

Mr & Mrs A J Gidman

Heathfield Lodge

Inspection report

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Date of inspection visit:
23 October 2017

Date of publication:
23 November 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At the last inspection we found breaches of regulation and made recommendations to improve practice. The service was rated as Requires Improvement and submitted an action plan which detailed how the necessary improvements would be made.

This unannounced inspection was conducted on 23 October 2017.

Heathfield Lodge care home provides accommodation and personal care for up to 26 older people. It is a large Victorian property with accommodation located over three floors. The upper floors are accessible via a passenger lift. There are two dining areas on the ground floor and a large lounge. A garden area is located at the rear of the building and parking at the front. At the time of the inspection 23 people were living at the service.

A registered manager was 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.

During the last inspection we found that people's medication was not always stored and administered in accordance with good practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained. We saw that stock levels were not always accurate, some signatures were missing from administration records, PRN (as required medicines) protocols were missing and the temperatures of the room and refrigerator where medicines were stored were not monitored and recorded.

You can see what action we told the provider to take at the back of the full version of this report.

During the last inspection we saw that some fire doors were propped open with chairs while others did not fully close. As part of this inspection we checked to see if the necessary improvements had been made and sustained. We found that some bedroom doors did not have an automatic closure device fitted while other did not close fully. We also saw one bedroom door that was kept open by a footstool. This meant that they would not provide sufficient protection in the event of a fire. Evacuation equipment was insufficient to safely evacuate the building. Some personal emergency evacuation plans (PEEP's) did not contain sufficient information to inform staff or emergency services of people's requirements during an evacuation.

You can see what action we told the provider to take at the back of the full version of this report.

The ratings from the previous inspection were not displayed as required.

You can see what action we told the provider to take at the back of the full version of this report.

We saw evidence that the registered manager and provider conducted regular audits. However, the processes had failed to identify issues picked-up during the inspection. The majority of these issues were identified at the previous inspection and satisfactory improvements had not been made or sustained to keep people safe.

You can see what action we told the provider to take at the back of the full version of this report.

Essential safety checks, for example, gas safety and electrical safety were completed in accordance with the relevant schedule by suitably qualified external contractors. There was no evidence that water systems had been flushed or recently tested to reduce risk.

We made a recommendation regarding this.

The provider had not always submitted notifications to the Commission as required.

We made a recommendation regarding this.

At the last inspection we highlighted that evidence of people's involvement in reviews of care plans was weak. As part of this inspection we looked at care records to see if practice had improved. We saw that some care records did not contain personalised information. For example, about people's life histories and their likes and dislikes.

We made a recommendation regarding this.

There was a risk that two care staff would be unable to support people to effectively evacuate the building in the event of an emergency at night. The registered manager subsequently confirmed that an additional carer had been deployed at night.

Staff were able to explain how they helped keep people safe and made appropriate reference to training, monitoring and safeguarding procedures. The training records showed that all staff had received recent training in adult safeguarding. Staff knew how to recognise abuse and discrimination.

We saw evidence in care records that risk was assessed and regularly reviewed for each person living at the home. Risk was assessed in relation to; nutrition, falls, fire and pressure care. The service provided evidence of clear recording of all incidents/accidents and safeguarding concerns. However, it was identified during the inspection that records had not been recently reviewed.

Staff were trained in a range of subjects which were relevant to the needs of people living at the service including; infection control, administration of medicines and safeguarding adults. However, the records relating to staff induction remained inconsistent.

Some supervisions had not taken place as scheduled. The registered manager assured us that the supervision schedule would be brought up to date as a priority.

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.

The service was operating in accordance with the principles of the Mental Capacity Act 2005 (MCA).

For the majority of the time we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. On two occasions during the inspection we saw that there were no care staff available to observe people or provide care.

Relatives told us that they were free to visit at any time and always made to feel welcome.

The majority of the people that we spoke with enjoyed the activities on offer. A schedule of weekly activities was displayed in the reception area.

