

Cow Lees Care Home Ltd

# Cow Lees Care Home

## Inspection report

Astley Lane  
Bedworth  
Warwickshire  
CV12 0NF

Tel: 02476313794  
Website: [www.cowleescarehome.com](http://www.cowleescarehome.com)

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Cow Lees Care Home is a residential care home providing personal and nursing care to up to 73 people. The service provides care to disabled people, people with mental health needs and dementia. At the time of our inspection there were 69 people living at the service. Care and support were provided across 3 separate buildings. One of the buildings specialises in providing care for people who may express distress or agitation due to their cognitive disability, which can arise from dementia.

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

Risks to people's health and wellbeing had been identified, but records did not always support staff to manage these risks safely. Risks related to the premises and environment were not consistently identified. We were not assured by infection, prevention, and control practices within the home. There was limited oversight of the use of restrictive physical intervention to ensure this was used appropriately, and to reduce the need to use these techniques again in the future.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Some improvements to governance had been made and a variety of quality assurance checks had been implemented. However, these did not always operate effectively.

Staff received safeguarding training to help them recognise and report potential safeguarding concerns. Staff were confident those concerns were listened to and taken seriously. There were enough staff to provide safe care and staff were recruited safely. Improvements had been made to the management of people's medicines. Accidents and incidents were reviewed by the registered manager to identify any trends or patterns.

People's needs were assessed before they moved to the home to ensure their needs could be met safely. A combination of mandatory and more specialised training was provided online and face to face, from a variety of sources, to equip staff with the knowledge and skills needed to carry out their roles effectively. However, additional monitoring was needed to ensure training was effective. Relatives gave positive feedback about the staffs' approach and skills, and that their loved ones looked healthier since moving to Cow Lees. Staff ensured people had enough to eat and drink and promoted hydration during hot weather. The registered manager and staff worked closely with external professionals to improve people's outcomes.

Staff spoke positively about the management team and changes in the home and felt well supported in their roles. The registered and deputy manager were committed to improving the care provided and creating an inclusive workplace culture. They worked in partnership with external health professionals, organisations, and agencies to improve people's outcomes, access additional staff training and contribute to research in

care homes.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 and update

The last rating for this service was requires improvement (published 20 July 2022) and there were breaches of regulations. The provider was issued with a Warning Notice and completed an action plan after the last inspection to show what they would do and by when to improve.

The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

#### Why we inspected

We carried out an unannounced inspection of this service on 18 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to check whether the Warning Notice we previously served in relation to safe care and treatment and good governance had been met. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cow Lees Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Cow Lees 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 4 inspectors and a specialist nurse advisor. 3 inspectors visited the home and 1 inspector made telephone calls to relatives.

#### Service and service type

Cow Lees Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Cow Lees is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority and clinical commissioning group. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We gathered feedback from 9 relatives on their experiences of care provided at the home and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 17 members of staff including nurses, care workers, a senior care worker, an agency nurse, an activities coordinator, a housekeeper, the registered manager, deputy manager, learning and development manager, human resources manager and the lead learning disability nurse. We looked at 7 people's care plans, multiple medication records and other records relating to the care that was provided to people, and incidents that occurred within the home. We looked at a variety of records relating to the management and governance of the service including audits, recruitment files, training matrices, spot checks, and a service improvement plan.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people's health and wellbeing had been identified, but records did not always support staff to manage these risks safely.
- Some people living at Cow Lees had complex conditions which required careful and considered care planning to minimise the likelihood of distress. Care plans did not always contain detailed information to guide staff on how to minimise or respond to people in times of distress.
- Some people had restrictive physical intervention recorded as an action staff should take if people became distressed. Although it was clear restrictive physical intervention should be used as a last resort, care plans did not describe what techniques could be used, and under what circumstances. This meant there was a risk staff could use a technique without appropriate authorisation. We saw staff use a restrictive physical intervention to move a person into the dining room which we could not be sure was the least restrictive option.
- There was limited oversight of the use of restrictive physical intervention to ensure this was used appropriately, and to reduce the need to use these techniques again in the future. In response to our feedback, the registered manager said they would introduce this as a priority and ensure staff received more face-to-face supervision, specifically on the use of physical intervention and restraint.
- One person had epilepsy and had sustained a serious injury recently following a seizure. The registered manager advised us their risk assessment and care plan had been updated following this injury to prevent re-occurrence. We reviewed this person's care plan and risk assessment which lacked detail to guide staff on how to manage this person's seizures safely. For example, there was no information about what type of seizures the person had, or at what point emergency medication, or an ambulance should be sought.
- One person at risk of skin damage was sat in a wheelchair without their prescribed pressure relieving cushion and had been left sitting on the sling used to transfer them. This put them at risk of pressure damage.
- Risks related to the premises and environment were not consistently identified. Some doors had notices on them indicating they should be kept locked to ensure people's safety. Two of those doors were only

secured by slide bolts which were easy to open. The doors led to store rooms containing open sharps bins and cleaning fluids which posed a potential risk to people. On the second day of our inspection, this had been addressed.

