

Woodlands Total Care Nursing Home Limited

Woodland Nursing Home

Inspection report





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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 16 May 2018 and was unannounced. At the previous inspection of the service in February 2016 we rated them as Good and made one recommendation. This was because people were not always given a choice about whether or not their bedroom door was left open. During this inspection we found this issue had been addressed.

Woodland 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. The service is registered to provide support with nursing and personal care to a maximum of 30 adults. At the time of inspection 23 people were using the service, many of whom were living with dementia. The service is built over four floors, with people living on the upper three floors.

The service had 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 two breaches of regulations. This was because quality assurance and monitoring systems were not always effective and the provider had failed to notify CQC about people who were subject to a Deprivation of Liberty Safeguard authorisation, even though they were legally obliged to do so. In addition, we have made four recommendations. These were related to fire safety, staffing levels, equality and diversity and the home's décor. We are still considering what our response will be to breaches of regulations.

People told us they felt safe using the service and systems were in place to help safeguard them from abuse. Risk assessments had been developed which set out how to meet people's needs safely. Checks were carried out on prospective staff to help ensure they were suitable to work at the service. Medicines were managed safely and there were systems in place to reduce the risk of the spread of infection.

Pre-admission assessments were undertaken which looked at people's care support needs. Staff were supported through regular training and supervision and new staff undertook an induction training programme on commencing work at the service. People told us they enjoyed the food and we saw they were offered choices about what they ate. People were able to access health care professionals and the service kept family members informed of any health issues.

People said they were treated in a kind and caring manner by staff. Care plans set out how to support people in a dignified manner. Staff had a good understand of how to promote people's dignity, privacy and independence.

Care plans for people set out how to support them in a personalised manner relevant to the individual. Activities were offered and people told us they valued and enjoyed them. Systems were in place for dealing with complaints and people told us they knew how to make complaint if needed. Care plans included information about supporting people with end of life care.

Staff spoke positively about the registered manager and systems were in place for seeking the views of people who used the service and their relatives.

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. People told us there were not enough staff to meet their needs in a timely manner. There were no records that fire doors were tested to make sure they were properly operational.

The service had systems in place to protect people from the risk of abuse and staff were knowledgeable about their responsibilities with regard to safeguarding.

Robust staff recruitment practices were followed to help ensure suitable staff worked at the service.

Risk assessments were in place which set out how to support people safely.

There were arrangements in place for the safe management of medicines and to reduce the risk of the spread of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective. Pre-admission assessments did not cover people's needs in relation to equality and diversity issues. The standard of décor and furniture in the service was not high and people had raised concerns about this.

Staff undertook regular training to support them in their role and they had regular one to one supervision meetings.

The service operated within the principles of the Mental Capacity Act 2005 and people were able to make choices about their care.

People were able to choose what they ate and drank and they told us they liked the food provided.

People were supported to access relevant health care professionals if required.

Requires Improvement ●

Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Good ●

Staff had a good understanding of how to promote people's dignity, privacy and independence. Staff interacted with people in a friendly and respectful manner.

Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner.

People were supported to engage in various activities in the home and community.

The service had an appropriate complaints procedure in place and people knew how to make a complaint.

People were appropriately supported with end of life care.

Good ●

Is the service well-led?

The service was not always well-led. The provider had failed to notify the Care Quality Commission of those people who were subject to a DoLS authorisation as they were legally obliged to do. Systems for monitoring the quality and safety of support were not always effective.

The service had a registered manager in place and staff spoke positively about them.

Systems were in place for seeking the views of people who used the service and their relatives.

