Sanctuary Care Limited

Watlington and District Nursing Home

Inspection report

Hill Road
Watlington
Oxfordshire
OX49 5AE

Tel: 01491613400
Website: www.sanctuary-care.co.uk/care-homes-oxfordshire/watlington-and-district-nursing-home

Date of inspection visit:
08 June 2016

Date of publication:
04 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 8 June 2016 and was unannounced.

The service provides accommodation for people requiring personal and nursing care. The service supports people with dementia and has a 15 bedded intermediate care unit. The service accommodates up to 60 people. The home was full at the time of our inspection.

There was a registered manager in post. 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's nutrition and hydration needs were not always met and people did not always receive food at an appropriate temperature. Where people had guidance from health care professionals relating to their dietary requirements this was not always followed.

The registered manager promoted a service that put people at the centre of all it did. The registered manager constantly strived to improve the quality of people's lives, particularly in the field of dementia care. Planned improvements were focused on the environment for people living with dementia.

There was a welcoming atmosphere created by the staff's friendliness and cheerfulness. There was a calm, relaxed atmosphere throughout the inspection. People were engaged in a variety of activities and were supported to spend their day how they chose.

Staff were extremely caring and people benefitted from meaningful relationships. People were encouraged to maintain and improve their independence by staff who understood the importance of people being in control and feeling valued.

There were enough staff to meet people's needs. The registered manager ensured that all staff were suitable to work with vulnerable people. Staff were well supported and had access to development opportunities to improve their skills and knowledge. Staff were knowledgeable about people's needs and were skilled in supporting people. Staff understood their responsibilities to report any concerns relating to abuse of vulnerable people.

People were involved in all decisions about their care and personalised care plans were in place that identified how people's needs were met. Where people were assessed as lacking capacity to make specific decisions care plans identified how people were supported in line with the principles of the Mental Capacity Act 2005. Care plans included risk assessments and where risks were identified management plans were in place.

People's nutrition and hydration needs were not always met and people did not always receive food at an appropriate temperature.

Feedback about the quality of the service was sought from people and relatives. Feedback was used to improve the service. There were residents and relatives meetings and a newsletter keeping people informed about what was happening in the service.

There were effective systems in place to monitor and improve the service. This included regular audits carried out in the home and quality audit carried out by the provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely. People were supported to receive their medicines as prescribed.

There were sufficient staff to meet people's needs. People's requests for support were responded to in a timely manner.

Staff were clear about their responsibilities to identify and report any concerns relating to the abuse of vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always receive food and drink to meet their identified nutritional needs.

Staff understood their responsibilities to support people in line with the principles of the MCA.

Staff were well supported through regular supervision and had access to development opportunities.

Is the service caring?

Good

People benefited from extremely caring staff.

There was a caring ethos that was promoted by everyone working in the home.

People were treated with dignity and their choices were respected. People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans that detailed how they wished their care needs to be met.

There was a range of activities available and people were encouraged to make suggestions for additional activities.

People knew how to make complaints and were confident to do so.

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and promoted a caring ethos.

People, relatives and staff were positive about the management in the home and the quality of care.

There were effective systems in place to monitor and improve the quality of care.

Watlington and District 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 8 June 2016 and was unannounced.

The inspection was carried out by two inspectors and a specialist advisor in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Before the inspection, the provider completed a 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 reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We sought feedback from the commissioners of the service

During the inspection we spoke with six people who used the service, five visitors to the home and one health professional. We observed care practice 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 looked at six people's care records, medicine administration records, five staff records and records relating to the general management of the service. We spoke with the regional manager, the registered manager, the deputy manager, three nurses, five care workers, the chef and the maintenance person.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I couldn't be safer" and "There is no reason not to feel safe".