- Risks related to equipment were not always effectively mitigated. A piece of equipment used to transfer people, which had been identified as damaged and not safe for use in December 2022, had been left in a communal area. There was no signage indicating it was not safe to use. The deputy manager arranged for it to be removed when we brought it to their attention.
- Hazardous and dangerous chemicals (COSHH) were not stored safely. A cup of washing up liquid was stored in an open cupboard which was accessible to people. A COSHH cupboard was left unlocked in an area people could access.
- We were not assured by infection, prevention, and control practices within the home.
- Some areas of the home including shared kitchens, bathrooms and toilets were visibly dirty and there were unpleasant odours in certain areas of the home.
- Some equipment was in a poor state of repair so it could not be effectively cleaned which meant it was an infection control risk. Staff did not always follow good food hygiene practices when storing food in the kitchenettes on each unit.

Systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection to address the concerns we identified. New systems to oversee the use of physical intervention were implemented. The registered manager told us that increased oversight and monitoring of care standards would be implemented.

- We received positive feedback from relatives regarding Cow Lees Care Home. Comments included, "The staff and nurses are fantastic," and, "They let us know if there are any problems, if she has a fall etc."

Systems and processes to safeguard people from the risk of abuse

- Some people in the home were at risk of causing harm to themselves or others due to distress and agitation resulting from dementia, and other cognitive changes. When incidents occurred, actions were taken to identify potential causes and ensure people received reviews of their health and medicines. However, improvements were needed to the oversight of the use of physical intervention.
- Staff received safeguarding training to help them recognise and report potential safeguarding concerns. Staff were confident those concerns were listened to and taken seriously. Comments from staff included, "It would be addressed immediately and highlighted to the manager and there are safeguarding teams it can be referred to."
- Another member of staff told us how they had raised concerns about the practice of an agency staff member and commented, "They have not returned so they [managers] do listen to what you are saying. I have respect for them because they do listen."
- When safeguarding concerns were identified, the registered manager reported them to the local authority and us, CQC.

Using medicines safely

- At the last inspection, medicines were not always administered safely or according to the prescriber's instructions. People's medicines were not always reviewed to ensure their medicines remained effective. Sharps were not always stored or disposed of according to NICE guidance.



- At this inspection, some improvements had been made. Patch medicines were administered safely and the management of people with insulin dependent diabetes had improved.
- Improvements were still needed to the management and oversight of 'as required' medicines prescribed for agitation. There was no explanation for the reason for administration, or record of the effectiveness, documented on the back of the medicine administration record (MAR).
- Protocols for these medicines required more detail, to ensure they were person centred and included clear instructions on strategies to try first, before administering medication.
- The deputy manager regularly met with other healthcare professionals to review people's medicines and identify any medicines that were no longer needed or any that needed the dosage changed.

#### Staffing and recruitment

- There were enough staff to provide safe care.
- On Sole End, a unit for people with more complex dementia care needs, there were enough staff to maintain oversight of communal areas and respond quickly to signs of distress or agitation.
- Staff told us identified staffing levels were maintained and enabled them to respond to people's needs. One staff member told us, "It is getting better. When I first started there was quite a lot of agency, but there is not quite so much now. You don't get much sick either. Everyone is happy, there is a good community."
- One relative commented, "[Person] settled there after the first week or 2, because there are regular staff there."
- Staff were recruited safely. Recruitment checks included reference requests and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager to identify any trends or patterns. This was in relation to falls and injuries, and incidents that occurred between people. When trends were identified, action was taken to minimise the risk of similar incidents occurring in future.
- Systems to share learning through reflective group supervision had been introduced. The registered manager and deputy manager were committed to creating a culture that made staff feel safe to report when mistakes were made and encourage staff to challenge when standards fell short.
- However, these systems and changes to workplace culture were not yet fully embedded and required a greater degree of oversight. Care standards were not consistently being maintained, and staff did not always report issues within the home that needed addressing.