Requires Improvement ●

Woodland 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 the 16 May 2018 and was unannounced. The inspection team consisted of one inspector, a second Care Quality Commission employee who was not an inspector, a specialist advisor with a specialism in nursing care 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents or events they had sent us. 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with 12 people and two relatives. Due to issues around their communication needs not all of the people we spoke with were fully able to engage in the conversation. We spoke with nine staff; the registered manager, area manager, administrator, activities coordinator, cook, two nurses and two care assistants. We reviewed nine sets of care records relating to people including care plans and risk assessments. We sampled medicine records and some of the policies and procedures. Minutes of meetings were checked and we examined staff recruitment, training and supervision records. We looked at the quality assurance and monitoring systems used by the service. We observed how staff interacted with people and carried out a tour of the premises.

Is the service safe?

Our findings

Most people told us there were not enough staff working at the service. One person said, "They need more staff, they are very busy, but they do look after me." Another person said, "Some staff rush when doing personal care and I would like them to take their time and not rush me, especially first thing in the morning, when I have just woken up."

Staff told us they thought there were enough care assistants working to support people. During the inspection we observed that staff were able to support people in a timely manner and requests for staff help were responded to promptly. Staff levels were in line with the staff rota on the day of inspection. For most of the time during our inspection there was only one nurse on duty. They had responsibility for providing all support with clinical nursing needs and medicines. Nursing staff were also responsible for writing care plans and risk assessments. The registered manager was a registered nurse and they told us they were able to help out with nursing duties in an emergency. However, the registered manager did not generally work at nights or weekends so were unable to provide cover at these times. A person told us, "The nurse is very busy and we do need an extra nurse." We recommend that the service reviews its staffing levels for nursing and care staff to ensure they are adequate to meet people's needs in a safe and timely manner.

The service had robust staff recruitment practices in place. Staff told us that checks were undertaken on them before they commenced working at the service. One member of staff said, "I gave references from the place I worked before" and added that they had to do a Disclosure and Barring Service (DBS) check. This is a check to see if a member of staff has any criminal convictions or are on any list that bars them from working with vulnerable adults. Records confirmed checks had been carried out on prospective staff, including employment references, proof of identification and criminal record checks.

People told us they felt safe. One person said, "The staff make me feel safe and look after me." Another person said, "Yes, very safe." A relative said, "My [relative] was not safe at home but they are safe now 24 hours per day."

Systems were in place to help safeguard people from the risk of abuse. The service had various policies in place relating to protecting people, including a whistle blowing procedure, a financial abuse policy and a safeguarding adults policy. This latter policy made clear the service's responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission (CQC). The registered manager told us, "I would report it (an allegation of abuse) to the safeguarding team in [host local authority], the police if it was quite serious and CQC." Records at the service confirmed the local authority had been made aware of any allegations of abuse that had occurred and CQC records showed that they had been notified of these allegations too. Staff were aware of their responsibility to report suspicions of abuse, one staff member said, "I would report it straight away to the manager." They added that if the manager did not take appropriate action, "I would call the social worker."

The service held money on behalf of people where they lacked the capacity to manage their own money. This was kept in a locked safe that only the registered manager had access to. The service did not have

access to anyone's bank accounts. Rather, money was handed over to them by relatives or court appointees who had responsibility for managing people's finances. When the service spent money on behalf of people records and receipts were maintained. We checked some these records and found they tallied with the actual amounts of money held by the service. This meant the service had taken steps to reduce the risk of financial abuse occurring.

Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They included assessments about the use of bed rails, skin integrity, falls, moving and handling and hydration and nutrition.

Staff had a good understanding of the risks people faced and how to support them safe. For example, a member of staff said, "We are very careful and monitor skin every time we give personal care." Where people exhibited behaviours that challenged the service, staff were aware of how to support people to become calm. One member of staff said, "We have to keep our patience, sometimes we have to leave them, sometimes we talk to them. If that does not work try to talk to them about something else, change the subject." Staff added they did not use any form of physical restraint when working with people. One member of staff commented, "We are not allowed to do that (physically restrain a person)."