The home had an extensive set of policies and procedures. Policies included; adult safeguarding, MCA and person-centred care. Policies were detailed and offered staff guidance regarding expectations, standards and important information. However, it was not clear when some policies were last reviewed.

People spoke positively about the registered manager and the quality of communication. Staff understood what was expected of them. They told us that they enjoyed their jobs and were motivated to provide good quality care.

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.

Some fire doors did not fully close meaning they would be less effective in the event of a fire.

Medicines were not always administered and recorded in accordance with best-practice guidelines.

Water systems were not subject to regular maintenance and testing to reduce the risk of infection.

People told us that they felt safe. Staff understood safeguarding procedures and what to do if they identified any concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Records relating to staff induction did not provide evidence that their competency had been assessed.

Some staff had not received supervision for an extended period.

People were provided with a balanced diet and had ready access to food and drinks.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People were left without direct access to care staff on more than one occasion during the inspection.

People's privacy and dignity were protected by the manner in which care was delivered.

People were involved in decisions about their care and were supported to be as independent as possible.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People living at the service and their relatives were not consistently involved in the planning and review of care.

Care records did not always contain sufficient person-centred information for staff to understand individual preferences.

The service had a varied programme of activities which were reviewed in conjunction with people living at the home.

Is the service well-led?

The service was not always well-led.

The provider had systems in place to monitor safety and quality however some issues and concerns relating to safety and the quality of care plans had not been identified.

The provider had failed to complete actions agreed following the previous inspection.

People spoke positively about the influence of the registered manager and the quality of communication.

Requires Improvement 

Heathfield Lodge

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 23 October 2017 and was unannounced.

The inspection was conducted by two adult social care inspectors.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including five care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with four people living at the home and two relatives. We also spoke with the registered manager, a senior carer, the cook and two care staff.

Is the service safe?

Our findings

People living at Heathfield and their relatives told us that they felt safe. Comments included, "I've no concerns", "Sometimes there's more staff than others, but [relative] has never been kept waiting" and "You don't have to worry about me, I'm safe here."

During the last inspection we found that people's medication was not always stored and administered in accordance with good practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained. The majority of medicines were provided by a local pharmacy using a recognised blister-pack system. Other medicines were provided in boxed form. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. In most cases stock levels were accurate and the MAR sheet completed correctly. However, one MAR sheet indicated a stock balance was not accurate while another indicated that a medicine had been administered and not signed for. We spoke with a senior carer about this, but we could not find an explanation for the discrepancies.

During the last inspection we found that PRN (as required) medicines were not always supported by guidance to ensure that they were administered safely. PRN medicines are those which are only administered when needed for example for pain relief. As part of this inspection we checked to see if the necessary improvements had been made and sustained. The service did not always have protocols in place to instruct staff under which circumstances PRN medicines should be administered. This meant that people who were unable to communicate their need for PRN medicines might not receive them in a timely, effective manner. The registered manager subsequently confirmed that the necessary protocols had been completed.

The temperature of the room and the refrigerator where medicines were stored was not monitored and recorded in accordance with best-practice. Some medicines are affected by excessive temperatures and may not work correctly when administered. There was no indication that the temperatures had been excessive at any point and the thermometer on the refrigerator was indicating a safe temperature. The registered manager subsequently confirmed that they had briefed staff and introduced a recording system within 24 hours.

The provider had failed to make the necessary improvements to ensure that medicines were administered safely.

Controlled drugs were stored, administered and recorded safely. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

One person currently living at the home required a covert medicine. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. The decision to administer the medicine covertly was properly recorded and supported by the person's GP in their best-interest.

A full audit of medicines and records was completed monthly. However, none of the issues identified during the inspection had been picked-up during these audits.