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were able to tell us about the different types of abuse and the signs that might indicate abuse. Staff had a clear understanding of their responsibilities to report any concerns and were aware of the outside agencies they could report to. One member of staff said, "Safe is about being safe from abuse, addressing risk, the environment, whistleblowing and when residents are at risk. I wouldn't hesitate to raise any concerns if I thought someone was being abused".

The provider had a safeguarding policy and procedure in place. Records showed that all concerns relating to abuse or harm had been reported appropriately to the local authority safeguarding team and the Care Quality Commission (CQC). Concerns had been investigated and action taken to manage the risk related to the incident.

People's care plans contained risk assessments and included risks associated with: falls; nutrition; pain; medicines; use of bed rails and pressure damage. Where risks were identified care plans were in place to ensure risks were managed. For example, one person was assessed as at risk of pressure damage. The person's care plan identified that pressure relieving equipment was needed. We saw the person had the required equipment in place. Risk assessments were regularly reviewed to ensure the measures in place were managing the risk effectively. Another person who was identified as at risk of pressure damage required support to reposition every two to three hours. Records showed the person had been supported in line with their care plan.

People told us there were enough staff to support them. One person said, "There is always someone here to help. They answer the bell quickly and always come and help". Relatives and visitors were confident there were enough staff. Comments included; "There's always plenty of staff. Always someone to help if needed" and "There is enough staff. They always come quickly when needed".

Throughout the inspection call bells were answered quickly. People who remained in their rooms had call bells to hand. If people were assessed as unable to use a call bell, staff visited regularly to ensure they had everything they needed. All staff checked on people as they passed rooms.

The registered manager used a dependency tool to assess the required number of staff to meet people's needs. We looked at six weeks rotas and saw that staffing levels were met on all occasions.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People were supported to receive their medicines as prescribed. Staff administered medicines in a caring and supportive way. For example, one nurse knelt down by a person, touched their arm and made eye contact before explaining they had some medicine for them to take. The nurse explained the medicine was to help the person with pain and would make them more comfortable. The nurse confirmed the person wanted to take the medicine before passing it to them and offering them a drink. The nurse stayed with the person until they were sure the person had taken the medicine and checked the person was comfortable before leaving them.

All prescribed medicines were available and stored safely. Medicines were kept in locked trolleys in a locked room. Nurses responsible for the administration of medicines held the keys to the medicine trolleys. People's conditions were monitored where they were prescribed high-risk medicines, such as warfarin. This ensured they were receiving the correct dose. There were individual protocols in place for as required (PRN) medicines, including pain relief, and we observed staff asking people in a caring manner if they needed pain relief.

Clearly completed records were kept of all prescribed medicines received, administered and disposed of. The provider had a detailed medicines policy in line with current national medicines guidance which was available for staff responsible for the administration of medicines. The medicines policy was followed on the day of our inspection.

Staff had received medicines training and their competency was assessed. There were monthly medicines audits, as well as spot checks carried out by the deputy manager. This monitored the management of medicines to ensure they were safe.

There were effective systems to monitor the safety of the environment and equipment. Records were accurate, complete and up to date in relation to monitoring of water, electrical and fire systems.

Requires Improvement

Is the service effective?

Our findings

People did not always have access to food and fluids to meet their needs. People who had been assessed as requiring a specialised diet did not always receive food and drink in line with their care plan. For example, one person's care plan stated they were at high risk of choking. The guidance from the Speech and Language Therapist (SALT) stated the person required a pureed meal with 'no lumps/bits'. The guidance also advised that if the person was coughing or choking when eating or drinking, oral intake should be stopped and SALT contacted. We saw the person being supported to eat porridge that contained lumps and was not of a pureed consistency. The person was coughing. The member of staff told us it was safe for the person to have porridge at the consistency offered as the person liked it. This was not in line with the SALT guidance and there was no risk assessment identifying that the person understood the risks associated with not following the guidelines. Following the inspection the registered manager advised us that they had contacted SALT who had visited the person to reassess them.

