

Far Fillimore Care Homes Ltd

# Littleover Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on 19 December 2017 and the inspection was unannounced. At our previous inspection on 16 February 2016, the service was meeting the regulations that we checked and received an overall rating of Good. At this inspection we found that the service had deteriorated under safe, responsive and well-led and has been rated as Requires Improvement. This is the first time the service has received an overall rating of Requires Improvement.

Littleover Nursing 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.

Littleover Nursing Home accommodates 40 people, providing long-term, respite care and palliative care. The home is over two floors, with bedrooms on both floors. There were 34 people living at the service at the time of our inspection visit. Littleover Nursing Home is situated in a residential area in the Littleover area of Derby.

A registered manger was 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.'

People who were supported with their medicines were not always protected against the risks associated with poor medicines management, as safe systems were not always in place to manage their medicines.

We found that pressure relieving mattresses for two people were set at incorrect settings. This would increase people's risk of acquiring a pressure ulcer.

The deployment of staff did not always ensure people's needs were met in a timely manner. For example, our observations showed that on a few occasions the communal areas were left unattended by staff.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided. However, complaints had not always been resolved to the complainant's

satisfaction.

Systems to monitor the quality of the service were not effective in ensuring where improvements were required, these were acted upon.

People and relatives we spoke with felt people were safe at Littleover Nursing Home. Staff had an understanding of potential abuse and their responsibility in keeping people safe.

The provider's arrangements for staff recruitment were thorough, ensuring suitable people were employed. Staff had training to support people's individual needs. Staff told us they enjoyed working at the service and felt supported by the management at the home.

People were supported to have maximum choice and control of their lives. Staff were aware of the importance of seeking consent from people and demonstrated an understanding of the Mental Capacity Act 2005.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported with their dietary needs.

People were cared for by staff who were kind and caring. Staff respected people's privacy and dignity. People were supported with their independence by staff and had control over their choices. Visitors were welcomed at any time.

People were protected by the provider's infection control procedures, which helped to maintain a clean and hygienic environment.

## 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 consistently safe.

The management of medicines was not always robust. The deployment of staffing did not ensure that there were enough staff to support people when they required assistance.

People were safeguarded from avoidable harm because staff knew what action to take if they suspected abuse was occurring.

Safe staff recruitment practices were in place. Systems to manage infection control and hygiene standards were effective.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

The provider's complaints policy and procedure was accessible to people and their representatives. However a couple of people felt complaints were not always resolved satisfactorily.

People received personalised care. People were supported to participate in activities. People could be assured they would receive appropriate end of life care.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Systems were in place to monitor the quality and safety of the service but they were not always effective in identifying areas for improvement.

**Requires Improvement** ●

The service had a registered manager in post. Management worked in partnership with other agencies ensuring people's needs were met. People told us they were happy with the service they received. Staff felt the leadership and management of the service was supportive and effective.

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# Littleover Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 19 December 2017 and was unannounced.

The inspection team included two inspectors, one specialist professional nursing advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

The inspection was informed by the information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We also spoke with four people using the service and eight relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager, a nurse, four care staff, Cook and two visiting professionals. Prior to the inspection visit we contacted a health and social care professional and sought their views of the service.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed five staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.



## Our findings

We saw that a person had medication via a transdermal patch. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. However there was no record of where the patches had been previously applied, to ensure the areas were varied to minimise the potential for skin irritation. We also found that controlled drugs balance was only checked when they were administered. This did not ensure that there was a robust audit trail in an event an error was identified.

One person needed their blood glucose monitoring due to a health condition. We saw there were occasions when the blood glucose was higher than it should have been. Records did not specify what ongoing action staff needed to take after they had administered the when required medicine, ensuring it had been effective in reducing the glucose levels. There was also no record of the frequency of rechecking glucose levels. There was no additional guidance regarding when staff were required to contact relevant health care professionals such as the GP or a specialist nurse. This left the person at risk of becoming unwell as a result of their condition not being managed appropriately.

We saw that guidance known as PRN protocols was not always available for staff to ensure people had 'as required' medicines when needed. For example one person's PRN protocol did not specify the dose of pain relief to be given. We also found that for people who required PRN anticipatory medication the protocol was not detailed. This information is required to ensure people are given their medicines when they need them and in way that is both safe and consistent.