The service had a fire risk assessment in place and an emergency plan to be implemented in the event of a fire. Individual personal evacuation plans were in place for people which gave guidance to staff about how to support individuals in the event of a fire. Fire alarms and fire fighting equipment had been serviced by a qualified engineer within the last year. Records showed that fire alarms were tested at the service each week and we noted they were tested on the day of inspection. The member of staff with responsibility for testing the fire alarms told us they also checked all the fire doors were in good working order at the same time they tested the alarms. However, they told us they did not maintain a record of these checks and it is recommended that they do so.

Various safety checks were carried out to help ensure the premises and equipment used were safe. These included checks of the hoists, gas, electrical installation and electrical appliances.

People told us they were supported to take their medicines. One person said, "It is [given] four times each day, if I am in pain I can ask for a paracetamol and I would be given this."

People's medicines were managed and administered safely. People received their medicines as prescribed. Medicines were administered by staff trained to do so in a calm manner, ensuring people received the support they required. Medicines were stored securely in locked and designated medicines cabinets with appropriate storage facilities for controlled drugs. Guidelines were in place for the administration of PRN (as required) medicines. Medicine administration record charts were in place which included details of the name, strength, dose and time of each medicine to be administered and these were accurate and up to date.

The service had an infection control policy in place and cleaning schedules. Staff were expected to sign these after completing designated cleaning tasks. However, these records were not always signed. We discussed this with the registered manager who said they would speak with the cleaning staff about this issue. The service was generally clean on the day of inspection. Staff told us they were expected to wear protective clothing when supporting people with personal care. We observed this to be the case generally although we saw one staff member handling a used continence pad without protective clothing. We brought this to the attention of the registered manager. Alcohol hand gel dispensers were situated around the service

which helped to prevent the spread of infection.

Records were maintained of accidents and incidents. The form used for this recorded details of the incident and the immediate action taken to address the issue. However, the forms did not include a section for reviewing the incident with a view to thinking about how the service could reduce the risk of a similar accident occurring again. The registered manager told us when there was a serious incident this was addressed with staff through group supervisions and team meeting to help reduce the likelihood of a similar incident occurring again. Records confirmed this, for example, we saw discussions and actions subsequently implemented about how best to support a person with a history of falls.

Is the service effective?

Our findings

The registered manager told us either they or a nurse carried out an assessment of a person after receiving a referral. This was to determine what the person's needs were and if the service was able to meet those needs. The registered manager told us on occasions they had to decline to accept referrals because they deemed the service was not suitable for the person. They said, "If there is anything we cannot meet I am quite clear about it." The registered manager added that they involved family members in the assessment process and also considered information from other agencies such as local authorities and hospitals. Records of assessments showed they looked at needs related to communication, nutritional needs, personal care, continence, skin condition, mobility, foot-care, medicines, and cognition/memory.

However, assessments did not look at equality and diversity issues such as religion, sexuality and ethnicity. We discussed this with the registered manager who said they would in future cover these areas and we recommend this.

Staff were supported through training and supervision to develop skills and knowledge helpful to their role. Staff told us they had undertaken an induction on starting work at the service which included completion of the Care Certificate, classroom based training and shadowing experienced members of staff. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector.

Staff received ongoing training. Records showed staff completed training which included training about moving and handling, food hygiene, dementia, fire safety and safeguarding adults. Staff confirmed they undertook training, one staff member said, "Oh yes, a lot (of training). Every month we have two to four trainings. The teacher comes to the house."

The registered manager told us they conducted group supervisions with staff. This involved staff from the same team having their supervision together. For example, the kitchen staff had group supervision, as did the nursing staff and the cleaning staff etc. They told us if either they or an individual staff member had anything that needed to be discussed in confidence then their door was always open to staff. Staff told us they had group supervision and did not express any strong desire for individual supervision. One member of staff said, "We have supervision with the manager, its different subjects, not all the same." Records confirmed that staff group supervisions took place which included discussions about performance management, learning and development and staff support needs.