Where people required their food and fluids monitored, records were not always completed to ensure people's food and fluid intake was monitored. For example, one person's Malnutrition Universal Screening Tool (MUST) assessment identified the person was at medium risk of weight loss. The person's skin condition care plan stated the person should drink 1.5L to 2L of fluids in 24 hours. Food and fluid intake charts were in the person's room. However the food and fluid chart had no entries from 6am when we saw it at 2.50pm. We spoke with the regional manager who ensured the person was supported with a drink immediately. The regional manager contacted all staff who had been on duty during that period, who confirmed the person had been supported to eat and drink throughout the day. We could not be sure the person had received sufficient food and drink during this period as records had not been completed.

People did not always receive food at an appropriate temperature. For example, we asked a member of staff if a person had received their breakfast. The member of staff told us, "No, I am just going to put it in there. When we (care staff) have finished getting everyone up we then help with feeding". The member of staff served a hot breakfast to the person at 10.10am. The person was not supported to eat the breakfast until 10.20am. At lunchtime meals were plated up for people who wished to eat in their room. The plates were covered and placed on two unheated trolleys at 12.15pm. The first trolley was taken out of the dining room at 12.25pm and the second trolley was taken out at 12.30pm. There was no system to check the food was at an appropriate temperature when people were supported to eat.

People who chose to eat lunch in the dining room on the ground floor did not always receive support to eat and drink in a timely manner. For example, two people who required support to eat and drink were sat to the side of the room, behind each other, for 45minutes before food was served to them and they were supported. Another person who required support to eat and drink was interrupted on several occasions as the care worker supporting the person had to attend to the needs of another person who was attempting to leave the dining room and needed encouragement to sit and eat their meal.

We spoke to the registered manager and operations manager about these issues. The registered manager told us the dining experience had been identified as an area of improvement and there were plans to look at

the environment provided in order to improve the mealtime experience for people. The registered manager said they would take immediate action to address the issues.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

Staff had received training in MCA and the Deprivation of Liberty Safeguards (DoLS). DoLS is a legal authorisation which enables people to be deprived of their liberty in the least restrictive way so that they can receive care and treatment when this is in their best interests. Staff understood the principles of MCA and how to support people in line with the principles. One member of staff told us, "MCA is about what decisions people can make. They might not have capacity for big decisions but can still make choices and decisions about care. We check if a person has a lasting power of attorney (LPA) and if not a best interest decision is made, involving people who know the person best. It's what's best for people but also what they want".

Care plans contained records of best interest decisions made where people were assessed as lacking capacity to make specific decisions. For example, one person had bed rails in place. There was a mental capacity assessment which identified the person lacked capacity to consent to the use of bed rails. A best interest process had been followed involving relevant people and the decision was made to use the bed rails.

The registered manager and deputy manager had a clear understanding of their responsibilities in relation to MCA and DoLS. DoLS applications had been made to the supervisory body where an assessment had identified the person lacked capacity to consent to the deprivation. The registered manager and deputy kept DoLS under review to ensure that people were being supported in the least restrictive way.

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included: Moving and handling, safeguarding, pressure care, end of life care and dementia care. New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. One member of the care team told us. "I support staff through induction. I make sure they are competent against the care standards". Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. One nurse said, "Training is very good. I have been on leadership training. I learn on every course, always learning. There are lots of opportunities here". Another nurse told us they were completing a 'dementia specialist course'. The registered manager had arranged for the nurse to move to the area of the home supporting people living with dementia in order to support the nurse's learning.

Staff felt well supported by the management and nursing team. Staff had regular supervision and told us it was an opportunity to discuss any concerns and development needs. The deputy manager told us staff had at least six supervisions each year as per the provider's supervision policy. If staff needed additional support then supervision would take place more frequently. For example, one member of staff had difficulties with some of their responsibilities. Records showed the member of staff had regular supervisions and mentoring sessions to support improvement.