The medication audit carried out July 2017 identified that people receiving oxygen had been provided with this externally and the prescription was not seen. We discussed this with the registered manager, who confirmed that people who used oxygen arrived at the service with it. We saw no information on the flow rate necessary for the people using oxygen and how many hours a day they were likely to use oxygen This did not provide assurance that people were receiving oxygen therapy as prescribed.

Medication administration records (MARs) were in place for each person, information about allergies were clearly listed on the MARs. We observed a nurse administering medicines to people that required support. The staff member stayed with people until they had taken their medicines. We checked the medication administration records (MARs) and saw that records had been correctly completed. We also saw that a person had their time critical medicine at the correct time. Storage of medicines was secure. Fridge temperatures were monitored daily to ensure medicines were fit for use and we saw they were within the



correct temperature range.

We found a person who was admitted to the home with a pressure sore did not have a wound care plan. For another person with skin damage there was no body map regarding the location of the skin damage. The lack of maintaining accurate care records placed people at risk of inappropriate or unsafe care because their wellbeing could not be monitored effectively

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe care and treatment.

We received mixed feedback on staffing levels from people and relatives we spoke with. One person said, "There are enough staff here most of the time, but they never have time to just sit and chat." A relative told us, "There is no organisation at meal times; staff are in and out of the dining room. There have been occasions when there have been no staff in the dining room. For instance on one occasion a resident became unwell and no staff were present to support them."

The deployment of staff did not always ensure people were supported when they required this. On the day of the inspection visit there did not always appear to be sufficient staff deployed; for example, there were two periods of up to ten minutes when the communal lounge was not staffed. On one occasion a person was banging on their chair and shouting to attract attention. It was approximately ten minutes before anyone responded. During lunch time we saw four staff had supported people into the dining room. However once all the people were seated and served their meal there was only one staff member left. The one remaining staff member was assisting a person but had to leave and attend to other things several times. The experience was not the social occasion it could and should have been and would not be dignified for the person. We also observed that on one occasion the dining room was left unattended. During this time one person was trying to leave the dining room but had become entangled with chairs trying to get their Zimmer frame. The person called for help as no staff were present a relative in the dining room came to the person's aid.

Staff we spoke with told us staffing numbers were mostly adequate to meet people's needs. A staff member said, "We can be short staffed if someone rings in sick. The nurses and manager will help out and support people. However staffing levels are reduced, if the number of residents falls." We were told by the registered manager that there were seven care staff on duty in the morning and five in the afternoon. Rotas we looked at showed that there were occasions when less staff were on duty. We discussed this with the registered manager who stated that this was because the number of people using the service was lower and the provider determined the staffing levels required on the numbers of people accommodated. The registered manager also stated that she and the nurses helped out with care tasks as required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Risks to people were identified and plans were put into place to ensure the safe management of risks. Risk assessments on some care records we looked at included moving and handling and nutritional assessments. These provided guidance for staff in respect of minimising risk whilst supporting people with their care routines. People's risk assessments were reviewed regularly. Equipment was also in place to support people safely. A relative said "The staff have to hoist [person's name] but they [staff] really look after her when they are doing this." Staff were aware of the areas in which people were at risk and knew what action to take to manage them safely whilst reducing the risk of reoccurrence. However we found that two peoples pressure relieving mattresses were found to be set at incorrect air pressure settings. For example

one person's mattress was set on 120Kg but they weighed 70kg. This would increase people's risk of acquiring a pressure ulcer.

People and relatives told us they felt safe with the support staff provided. One person stated, "There are always two carers to help me, except if they come to check my catheter, which they do regularly." Comments from relatives included, "[Person's name] is in safe hands here" and "[Person's name] gets superb care here. The staff check on her regularly and reposition her so that her skin doesn't break down" and "[Person's name] is in the best place here with round the clock care."

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. A staff member said, "I would report it to the manager." They were able to describe what to do in the event of any alleged or suspected abuse occurring. They understood what whistle blowing meant and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. A staff member said, "You can report to the police and Social Services as well." Staff told us they received training for this and had access to the provider's policies and procedures for further guidance.

We saw that people who spent time in their bedroom had drinks and call bells within reach. A staff member told us if a person was not able to use their call bell, staff regularly checked to see the person was okay. Another staff member said, "It is the responsibility of all staff to ensure call bells are plugged in." A relative we spoke with confirmed this, they said, "Staff regularly check on [Person's name]."