People told us they liked the food. One person said, "The food is good." Another person said, "Staff get my drinks and food, which is nice to eat." Where people required support with eating and drinking guidance was available about this in their care plans. Some people who used the service had been identified as being at risk of choking and we saw that there was guidance for staff to follow about how to keep them safe.

We observed the lunchtime period and people were seen to be enjoying their meal. We spoke with the cook on duty who had a good understanding of people's dietary needs related to culture and medical conditions. A person told us, "I have an allergy to sugar and the staff make sure I do not get too much sugar in my diet."

There were two separate two-week rolling menus which offered two choices at each meal. One was a vegetarian menu, the other non-vegetarian. The cook said if a person did not want either choice on the menus they could have something else.

At the beginning of each shift the nurse going of duty had a hand-over with the nurse coming on duty. During the day shift there was then a full handover involving the nurse and all care staff on duty so staff were aware of any issues relating to people, such as new medicinal concerns or appointments they had. This meant staff were able to effectively deal with any issues that needed to be addressed during the shift.

People told us they were supported to access health care professionals. One person said, "The home will always send for the doctor if they are needed because residents are unwell." Records showed people had access to various health care professionals including GP's, psychiatrists, dentists, chiropodists and occupational therapists. We saw the service made referrals to health agencies as appropriate. For example, if a person developed a pressure ulcer, records showed a referral was made to the tissue viability nursing service. Relatives told us they were informed if there were any concerns with the person's health. One relative said, "I received a phone call when they had to send my [relative] to hospital."

The service was built over four floors, with people living on the upper three floors. There was a lift between the floors to enable people to move from one to another. Corridors and door frames were wide enough to allow easy access to people who used wheelchairs and the outside communal space was also accessible to people using wheelchairs. Toiles and bathrooms had been adapted to help make them accessible to people with needs around mobility.

We noted that some of the décor and furnishings around the service looked a little tired and worn, although still functional. Some of the chairs in the main lounge were worn. We saw some stains on carpets and scuffed paintwork in places. This issue had been picked up on by relatives in the annual survey they completed. One relative wrote on their survey, "It [the service] looks a little tired but is generally clean." Another relative rated the décor as "poor." We discussed this with the registered manager who acknowledged parts of the service needed sprucing up and we recommend a plan is implemented to improve the furniture and décor at the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS applications where appropriate and staff were knowledgeable about which people were subject to a DoLS authorisation. However, the service had failed to notify the Care Quality Commission about any DoLS authorisations. See the well-led section of this report for more details about this.

Staff we spoke with were able to explain how they applied the MCA to people, including the assessment and the capacity processes. Capacity records in people's files followed these processes, including best interest decision records where people were established not to have capacity for a care decision. People were supported to make choices as much as possible, for example about what they wore or ate.

Is the service caring?

Our findings

At the previous inspection of this service in February 2016 we recommended that bedroom doors should only be left open if people wanted them open or there was a care need for this. During this inspection we found this recommendation had been implemented. We found some bedroom doors were open during our inspection and others were closed. People we spoke with told us it was their choice that the door had been left open. One person said, "I want it open so it does not get too warm in here." Another person said, "I can have my door open or closed and I am treated with dignity always."

People told us the staff were caring and respectful. One person said, "They are very kind to me here, I like that staff talk to me." Another person said, "Mostly I am cared for with dignity and respect." A third person told us, "I am treated with dignity here."

Throughout our inspection we saw staff interacting with people in a caring way, often chatting and laughing with people and we saw people were at ease in the company of staff. Staff understood how to support people in a way that put them at ease. For example, we saw one person being transferred in to their chair with the use of a hoist. The person initially exhibited signs of anxiety but staff spoke with them in a calm and re-assurance manner, explaining what they were doing which helped the person to be less anxious.