#### Visiting in care homes

- There were no visiting restrictions and people could have visitors when they wished.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Improvements were needed to ensure care which placed restrictions on people had decision specific Mental Capacity assessments, and records to evidence these restrictions were in people's best interests.
- Some people had restrictive physical intervention documented in their care plans. It was not always clear if people had either given consent to these interventions or that these decisions had been made in people's best interests.
- Records did not always show people's capacity to make specific decisions had been assessed. Where capacity assessments were in place, these were not decision specific, nor did they demonstrate how the provider had taken all practicable steps to encourage people to make their own decisions or that people were given information in a way they might understand.
- Some people's bedroom doors were locked to manage risks posed by people going into other people's bedrooms. A key fob was required to enter but these were only used by staff, which meant some people did not have free access to their bedrooms. There were no records to evidence this restriction had been assessed as being in people's best interests.

The provider had failed to act in accordance with the requirements of the Mental Capacity Act. This placed people at risk of harm. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home had lead staff members responsible for pre-assessments before people were admitted to the home. If staff did not have the right skills to support a person safely, or their needs could not be met, admissions would not go ahead. One clinical member of staff told us, "We have refused people because we can't meet their needs, or they don't need this level of (specialist) support. They (managers) will go with what we say."
- People, their relatives and other health professionals were involved in assessments and care planning.

Staff support: induction, training, skills and experience

- Staff received an induction and worked alongside more experienced staff members to understand their roles and responsibilities. Staff told us the induction was effective and gave them the opportunity to learn about people and the care they needed to keep them well.
- A combination of mandatory and more specialised training was provided online and face to face, from a variety of sources, to equip staff with the knowledge and skills needed to carry out their roles effectively. For example, some staff recently received training in wound care and end of life care through a local hospice. The deputy manager explained, "Our aim is to put on a presentation day for the nurses and have different speakers. It will be accredited training."
- However, additional monitoring and oversight was needed to ensure staff training was effective. Our observations supported this.
- Some people could demonstrate anxiety or distress which could place themselves or others at risk. Staff had received specialist training (MAPA) to ensure they could provide the right level of support during such times. All staff spoken with confirmed physical intervention was a 'last resort' when other interventions to divert or distract people had failed.
- The registered manager planned to introduce specific questions around the use of MAPA, to identify gaps in knowledge and improve practice in this area. Questions were designed by the lead learning disability nurse responsible for staff training on physical restraint. They said, "The whole emphasis on MAPA and restraint reduction is to not use it. MAPA starts with communication - using those techniques before we even put our hands on anyone."
- Since the last inspection, observational supervisions had been introduced to monitor staff competency and practice. In response to our feedback on the use of MAPA, the registered manager introduced specific observational supervisions on this area of practice.
- We received positive feedback from relatives about staff. One relative said, "Staff seem to understand people with dementia. They go through photos of objects with [person] to prompt their memory." Another relative said, "[Person] hides things. Staff laugh and make a joke out of things, they don't get stressed or cause anxiety."

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

- We received positive feedback from relatives who told us that since moving to the home, their relatives had put on weight and looked healthier. One relative told us, "[Person] eats quite well, since being at the home [person] has put on weight. [Person] looks better and is healthier." Another relative said, "They always bring out drinks, cakes and biscuits." Another relative commented, "The food is fresh, the menu has more variety now as they have recently updated it."
- Staff understood the importance of hydration, particularly during high temperatures. People were encouraged to drink regularly and given soft fruits and jellies. However, fluid records did not always reflect this.
- People were given visual choices about the meals they wanted shortly before the meals were served.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff handovers were used to share key information about people, to ensure all staff on shift were aware and understood any changes in people's health or if there were any concerns.
- The registered manager and staff worked closely with external health professionals and agencies, in response to people's changing needs and to improve their health outcomes. One health professional said, "I feel the level of engagement with myself, and with our care homes team has increased significantly since change of management. The deputy is knowledgeable about each resident and able to fully engage and support the medication review process, proactively asking for reviews of medication when she feels it is appropriate."
- The home was supported by their G.P through weekly, virtual ward rounds. Other health professionals including opticians, community dental service and chiropodists visited the home when people could not access them directly.
- The provider followed a 'red bag policy'. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing were sent with them.

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

- Since the last inspection, signage had been implemented to make the environment more dementia friendly. However, more consideration was needed to ensure they were positioned effectively.
- On the day of our inspection, the temperature on 1 of the units was excessive because the heating had been left on despite it being a very hot day. Older adults can be especially vulnerable when temperatures are high because of their decreased capacity to adapt to changes in body temperature. The registered manager immediately addressed this when it was brought to their attention.
- There were well planned and extensive outside spaces people could enjoy. People who liked to walk, enjoyed regular opportunities to explore the garden areas with staff.



# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership did not always support the consistent delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to ensure systems were in place to assess, monitor and improve the quality and safety of the service provided, and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. This was a breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 17.