People were protected from the risk of being supported by staff who were not fit to support them. Staff recruitment files we looked at showed the staff employed had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Proof of identification and references were also obtained. Staff told us they were unable to start work until all the required checks had been completed.

We saw personal emergency evacuation plans (PEEPs) were in place. Copies of these were kept centrally. The PEEPs provided information on the level of support people would require in the event they needed to leave the premises safely in an emergency.

People told us the home was clean and tidy. One person said, "My room is kept very clean and the bed linen changed regularly. The laundry is also excellent." A relative stated, "It's a very clean home, there are no odours." Another relative told us, "It is such a clean place, no nasty smells and always looks clean."

There were systems and procedures in place to protect people from the risk of infections and to maintain the home environment. We saw housekeeping staff cleaning the home during our inspection visit. There was personal protective equipment available and staff undertook relevant training to ensure they kept people safe from the risk of infection. We saw staff wearing aprons and gloves when they assisted people, as well as when dealing with food.

Environmental risk assessments were in place, such as fire risk assessment and Legionella tests were carried out to ensure the water was safe to use. Staff said that they had undertaken health and safety training. The provider's food hygiene rating by the food standards agency during December 2017 was five stars. The food standards agency is responsible for protecting public health in relation to food.



## Our findings

People were happy with the support they received from the staff team. One person said, "The staff are nice enough. They do a good job." A relative said, "I am confident [person's name] is being well looked after." Another relative told us, "The level of nursing care here means [person's name] needs are met."

Assessments of people's needs were completed prior to their admission to the home to ensure their needs could be met. Assessments took into account and reflected people's daily needs and preference. They included information regarding people's physical and social care needs.

Staff were provided with training and support ensuring they had the required skills and knowledge to meet people's needs safely. Staff we spoke with said they had regular training, supervision and support to carry out their duties. One staff member said, "You can ask anything." Another described the training as, "Good." They told us the training they had received included dementia and end of life care, which was relevant to the needs of the people they supported. Staff also told us they received supervision and guidance to support them in their role and that senior staff were supportive and helpful. A staff member said, "This is a happy team here and many staff have been here a long time."

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with had a good understanding of the MCA and their role in relation to this. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this. Staff understood the importance of gaining consent from people before they supported them. A staff member said, "I always give people a choice such as asking them what they want to wear and also asking if it's okay to support them." We saw capacity assessments had been completed, where people lacked the capacity to make certain decisions.

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

A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. At the time of our inspection seven people had DoLS authorisations that had been approved by the supervisory body. Another DoLS application had been made, for which the provider was awaiting a decision.

We received mixed feedback from people regarding the food available. One person said, "The food is not too bad and we get a choice. I get weighed regularly, which the staff write down." A relative said, "The food here is very good, [person's name] gets more than enough to eat." Another relative said, "[Person name] has pureed food, which is all prepared separately and not all mixed together when served." However three people felt that meals could be improved. Comments included, "The food varies, some days it's very nice, other days not so good" and "The food is fine, but sometimes a bit mushy."

We observed the lunch time meal; people had a choice on the menu. We saw food for specific diets were available, which included people on a soft diet. Our observations showed that staff were patient whilst they offered people support and assisted people into the dining room. People's nutritional needs were assessed and included in their care records. This ensured any changes to people's dietary needs were identified and managed, so that people could be referred to the appropriate health care professional as required. Staff told us if they had concerns about a person's dietary needs they would inform the nurse or the registered manager, who would then seek appropriate medical advice as required.

We spoke with the cook who had the main responsibility for preparing meals at the service. They told us that they were aware of people's specialist dietary needs, likes, dislikes and nutritional needs. Staff we spoke with were also aware about people's dietary needs. We saw that people were provided with drinks and snacks throughout the day to ensure they had enough to eat and drink. This approach ensured that people received effective support with their nutrition and hydration

People were supported to access external health professionals when they needed to for the purposes of routine health. Staff confirmed there was regular contact with a doctor and any health problems were referred to appropriate professionals as required. During the inspection visit we observed visiting health professionals including a GP. Records showed that staff worked with a range of healthcare professionals, including GPs, community nurses and podiatrists to ensure people's medical needs were met. A visiting professional told us staff followed their advice and that the communication at the home was good.

