

Savace Limited

# Bramcote Hills Care Home

## Inspection report

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24 September 2019  
26 September 2019  
08 October 2019

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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

### About the service

Bramcote Hills Care Home is a care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service can support up to 63 people. The home is purpose built, split over five floors.

### People's experience of using this service and what we found

Risks to people's health and safety were not always identified, thoroughly assessed or updated to reflect changes to people's needs. Recruitment processes were safe and there were sufficient staff to meet people's needs. The management of people's medicines was safe. The premises and equipment were predominantly clean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were happy with the meals, although we found records relating to people's food and fluid intake needed to be improved. Staff were supported but not all training was up to date.

Staff were caring and kind. People were treated with dignity and respect. Staff respected people's right to privacy and personal information was stored confidentially.

Care records were individualised, but they were not always reflective of people's current needs, some documents did not include people's names and were not always dated. Information regarding people's communication needs was limited. Improvements were needed to the quality of care records for people who were in the final stages of their lives. There was a range of activities provided for people to participate in. There was a system in place for people to complain in the event they were dissatisfied with the service.

Although regular audits were completed, they were not sufficiently robust as they had failed to identify or address the shortfalls we have identified throughout this report. The management team were professional throughout the inspection, taking on board our feedback, they understood their professional responsibilities. People were positive about the management team, staff felt supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 28 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Bramcote Hills Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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.

We visited the home on 24 and 26 September 2019 and 8 October 2019. The second day and third day were announced as we needed to be sure the registered manager would be free to meet with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority's commissioning and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six visiting relatives about their experience of the care provided. We spoke with fourteen members of staff including the two senior managers, the registered manager, a nurse, senior care workers, care workers, an activities organiser and staff from the catering and housekeeping team.

We reviewed a range of records. This included nine people's care records and a random sample of medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We spoke on the telephone with an external health care professional. We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection. The management team also sent us details of actions and additional measures they introduced in response to evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always thoroughly assessed. For example, we reviewed the care files for two people who required a hoist to transfer them. Their care records did not include information about which sling was to be used or how it was to be applied or fitted. We also reviewed the care record for a person who had been admitted to the home five days prior to the date of the inspection. Their moving and handling care plan referred to the use of the hoist but there was no detail regarding the hoist sling. Their moving and handling risk assessment was also blank.
- We identified two people who had suffered recent falls. Neither of their falls risk assessments had been updated following these incidents.
- Some people who lived at the home were at risk of developing pressure ulcers. Care records instructed staff to assist people to change their position within specific time frames. We found these time frames were not always adhered to.
- The premises and equipment were managed safely. However, when accessing a stair case which was also a designated fire escape, a landing contained equipment which would hinder an escape in the event of an emergency. We brought this to the attention of a member of staff and they removed the equipment.

We found no evidence that people had been harmed, however there had been a failure to ensure the risks to the health and safety of people were robustly assessed. There had also been a failure to ensure the premises were safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Care records and risk assessments were updated, and thermometers were purchased.

- Thermometers were not available for staff to check the water temperature prior to bathing or showering people. We asked a member of staff how they checked water temperatures. They said, "You judge the water temperature manually with your hand, [we] don't use a temperature. Documented temperatures are approximate based on feel." Following the inspection, the registered provider assured us of the systems already in place to reduce the risk of harm and thermometers had been supplied.

### Staffing and recruitment

- People told us there were sufficient staff to meet their needs. Comments included; "We use the call bell in the room if we need help and they never take very long to come, day or night", and "I don't call [staff] that often, but they don't take long to come and there is always someone [staff] in the corridor or a nearby room

that can help me." A relative said, "There are always staff about, even at the weekends and they just seem to get on with it."

- None of the staff we spoke with raised concerns regarding the staffing levels at the home. During the two days of the inspection we noted staff were visible and call bells were responded to in a timely manner.
- We checked the recruitment records of seven staff. Recruitment practices were safe and pre-employment checks had been completed to reduce the risk of employing staff who may be unsuitable to work with vulnerable people.

#### Using medicines safely

- People told us they received their medicines on time. One person said, "I get my medicine three times a day in a little pot and they get me something to drink so that I can take them while they watch me." Another person said, "If I think I need a painkiller, I just have to ask. There is a nurse who does all that."
- We observed staff administering medicines to people. This was done in a kind and patient manner.
- Medicines were stored and administered safely.
- Two of the staff we spoke with told us they had completed medicines training and an assessment of their competency had been completed prior to them administering people's medicines.