Care plans provided information about supporting people with their communication needs. For example, the care plan for one person stated, "Staff are required to speak to person slowly and clearly in simple phrases and not using complicated words." This helped staff to interact with people in a meaningful way. Not everyone who used the service spoke English. However, the registered manager told us that staff were employed who shared the languages of the non-English speakers which helped to meet their communication needs.

Care plans included information about how to support people in a respectful manner. For example, the care plan for one person stated, "Staff to gain consent from [person] and explain to them any procedures before and during the procedure to gain their consent." The same care plan went on to state, "Staff to encourage [person] to choose their clothes. Though unable to verbalise what they like to wear, by showing them clothes they will be able to choose."

Care plans made clear what people could do for themselves and what they required support with, which helped to promote their independence. Staff were aware of the importance of promoting people's independence. One staff member said, "You have to know everything about the resident, how much they can do for themselves. You have to encourage them otherwise they will lose the ability to do things for themselves." Another staff member said, "If they are able to do something we let them do it. If they can wash their face we give them the flannel and let them do it themselves."

Staff told us how they supported people in a way that promoted their dignity, privacy and choice. A member of staff said, "I make sure that I treat them like I would want my parents to be treated." They went on to explain, "You make sure the door should be shut, you knock on the door and ask if they allow you to come

in." We observed during the inspection that staff knocked on bedroom doors before entering. The same staff member told us how they supported people to make choices about what they wore, saying, "Just take two tops and show them to the resident, don't take out all the wardrobe, that would be too much." Another staff member said, "We have to close the door, we always let them know what we are going to do and ask their permission."

Each person had their own bedrooms and although some of the décor was a bit tired, people had been able to personalise their rooms. For instance, we saw examples of artwork in rooms produced by relatives, family photographs and items of religious iconography. Communal bathrooms and toilets were fitted with a lock that included an emergency override device which helped to support people's privacy in a way that was safe. Privacy screens were used when supporting a person to change a dressing on their toe who did not wish to go to their bedroom for this. Confidentiality was promoted too, records relating to people were stored securely and only authorised personal had access to them.

A representative of a religious denomination visited the service to help meet people's needs in relation to religion. Another person was supported to say prayers each day to an appropriate religious icon within the service. The registered manager told us the service celebrated religious festivals of various religious denominations. A relative told us, "With regard to [named religion] festivals which my [relative] likes to celebrate the manager arranges these to be celebrated in the lounge so all residents can enjoy them."

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "I am happy here and most of the time I am cared for well." Another person said, "Staff listen when I talk to them, they listen to what I would like."

Care plans were in place for people which set out their needs and how to meet them. These were based on the initial assessment and on-going observation of the person. They were of a good standard, personalised around the needs of individuals containing clear guidance for staff about how best to support people. Care plans covered needs associated with personal hygiene, communication, continence, mobility, diabetes, sleeping patterns, social activities and medicines.

Staff had a good understanding of people's individual needs and told us they were expected to read care plans. Care plans had been signed by staff to indicate they had read them. They had also been signed by the person or their relative which indicated their involvement in developing them.

The registered manager told us each person had a major annual review of their care plan and records confirmed this took place. They also said people were expected to have monthly review of their care plan. Records showed this mostly took place but not always. For example, some people had not had a review since February or March 2018 and our inspection took place in May 2018.

People were supported to take part in various activities. There was an activities timetable on display in the lounge advertising what took place and when. The service employed an activities coordinator and we observed them facilitating various activities on the day of inspection. These included board games, catching and throwing a big inflatable ball and playing the sitar. Other activities provided included bingo, crafts and puzzles. The activities coordinator said they also provided one to one activities to people who were unable to leave their beds. For example, they said about supporting one person, "I play on the iPad with one resident, or order shopping with them."

People told us they knew how to complain. One person said, "I would speak to the office man and he would speak to the manager." The service had a complaints policy which was on display within the service to help make it accessible to people. The policy included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records showed that complaints had been responded to in line with the policy.