People had the equipment and environment they required to meet their needs. There were lifts to enable people to access other floors. Equipment such as hoists and walking aids were available to enable people to move around the home safely. There was space available if people wanted to spend quiet time or talk privately with their visitors. We were told a sensory garden was being developed, which we saw. The outside space was accessible for people with limited mobility. We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms.



## Our findings

People and relatives told us that staff were caring. A relative said, "Prior to [person's name] moving to Littleover Nursing Home they had respite at a couple of other care homes. The staff here are very caring and brilliant. It's a calmer atmosphere here."

We saw staff were polite and respectful when speaking with people. We saw interactions between staff and people were warm and compassionate. Staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch and altering the tone of their voice appropriately. People were listened to and were comfortable with staff

People told us staff encouraged them to be independent. A person said, "I am encouraged to do what I can for myself." Staff told us they encouraged independence and for people to make decisions for themselves wherever possible.

We saw staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions.

All the staff we spoke with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this such as closing curtains, approaching people quietly, and covering people when they received personal care. One member of staff said, "I make sure windows and doors are closed."

People confirmed that they had not experienced any restrictions on visiting hours. People told us that they were supported to maintain relationships which were important to them. During the inspection visit we observed some people received visitors. A relative said, "[Person's name] friends are allowed to visit whenever they like which is comforting for [Person's name]." Another relative told us that they were able to take their family member out and were able to visit anytime.

The registered manager told us they would provide people with information about how to access advocacy services if required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. There were two people at the home who were receiving support from advocates. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.



## Our findings

There was a complaints procedure in place and people knew how to raise concerns. The complaints procedure was displayed in the communal area and was also available in other languages. However we were not assured that complaints were always dealt with effectively. The registered manager told us that verbal complaints were not recorded as they would be dealt with on a one to one basis. We saw that complaints received since 2014 had not been recorded. A lack of recording of complaints meant there were missed opportunities to identify themes and trends and to learn from complaints. It also meant these complaints could not be analysed to ensure they had been dealt with appropriately. Additionally, one person told us they had raised concerns and were not happy with the response received from management. Another person told us that they felt their complaint was not handled effectively.

Following the inspection visit the provider sent us a copy of a complaint that they had investigated. Although this had been responded to appropriately it had not been logged in the complaints folder.

The management at Littleover Nursing Home were aware of the new legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

The registered manager told us that information would be provided in different formats on an individual basis such as providing information in large font. Also that in the past they had used talking newspapers for people with sight impairment.

Staff we spoke with had a good knowledge of people's needs. This included how they cared for and supported people. Care plans included information about people's health and social care needs. Care plans we looked at were reviewed on a regular basis. Staff were aware to be observant for any signs and changes in people's health and told us they informed the nurses of any concerns they had. A relative said, "The staff keep me up to speed on [Person's name] progress, especially if there are any changes." People and their relatives were involved in planning and making choices about their care and support.

People told us they were supported to engage with others and participate in events at the home. A person said, "I choose to spend my time in my room, the activities coordinator does come to my room to do crafts with me which is nice." Another person stated, "Staff tell me when there are any activities on and then I can

choose whether I want to join in." A relative said, "Our family member had a very special birthday. The staff did a great job arranging a birthday party, it was brilliant." Another relative stated, "Now that they have organised activities, it is much better. There has been the Christmas party, singing and arts and crafts."

Staff understood about respecting people's rights and supported them to follow their culturally and religious needs. For example a person followed a halal diet. The cook ensured that the person had halal meat. A staff member told us that people would be supported to attend places of worship, which they had done in the past. Staff knew people's likes and preferences and we saw that people's preferences were recorded. One staff member said, "Each person is looked at as an individual." We saw some staff working with people had the correct language skills to communicate effectively with them. This demonstrated that people's diverse needs were met by staff that had a good understanding of their needs and preferences.