#### Preventing and controlling infection

- The home was clean, tidy and generally odour free, although we identified one area of the home which had an unpleasant odour.
- Personal protective equipment was located throughout the home and was easily accessed by staff. One person told us, "They seem to live in their gloves and aprons."
- The clinical commissioning group had completed an infection prevention and control audit at the home., dated July 2019 which noted "The majority of the actions from the previous audit have been completed."

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe enough in here." A relative told us, "I definitely have peace of mind that [person] is in the right place getting the right care."
- According to the registered providers training matrix, only 53% of staff had completed or recently refreshed their safeguarding training. However, staff we spoke with were clear about what may constitute abuse and their responsibility to report any concerns. Following the inspection, the registered provider told us 83% staff had completed this training. Some staff had completed this training as part of their induction but this was not reflected in the overall statistics.
- The registered manager understood their responsibilities in keeping people safe from the risk of harm or abuse.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify possible themes or trends.
- Earlier in 2019 staff had supported some people who had pressure ulcers. We saw evidence of individual pressure ulcer investigations, but they simply recorded the action taken by staff, for example, a referral to the tissue viability nurse. They did not robustly review all aspects of the persons care and support to identify areas where future improvements could reduce future risk. Despite this, we saw evidence some changes had been implemented. This included staff supervisions and a designated staff champion in tissue viability.
- Both senior managers and the registered manager demonstrated an open and transparent attitude towards learning lessons when things went wrong. However, as is clearly evidenced throughout this report, further work is needed to ensure that learning and changes to practice relating to people's care and support are embedded within all the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Feedback about the meals at Bramcote Hills was positive. Comments included; "The food here is very good. You can pretty much have anything you want for breakfast and then there is a choice at lunch time. Tea time it is sandwiches and soup, but you can choose fillings and whether you want brown or white bread", "The food isn't bad, and I manage to eat it okay even though I can't sit up. I have extra protein drinks too as I have lost a fair bit of weight, but they do weigh me regularly" and "Food is very good and if you don't like something, they find you something else. I have my breakfast in my room and then come up here (dining room) for lunch. [Name of relative] gets offered something if they are here at mealtimes, which is nice."
- We observed breakfast and lunch time meal service. The atmosphere was calm and relaxed. Staff were patient and provided individual support to people if required. Only 12 people were in the main dining room at lunchtime with many people being served lunch in their bedrooms. People who required support to eat in their bedrooms, were supported and received their meals in a timely manner. One person we spoke with told us, "I have my meals in here [own bedroom], but it has a cover on it, so it is still hot when I get it."
- The quality of food and fluid records needed to be improved. For example, one person was prescribed nutritional supplements twice daily for weight loss. Over a seven-day period, only eight had been recorded on their food and fluid records. There was also a section for the night nurse to total up their fluid intake over the previous 24 hours, this had only been completed twice in a seven-day period. There was no evidence to suggest any concerns regarding people's food or fluid intake was escalated or acted upon.
- Where people needed to eat a soft diet due to the risk of choking, staff did not always record the consistency of the meal on people's food records.
- A laminated list used by staff to advise them of who required nutritional supplements and thickened fluids was not up to date.

We found no evidence that people had been harmed, however there had been a failure to ensure the an accurate, complete and contemporaneous record was maintained in relation to each person who lived at the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Catering information for staff was updated and dates added to key documents.

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

- People's needs were assessed prior to them moving into the home to ensure their needs could be met. One

person told us, "We were both assessed before we came in here." This assessment was used to develop people's care plans and risk assessments when they moved into the home.

- The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.

Staff support: induction, training, skills and experience

- People told us staff had the necessary skills to meet their needs. One person told us, "I think the staff are pretty good. They seem to know what they are doing and certainly help me a lot."
- Staff told us new staff were supported through a process of induction, training and shadowing a more experienced member of staff. A member of staff told us "I was sent on training, it included moving and handling, mental capacity and dementia... The first day of shadowing was with activities staff as a chance to mingle with the residents and get to know them. This was followed by shadowing carers on the different floors." We saw evidence of induction in staffs' files.
- Staff were positive about the training they received. However, the home's training matrix evidenced not all staff had completed or refreshed their training in line with the registered providers requirements. For example, only 65% of staff were up to date with their moving and handling. The registered manager told us they were aware not all staff training was up to date. They told us some training, planned for earlier in 2019, had been cancelled due to an outbreak of infection at the home.
- Staff told us they received regular supervision. We saw evidence of supervision in the personnel files we reviewed. A number of the supervisions were themed around particular topics. The content of some supervision was identical on a number of the supervisions we reviewed and no feedback from the staff member had been recorded. Staff who had been employed for over twelve months had received an individualised assessment of their performance completed by a more senior member of staff.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff told us they attended a daily handover as shifts changed over. A further meeting was held with the head of department each morning to ensure information was also shared across teams. Staff felt relevant information was shared within the team.
- We saw evidence people received input from other health care professionals. This included, GP's, district nurse, dieticians and speech and language therapists.
- A relative we spoke with said, "The staff keep me informed when I come in to visit [name of person] but they soon call me at other times if there is something happening."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A matrix recorded who had a DoLS authorisation and who had an application awaiting review by the local authority.