People had access to health professionals when required. People's care plans showed people had been supported to see G.P, SALT, physiotherapist and care home support service (CHSS). A visiting health professional told us nursing staff were proactive in contacting them when needed. People in the intermediate care unit had regular contact with physiotherapists and occupational therapists as part of their planned rehabilitation programme.

There were two units that supported people living with dementia. This area of the home allowed people to walk freely around with no restrictions and included free access to an outside area. There were visual prompts to aid people identifying specific areas. For example, toilets and bathrooms. People had memory boxes outside their rooms with objects and photographs that were important to people. There was a light Orangery, which provided a bright area throughout the day. The registered manager told us this had been built in recognition of the impact of 'sundown' on people living with dementia. People with Alzheimer's and dementia may have problems sleeping or increases in behavioural problems that begin at dusk (known as sundowning).

Good

Is the service caring?

Our findings

People told us staff were exceptionally caring. Comments included: "Carers (staff) are very, very caring. Night and day carers are wonderful. Nothing is too much trouble"; "We get excellent care here"; "They (staff) are always so pleasant and cheerful no matter how many people they have to look after and how busy they are" and "They (staff) are very kind".

Relatives and visitors were equally positive about the caring ethos of the home and the kindness shown to people. Comments included: "Staff are very caring. It's absolutely wonderful"; "They all seem very caring, always talk to him very nicely"; "They (staff) are comforting, kind and tactile. They will always go the extra mile" and "All the staff without exception, are here because they want to do the job. They have a passion within them".

A visiting health professional was complimentary about the staff. They told us, "The carers (staff) are very good with people, especially in the dementia unit. They look after them really well, they really can't do any better".

The Management and staff were clear that the home was run for the people living there. They understood the importance of supporting people to live the lives they wanted to live. Care staff told us: "I love my job. We have lovely residents. I always remember that it is their home and I have no right to be in there unless they let me"; "I'm very happy in my job. I respect people and try to be on their side. We do person centred care here. People are all individuals" and "We have to treat the whole person. We are very person-centred".

The registered manager had received 49 compliments in the six months prior to our inspection. The compliments included: "The staff are wonderfully caring and friendly"; "I cannot thank you enough for the care and dedication the team showed in caring for [person]"; "Continually impressed and amazed with the quality of care" and "Constant kindness, patience, good humour and respect. [Person] only settled due to the specialist care".

People benefitted from meaningful relationships with staff. One relative told us, "[Person] settled so well and made personal attachments. Really developed relationships". Staff we spoke with had worked at the home for several years and knew people well. One member of staff told us, "I know some of the residents from when I worked in a local shop. It's lovely to be able to talk about the local area with them and reminisce".

Throughout the day relatives and friends visited and were warmly welcomed by staff. People enjoyed these visits in communal areas or in the privacy of their own rooms if they wished. Visitors told us they were always welcome. One relative said, "I drop in whenever I want and I am always welcomed". Two visitors who frequently visited friends in the home said, "We have a lovely greeting as soon as we come in. They are so friendly, everyone speaks. There's lots of space and we can visit in private if needed".

We saw many kind and caring interactions. Staff spoke with people in a compassionate and respectful

manner. For example, one care worker was supporting a person into the dining room. The member of staff chatted with the person, encouraging them to choose a place to sit. There was music playing, the member of staff asked the person if they liked the music. The interaction was warm and attentive. It was clear the member of staff knew the person well and wanted to ensure the person was able to make choices and that those choices were respected.

Staff promoted a caring culture. Staff spoke to each other in a supportive and respectful manner. When speaking about people it was clear staff had a caring approach and always considered what people wanted. For example, a member of staff was delivering meals to people in their rooms. One person who usually ate in their room told the member of staff they did not want to eat in their room as they were feeling lonely. The member of staff asked the person if they would like to eat in the dining room. The person was then supported to the dining room where staff members in the dining room quickly made room for the person to sit with others. The member of staff explained in a compassionate way why the person wished to eat in the dining room.