- At the last inspection, systems and processes to monitor the quality and safety of the service were not in place. At this inspection, some improvements had been made and a variety of quality assurance checks had been implemented. However, these did not always operate effectively.
- Health and safety and infection control audits were not always effective. One person's mattress had been identified as requiring replacement because there was a breach in the integrity of the cover in an audit in December 2022. Every monthly audit since then had identified the same issue, but no action had been taken.
- There was no system to monitor the use of physical intervention, and when staff had used physical intervention, this was not recorded properly. In response to our feedback, the provider implemented systems specifically to monitor the use of physical intervention, to ensure it is only ever used as a last resort and in appropriate circumstances.
- Care standards and safety were not consistently maintained. Although progress had been made and staff reported feeling more confident, improvements to quality assurance checks and monitoring were needed, to ensure all staff took responsibility and acted when standards fell short.
- The management team held monthly meetings to discuss the clinical needs of people in the home. Notes of the meetings identified the issues, but there was no record of any collective 'problem solving' and limited information about any actions taken to address the clinical need identified.
- Although the provider had a policy relating to locked bedroom doors, this policy was not followed. There were no records to evidence this decision was made in the person's best interests or recorded in care plans. The registered manager accepted this feedback and assured us that since the inspection work had begun on addressing this area of practice.

Systems were not operating effectively to assess, monitor and improve the quality and safety of the service

provided, and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. This was a continued breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They took a positive approach to the inspection findings and were committed to improving the service. Immediate actions were taken to address the areas of concern and new systems and processes implemented to help monitor and improve quality and safety in care.

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

- The management team were committed to improving people's lives at Cow Lees Care Home, to ensure they had a good quality of life. The registered manager said, "People should be safe, but happy. They need interaction, they need to have parties, they need to have fun, they need to live. Getting that message across to staff is difficult, but we will keep doing it and doing it and doing it."
- The deputy manager said, "We know in care there are certain tasks you need to do to meet people's needs, but the emphasis should be more on the individual, treating them as a person."
- The registered and deputy manager recognised the culture at the home needed to improve, and although improvements had been made, this was a work in progress. The registered manager said, "It's opened my eyes, trying to undo negative culture. We appreciate our staff. We need to re-build trust." Another staff member said, "Management are approachable now, not so in the past. It's greatly changed in the last year. It's more inclusive now. Now, if I have a problem, I can go to management and they will act on it."
- Staff spoke positively about the management team. One staff member explained, "Registered manager is lovely. In the short space of time she has been the manager, she has done a really good job. We have a head of department meeting once a month with [name of managers], we discuss if any of us have got any issues and if we have, how we are going to resolve it. We never had that before." Another staff member said, "I think the majority of staff are feeling more confident."
- One relative spoke positively about their experiences of the home because managers took time to explain the challenges of supporting a person with complex dementia care needs. Another relative commented, "The staff and nurses are fantastic."
- Various initiatives and practices had been implemented to create an inclusive culture that valued diversity. The provider had joined Stonewall which is an organisation which campaigns for equality and inclusivity for LGBTQ+ people. The registered manager said, "We're taking advice and guidance from them, so we can learn."
- Shift patterns for staff were flexible and changed to support staff with school age children, religious festivals, and staff who were fasting. One staff member said, "Every time I need to change my shift, I go to [registered manager] and she does it."
- The registered manager ensured staff had time to complete any extra responsibilities additional to their role. For example, the staff member with responsibility for MAPA training had protected hours to deliver training and review practice.

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

- At the last inspection, important events and incidents were not always notified to CQC as per regulatory requirements. Improvements had been made and notifications were submitted to us.
- Since the last inspection, the registered manager had implemented new processes to ensure that when accidents, incidents and injuries occurred at the home, documents prompted staff and management to

ensure regulatory notifications were made.

- Families were kept informed of any significant incidents or injuries involving their loved ones. One relative said, "They let us know if there are any problems, if she has a fall etc."
- We received positive feedback from relatives regarding Cow Lees Care Home. Comments included, "The staff and nurses are fantastic," and,

Continuous learning and improving care; Working in partnership with others

- Every month, areas for improvement were identified, either based on direct feedback or observations. For example, changes were made to the dining experience and activities to make them more person centred. National environmental day was celebrated, and staff were encouraged to car share or cycle to work.
- Additional plans were in place to implement themed months to improve care standards. This included communication, nutrition, staff well-being and equality and diversity.
- The provider was committed to working positively and in partnership with the local authority and clinical commissioning group, to improve care and access additional training for staff. They recently became a member of the 'Research ready care home network' with the National Institute for Health and Care Research. The registered manager said, "We've had night studies done on people to look at their medication, in partnership with universities."

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had failed to act in accordance with the requirements of the Mental Capacity Act. This placed people at risk of harm. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not operating effectively to assess, monitor and improve the quality and safety of the service provided, and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. This was a breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