- Care plans included a section for people, or their authorised representatives to sign consent to aspects of their care and support. These were not always completed.
- Where people lacked capacity to make decisions about their care and support, care plans included evidence of decision specific capacity and best interest's decision making.
- Throughout the inspection we consistently heard staff asking for people's consent.

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

- The home was built over five split level floors. Each floor was themed around sport and music. There was signage to help people navigate around the home.
- There were bedrooms and communal toilets and bathrooms to each floor. The majority of the communal space was located on the ground floor.
- Bedrooms were personalised. One person told us, "I like my room. It is clean and tidy and well decorated, and it does feel like my home."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care and support they received. One person told us, "The care here certainly gives us a quality of life we wouldn't have at home. Much as we would like to still be living there." Another person said, "Staff are always asking me if they can do things for me."
- Relatives we spoke with said, "My [name of relative] came here after the home was recommended. I definitely have peace of mind that [person] is in the right place getting the right care", "I don't worry about whether [name of person] is being looked after, because I can see from how [person] is that they are being looked after well. [Person] has improved since they came here from the last home" and "Staff keep a good eye on [person] as [person] can't call anyone for help. There is one male carer they have really taken to and he can get [person] to do anything! They have a good laugh about that."
- From our observations and discussions with staff, it was clear they knew people well. Through talking to people who used the service, staff and the management team, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.

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

- People told us they were able to make decisions about their care. One person told us, "I wanted a bit of a lie in this morning, so they leave me [in bed] until I want to get up." Another person said, "I can pretty much choose what I want to do. They certainly don't make me do anything I don't want to do."
- Throughout the inspection we heard staff offering people choices regarding various aspects of the care. This included where they wanted to spend their time, what time they wanted to get up and what they wanted to eat and drink.
- Other than family members involvement in best interest's decision making, we did not see much recorded evidence of people's involvement in their care plans. However, one relative we spoke with said, "We were involved recently in a care planning meeting when they had to adjust [relative's] nursing needs."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "They have made up one of our rooms as a twin bedroom and the other one is our lounge, so we can get some private space." They also told us, "They are very respectful, making sure we are not embarrassed or left standing there when we have a wash or a shower." Another person said, "Staff are kind and always respectful. Knocking before they come in. That sort of thing."
- People were encouraged to retain their independence. One person told us, "They encourage me to do what I can for myself, but if I need help, they are there for me."

- Staff were able to tell us how they maintained people's privacy and dignity. During the inspection we saw staff knocking on doors prior to entering and speaking discreetly to people regarding their care and support needs.
- Care records were stored securely.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples care records were person centred but they were not always reflective of their current needs. For example, we reviewed the care record for a person who needed a hoist to transfer. Two of their care plans had not been updated and still referred to them walking.
- We identified one person who had lost 6kg of weight between May and September 2019. Their nutritional care plan made no reference to their weight loss and did not include any details of strategies staff could use to increase calorie intake. A monthly assessment of their oral health had been completed. Each entry referred to the person having no issues with their oral health. The registered manager and care co-ordinator both told us the person had been reviewed by a dentist and they were undergoing some dental work. This was not recorded anywhere within their care records.
- A number of documents we reviewed were not named or dated.
- Care records included a communication care plan although there was very little person-centred detail recorded. Two care records we reviewed included an AIS document for staff to record how information was to be presented to each person. Both these documents were blank.

We found no evidence that people had been harmed, however there had been a failure to ensure that an accurate, complete and contemporaneous record was maintained in relation to each person who lived at the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection in updating peoples care records.