Prior to the inspection visit we received concerns which suggested that people did not always receive adequate support around end of life care. At the time of this inspection some people were receiving end of life care and we found they were receiving appropriate care and support. A relative said, "It's a difficult situation as [person's name] is receiving end of life care, but we at least have peace of mind that she is well looked after here." Another relative told us, "Mum is receiving palliative care and the nurses are excellent. Staff keep me informed of what is happening." People had identified, on their admission, that Littleover Nursing Home was their preferred place of care when it came to the end of their life. DNACPR's (Do Not Attempt Cardiopulmonary Resuscitation) were in place, which had been appropriately completed by the GP and discussed with the person and their family.

There were good links with GP's and specialist nursing services which helped to ensure people received the care they needed during this period of their life. A professional we contacted prior to the inspection visit told us they worked closely with the home. They felt that the nurses and the registered manager were knowledgeable and that the expertise of the nursing team were particularly strong in end of life care. They told us that they had received positive feedback from families who had used the service for end of life care. A visiting professional stated, "We have a lot of confidence in the care provided by staff and their ability, the staff are proactive in caring for their residents."

Staff we spoke with told us that they had undertaken training on end of life care. Records we looked at confirmed this. A staff member said, "The course was very useful and included topics such as mouth care and pain management." People were also provided with religious or spiritual support. A staff member said, "A family requested that we played a particular prayer, when the person passed away which we did."



## Our findings

At this inspection visit we found that the provider was not clear about their CQC registration requirements in relation to submitting notifications about any changes, events or incidents that they must inform CQC about. Though the registered manager had submitted some notifications, they had not notified CQC when people's Deprivation of Liberty Safeguards (DoLS) authorisations had been approved by the supervisory body. The registered manager told us that they were not aware that they were required to submit these. Following the inspection visit the registered manager submitted the legally required DoLS notifications.

Although audits were undertaken, the information provided was not always being acted on. For instance the medication audit carried out July 2017 had identified some issues. The audit identified the reason for refusal of medication or non- administration was not being recorded and where a person was on a variable dose this was not always recorded. We discussed the outcome of the audit with the registered manager, about what action had taken place following the audit. We were informed that no action had taken place.

As no complaints had been recorded since 2014, this did not provide assurance that complaints received were reviewed to identify any patterns or trends and action taken as needed.

People and their relatives had been asked for their feedback on the service that they received. We saw surveys were given to people and relatives, giving them the opportunity to express their views regarding the care and support they received. We looked at the results of the 2017 satisfaction surveys and saw that people were generally positive about the care and services provided. However this also showed an area for improvement relating to staff availability. For example one comment included, "Always at least one carer to be present in the dining room so residents are not left unsupervised." This demonstrated that people's views were gathered. But not all people had seen improvements with regards to the issues they raised.

The registered manager had been in post since 2010. This demonstrated that there had been consistency in the management of the service. The registered manager was supported by the registered person, nursing and care staff. We received mixed feedback on the management at the home. A relative said, "I would certainly recommend the home, it's well managed. However a couple of relatives told us that they did not always feel the registered manager listened to their concerns and did not feel they were approachable.

Staff spoke positively about the registered manager and said they received the right support. Comments included "I find the registered manager very approachable, she likes the job doing properly" and "The



registered manager is very efficient, providing good care to people. If we didn't look after people properly I would not be working here." Staff also said they had staff meetings records we saw confirmed this. A staff member stated if they made suggestions they were listened to and one staff member gave an example of requesting a revamp of fluid charts to ensure they were more accurate which they said was being addressed. Staff were positive about the culture of the home and were enthusiastic and positive about the quality of care they provided.

The provider had arrangements in place to monitor the safety of the premises and maintaining the environment. We saw a sample of health and safety records, which showed that the servicing of equipment and building were up to date. This included gas servicing and hoist servicing.

The home worked in partnership with other agencies such as local GP practices and specialist community health teams, ensuring people received the support they required. We saw that some people who initially came to the home for short stays, eventually moved in permanently. A person said, "I felt so much safer knowing there were carers here day and night that I decided to stay."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home and their website.

## 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	<b>The management of medicines was not robust to ensure people received their medicines safely and consistently.</b>
Treatment of disease, disorder or injury	There was a lack of information for staff to follow regarding a person's particular medical condition, so that this could be managed appropriately.
	The lack of maintaining accurate health care records placed people at risk of inappropriate or unsafe care because their wellbeing could not be monitored effectively
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	<b>The deployment of staff did not always ensure staff were available to support people in a timely manner.</b>
Treatment of disease, disorder or injury	