very pleasant time. I would not hesitate to come in again."

The registered manager had an 'open door' policy in place. People using the service, their relatives, visitors and staff could speak with them any time. Resident and relatives' meetings occurred. At the last meeting we saw people views were gained about subjects such as the food, activities and outings. There was a suggestions box provided to gain people's comments and ideas.

Staff meetings took place. Staff said if they had any issues or concerns they could speak with the registered manager at any time. A member of staff told us, "Staff meetings are held so we can raise issues and give our views."

The registered manager told us how they and the staff had worked with the local authority to ensure they had implemented best practice guidance regarding assessing people's mental capacity. The local authority had recently concluded their monitoring visit. The registered manager told us work was on-going in relation to this. Following the local authority inspection people had been asked if they wished to update or complete their end of life care plan. Activities being offered were now being recorded along with who took part or declined, and more detailed information about when people were to take their prescribed dietary supplementary drinks had been put in place.

General maintenance was undertaken. Service contracts were in place for utilities and equipment. Fire safety checks were carried out, including fire drills which, promoted people's safety. A spring clean of all areas of the home had taken place this year to make sure it remained a pleasant place for people to live.

The registered manager had links with the local community. People could visit another local care service and their residents visited this service. Bus trips occurred to a service the provider used to own out of the area. The service had been recognised for their Brigg in Bloom entry.

We saw offices were locked when not in use and computers were password protected, which helped to maintain confidentiality.

Statutory notifications were sent to the Care Quality Commission, as required by law.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure infection control, medicine management and risk management was robust at the service. Risk assessments and care plans relating to people's health and safety were not always completed or reviewed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided.</p>