End of life care and support

- As a person entered the final stages of their life, the home had a dedicated bedroom where family could stay in the event their relative's health deteriorated.
- Where people had a Do Not Resuscitate (DNR) instruction in place, this was easily located in their care records.
- We reviewed the care records for two people who had been admitted to the home specifically for end of life care. One person's care file provided sufficient detail to enable staff to provide person centred care. However, the care file for another person contained minimal information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home employed an activities organiser. We saw people participating in a range of activities. On the first day of the inspection people participated in a music and movement class facilitated by an external person. People clearly enjoyed the session.
- One person told us, "There is a boat trip tomorrow... We do have young children coming in from the local nursery which everyone seems to enjoy and there are singers and of course Mr Motivator [music and movement]."
- The activities organiser told us they regularly organised trips out and had a monthly coffee morning. They also said, "We change the focus for different months, last month we focussed on memory games, it is now more game based... We have a walking club, [name of person] tends to the garden. We have a lot of quizzes and lots of maths games... Church comes in on Sundays. We also have Sunday papers, we have a group that sits around and talks about them."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain. One person told us, "We have never had cause to complain I don't think, but we would speak to the senior or the manager if there as a problem, but any of the staff would do their best to sort something out if we were not happy." One relative said, "I have certainly not had any cause for complaint since [name of person] came in here. Everyone seems very approachable anyway, so I would only have to speak to someone." Another relative told us, "When we have complained about things... the message got through because it has pretty much been okay since."
- Information about how to complain was clearly displayed in the reception area.
- We reviewed two recent complaints logged in the complaints file. Information was recorded about the nature of the complaints and the registered managers response.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A number of audits were completed each month by a senior manager, the registered manager and staff at the home.
- A monthly audit was completed by a senior manager and the registered manager. The audit was wide ranging covering all aspects of the service. The audit included a review of four peoples care records each month. None of the audits highlighted any shortfall with peoples care records. This clearly evidences the auditing was not sufficiently robust as they had failed to recognise the shortfalls we identified during this inspection.
- A weekly meeting was held to review people who were losing weight. When we reviewed the meeting records and spoke with both the registered manager and a care co-ordinator it was clear the meeting was simply a review of who had lost or gained weight. There was no review of people's nutritional risks or of staff's records pertaining to their intake. Actions were not clearly identified, reviewed or followed up.
- There was no action plan to address the shortfalls identified from recent audits completed by the local authority or Clinical Commissioning Group (CCG). For example, staffs' training needs, care records or management of risk. There was a detailed action plan for the management of concerns relating to infection prevention and control.

We found no evidence people had been harmed, however the provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had a registered manager in post. They were supported by a senior management team.
- In January and July 2019, the home had been audited by the local authority and the CCG. A significant number of shortfalls were identified. As this inspection report evidences, further work was needed to ensure the service was meeting the needs of people and changes were fully embedded and sustained.
- One of the senior managers told us that during 2019 the home had increased the nursing numbers from one to two each morning. They had also employed a nurse clinical lead in addition to the current non-nursing clinical lead already in post.



How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The senior management team and the registered manager were open about the challenges the home had faced during 2019.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the home was well led. One person said, "They are very organised here. Everyone has a job and they get on with it. I don't know the manager, but I would recommend it [the home] if I was asked." Another person said, "It seems well-run here." A relative we spoke with said, "[Person] has been here since [date person admitted to the home] ... apart from a couple of niggles which were sorted, we are pleased with their care and would recommend it. The manager is approachable and communicates well with the family."
- Staff also told us they felt the home was well led. Staff felt supported by the management team. One of the staff we spoke with said, "I have still felt listened to and felt like I could give suggestions for how to improve home." Another member of staff told us, "The management listen to us."
- Regular meetings were held with people and their families. We saw evidence action had been taken where people had suggested ideas for improvement.
- One person said, "I have filled out a questionnaire." The registered manager told us the most recent surveys for people and their families were dated October 2018. They were due to be re-issued shortly. A survey had been distributed to staff in September 2019, but the results had not yet been correlated.

Working in partnership with others

- The registered manager and management team were working with other agencies, including the local authority, healthcare professionals and families.
- The activities organiser had forged links with a local school. Links were also been developed with a community centre. People who lived at the home went to the centre to deliver the food and socialise with people attending the centre.

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
Diagnostic and screening procedures	Risks to people's health and safety were not always thoroughly assessed.
Treatment of disease, disorder or injury	Bath and shower water temperatures were not accurately checked prior to their use to reduce the risk of scalding.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	An accurate, complete and contemporaneous record of people's care and support needs was not consistently maintained.
Treatment of disease, disorder or injury	Systems of governance were not sufficiently robust.