Staff clearly understood the importance of promoting choice to empower people. One care worker said, "A new carer on induction asked me why I ask if they [person] want sugar when I've known them for ten years. I explained it is polite and it empowers them; makes them feel in control".

One unit of the home had intermediate care beds. Intermediate care provides support and rehabilitation for people who no longer require an acute hospital setting but are not ready to return home. People living in this unit were extremely complimentary about the care and support they received. They told us staff promoted their independence to help them return to their own homes. One person told us, "They have done all they can to get me home. I've done exercises. I had to be hoisted with two staff when I arrived. Now I can walk on my own. I'm going home next week".

Throughout the visit people were encouraged to be as independent as possible. One person told us, "I'm very independent. They let me do whatever I can but with help whenever I ask".

People told us they were treated with dignity and respect. Comments included; "They (staff) are always so polite and ask if I mind if they do something. They help me have a shower and are very discreet. They keep me covered" and "They are very respectful. I'm very private and they allow me my privacy".

People were involved in developing their care plans and determined how they wished their care needs to be met. One person told us, "I haven't seen my care plan but I'm not fussed. They do everything I want and talk to me about everything".

The home supported people at the end of their life. There were many thank-you cards from relatives thanking staff for caring for loved ones during their last days. One relative visiting the home bought gifts and cards to thank the management and staff for the care they provided at the end of a person's life. The relative told us, "Staff were extremely supportive but not intrusive. [Person] was made comfortable and kept pain free. They didn't just look after [person], they supported me and the rest of the family".

Good

Is the service responsive?

Our findings

People were assessed prior to moving to the home and assessments were used to develop personalised care plans.

Care plans included detailed information relating to people's life histories, what and who was important to them, their likes and dislikes. Life histories were divided into sections with headings: younger years; young adulthood; middle age and later years. The information enabled staff to know about people's pasts and tailor people's care to meet their specific needs. One member of staff told us, "The life histories are good and detailed. We can talk to people about what they liked and make sure we tell them if there is an activity they would like".

Care plans detailed what was important to people and care staff knew people well. For example, one person's care plan stated, 'Meticulous about personal hygiene. Apply make up and lipstick'. We saw the person was dressed smartly; in clean coordinated clothes and was wearing jewellery and make up. During the inspection several members of staff commented on how smart the person looked which clearly pleased the person.

There were accurate, detailed records relating to health conditions and on-going treatment plans. For example, one person was admitted with a leg wound that had become infected. There was a wound care plan in place with regular photographs to monitor the condition of the wound. The latest photograph showed the wound had almost healed. Care plans were reviewed monthly to ensure information was kept up to date.

People were supported to spend their day as they chose. They were encouraged and supported to participate in activities that interested them. The home employed two activity coordinators who organised a range of activities which included trips out and community involvement in the home. One person told us, "There's lots going on. I do the mornings, but opt out in the afternoon. We can make suggestions if we want to do anything".

On the morning of our visit people were supported to attend a 'drop-in' coffee morning in the local village. One person who had recently moved into the home was encouraged to attend the coffee morning. When the person agreed to go, it was clear from the reaction of staff and the deputy manager that they were delighted the person was having a trip out of the home. One member of staff told us the person had been anxious since moving into the home and it was a "Huge step" for the person to go out. When people returned from the coffee morning they had clearly enjoyed themselves. Staff welcomed them back with smiles and chatted to them about their morning out.

During the afternoon volunteers from the community visited and supported the home's gardening club. People who attended enjoyed the company. We heard laughter and many lively conversations as they enjoyed the garden and refreshments.

There was an activity programme displayed throughout the home. The programme included a weekly church service and visits from a 'pets as therapy' dog. The home also hosted a monthly 'Songs of Praise' and the activity coordinator was planning a trip to Kew gardens. There had been a recent 'cocktail' afternoon. This had clearly been a success as people and visitors were still talking about the event. We saw photographs of people enjoying a range of activities.