End of life care plans were in place for people and staff and undertaken training about this. Do not attempt resuscitation forms were in place for some people and we saw these had been signed by a GP. Records showed the service worked with other agencies where appropriate when providing end of life care. We saw cards from relatives of deceased people thanking the service for the care and support at that time.

Is the service well-led?

Our findings

The registered manager told us they had applied for a Deprivation of Liberty Safeguards (DoLS) authorisation for, "nearly all service users." A small number of applications were yet to be dealt with by the relevant local authority but for most people an authorisation had either been granted or declined. However, the service had not notified the Care Quality Commission (CQC) of any DoLS applications. The registered manager told us they were not aware they were obliged to do this. The service had a policy in place about DoLS but this made no reference to their responsibility for notifying CQC about DoLS applications.

Failure to notify CQC of DoLS authorisations and applications that were not granted is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service carried out various audits. These included audits of care plans, which amongst other things checked there was an in-date review of the care plan. The registered manager told us the care plan audit was supposed to be carried out monthly. However, we found that it was done on the 1 May 2018 and this was the first time since an audit was undertaken on 31 October 2017. We found that not all care plan reviews were up to date. If the care plan audits had happened monthly the service may have picked up this issue. Quality assurance checks had failed to identify that no records were maintained of checks on the effectiveness of fire doors around the service.

The service carried out an annual survey of people, their relatives and professionals. The last survey was carried out in November 2017. We viewed completed survey forms which contained generally positive feedback. For example, one relative wrote, "The staff are fantastic." Another relative wrote, "Rather good activities." A third relative commented, "As a nursing care home Woodlands is very good. [Person] always tells me that they appreciate the care." However, we found the one area where there was most concern about in the survey returns was around the décor of the service. The provider had not acted on this feedback and we found there was still a poor state of décor.

The provider who runs this service also runs several other registered care homes. During the most recent inspection of one of these services we found concerns with the way DoLS had been managed and made a requirement about this. The senior leadership for the provider had failed to learn from this and ensure that similar issues did not occur across the provider's other services.

Audits not been completed when they were due, the failure to act on feedback from relatives and the failure to learn from issues addressed across the provider's service constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager was aware of other notifications they had a responsibility to send to CQC and we noted they had notified of us deaths at the service, safeguarding allegations and a period of absence by the registered manager in excess of 28 days. We noted the rating from the previous inspection was prominently displayed at the service and on the providers website in line with their legal responsibility to do so.

Staff spoke positively about the registered manager. One member of staff said, "I am fine with them. I would say they are quite good. They are helping the staff. They talk in a normal manner, not like they are superior." Another member of staff told us, "[Registered manager] is good. They listen to us if we have to say something and they give us training every month."

Staff told us and records confirmed that the service held regular staff meetings. One staff member said of the meetings, "There are different subjects. The manager will choose the subjects depending on any problems. All of us can talk about whatever we want to regarding the work and the home."

The area manager explained their role in the quality assurance process at the service. They were not based at the service but said the registered manager provided a 'weekly return' which included information about any pressure ulcers, falls, occupancy levels, staff sickness and absence and safeguarding incidents. They said they had a weekly phone conversation with the registered manager to discuss the 'weekly return'.

The area manager told us they did monitoring visits of the service. They said this was supposed to be done monthly but added in 2018 they had only done two visits. We saw records of these which showed they took place on 9 January and 12 March 2018. These visits monitored the service in line with CQC's five questions asked during inspection, i.e. is the service safe, effective, caring, responsive and well-led. We saw that where issues were found during these monitoring visits they had been addressed, for example with the recording of topical medicines and ensuring staff supervision was up to date.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Systems and processes must be established and operated effectively to assess, monitor and improve the quality and safety of the service provided and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. The provider must also securely maintain such records as are necessary to be kept in relation to the management of the regulated activity. Regulation 17 (1) (2) (a) (b) (d) (ii)