There was a complaints policy and procedure displayed in the home. No-one we spoke with had made a complaint but told us they would raise any concerns with the registered manager and were confident they would be addressed promptly. One relative told us, "It's all good. No complaints. The manager checks all is going well". Another said, "There is a complaints leaflet. I would say if there were concerns and I have every confidence that things would be sorted quickly and without a fuss".

There was one recorded complaint which had been responded to in line with the organisations complaints policy. The registered manager had taken exceptional steps to ensure the person making the complaint was satisfied with the outcome.

Good

Is the service well-led?

Our findings

People and their relatives were complimentary about the management of the service and in particular the registered manager. Comments included: "It's run like a tight ship. It's definitely well led"; "It's very well managed"; "I know the manager, she checks all is going well"; "They met and exceeded [person] needs" and "Very good management. Whatever we asked for they did it".

A visiting health professional was positive about the management and the quality of care. They said, "There is competent management here. [Registered manager] is very organised and diplomatic. I have a good relationship with the manager. [The deputy manager] is a nurse so understands clinical issues".

Staff felt well supported and were positive about the management. Staff comments included: "The manager is very fair. I've never had any problems, [registered manager] is very approachable"; "We are definitely well supported. We have good teamwork"; "[Registered manager], I can go to her if I have any problem. I can explain to her, she is very supportive"; "[Registered Manager] is very supportive. The home is well-led. It's a good place to work and we have a good team" and "It is a very rewarding job. It is a good place to work and we are well supported by [registered manager]".

The registered manager was constantly looking for ways to improve. The registered manager and deputy had completed a 'master class' in dementia care. This had resulted in the manager reviewing the environment for people living with dementia. A light and airy conservatory (Orangery) had been built to provide a bright environment for people living with dementia. The registered manager told us they were now reviewing the dining areas and bathrooms to improve those environments.

The registered manager promoted an inclusive ethos that celebrated achievements made. For example, the home had celebrated their tenth anniversary with the opening of the Orangery. This was reported in the local newspaper and showed a person who had lived at the home since it opened cutting the ribbon to open the new area of the home.

Staff were valued and their caring approach to people was celebrated. For example, one member of staff had been a finalist in national care awards. At a staff meeting the member of staff was presented with a gift to celebrate their achievement. Another example was the development of videos, showing care staff speaking about their role at Watlington and District Care Home. These were available on the internet and promoted the caring ethos of the management and staff.

People and their relatives were encouraged to feedback about the quality of the service. There were regular meetings and an annual survey was sent out to gain people's views. A survey had recently been sent out. Feedback was used to make improvements. For example, changes had been made to the garden to make it more accessible for people following feedback.

There were systems in place to monitor the quality of the service. Audits were carried out and included audits of: risk assessments; medicines; equipment and people's weights. The provider carried out a six

monthly 'Quality and Compliance audit' that identified what the service was doing well and where improvements were needed. We saw that where issues had been identified action had been taken to improve. For example, the December 2015 audit identified that a newsletter would improve communications with people and their relatives. We saw that a newsletter had been produced and distributed to people.

The six monthly audit was monitored monthly by the registered manager and regional manager. This was to ensure the quality was maintained and improved. The December audit had identified that mealtimes could be improved. The registered manager told us they were monitoring the dining experience for people and looking at ways to improve. The registered manager told us they would take immediate action to address the areas of concern and we had confidence that issues would be addressed in a timely manner.

Accidents and incidents were recorded and identified actions taken to minimise the risk of further occurrences. There were systems in place to monitor trends and patterns relating to accidents and incidents. For example, the registered manager had identified that people were experiencing falls at a specific time of day. The registered manager had increased staff levels at this time and this had resulted in a reduction in the number of falls.

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 Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider did not ensure that people's nutritional and hydration needs were met. 14 (1) (2) (a) (b) 4 (a) (d).