During the last inspection we saw that some fire doors were propped open with chairs while others did not fully close. As part of this inspection we checked to see if the necessary improvements had been made and sustained. We found that some bedroom doors did not have an automatic closure device fitted while other did not close fully. We also saw one bedroom door that was kept open by a footstool. This meant that they would not provide sufficient protection in the event of a fire. We spoke with the registered manager about the findings. They confirmed that a contractor would be instructed to make the necessary repairs and adjustments to the doors as a priority. The registered manager subsequently confirmed that the necessary repairs and adjustments had been completed.

Since the last inspection the home had provided emergency equipment for people to get down the stairs (ski sledges). However, Heathfield Lodge is a service with stairs on both sides of the building. Equipment had only been provided for one side therefore placing people on the opposite side at risk. The registered manager subsequently confirmed that an additional piece of equipment had been purchased for the other staircase.

Each care plan contained a Personal Emergency Evacuation Plan (PEEP) for use in the event of any major incidents/emergencies. However from the files viewed they did not specify mobility support required for each resident. For example, one person required the use of a walking frame. However this was not reflected within the PEEP therefore providing no guidance for staff or emergency services. The registered manager subsequently provided an assurance that the relevant detail was included in another version of the PEEP which was available to the emergency services.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection the service was in breach of regulation because the temperature of hot water at some outlets was excessive placing some people at risk. As part of this inspection we checked the temperature of hot water at three different outlets and spoke with the registered manager. The registered manager told us that the temperature had been reduced at source (the main boiler) and that daily checks were completed. We saw evidence of the checks which showed that the supply of hot water had been maintained at safe temperatures. Our manual testing of the hot water confirmed this. The provider was no longer in breach of regulation.

Essential safety checks, for example, gas safety and electrical safety were completed in accordance with the relevant schedule by suitably qualified external contractors. The service also completed its own checks. For example, emergency lighting and fire alarms. Water testing for legionella and other sources of infection was completed in September 2016. There was no evidence that water systems had been flushed to reduce risk or re-tested since this date. Water systems in older buildings are more prone to develop legionella and should be regularly flushed and tested to reduce risk.

We recommend that the service reviews its practice for the maintenance and testing of water systems to ensure that the risk to people is minimised.

Staffing numbers were adequate to meet the needs of people living at the service during the day. A minimum of three care staff were deployed on each daytime shift and supported by the registered manager. This reduced to two staff overnight. Additional staff included a cook, a domestic and a maintenance person.

The provider based staffing allocation on the completion of an initial assessment of needs.

At the last inspection we made a recommendation because we were concerned about staffing levels at night. We were told that additional support was available from the owners in the event of an emergency. We were told during this inspection that the owners were not currently able to provide any support should it be required. There was a risk that two care staff would be unable to support people to effectively evacuate the building in the event of an emergency at night. The registered manager subsequently confirmed that an additional carer had been deployed at night.

At the last inspection there was no system in place to establish if the Disclosure and Barring Service (DBS) status of staff had changed since the original application. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. Some the checks were in excess of 10 years old. Following the last inspection we made a recommendation because the service could not be certain that its staff were not barred from working with vulnerable adults. As part of this inspection we checked to see if the necessary improvements to processes had been made and sustained. Staff were recruited following a robust procedure. Staff records contained a minimum of two references, photographic identification, an application form and an induction checklist. There were DBS numbers and proof of identification on each file.

Staff were able to explain how they helped keep people safe and made appropriate reference to training, monitoring and safeguarding procedures. The training records showed that all staff had received recent training in adult safeguarding. Staff knew how to recognise abuse and discrimination.

We saw evidence in care records that risk was assessed and regularly reviewed for each person living at the home. Risk was assessed in relation to; nutrition, falls, fire and pressure care. The service provided evidence of clear recording of all incidents/accidents and safeguarding concerns. However, it was identified during the inspection that records had not been recently reviewed. This meant that patterns or trends which may have reduced risk had not been identified. For example one person had suffered repeated falls over a short period of time. It was unclear whether appropriate action had been taken to reduce the risk through an amendment to the care plan or a referral to a falls specialist.

Is the service effective?

Our findings

People told us that they felt the staff were competent to deliver their care. The staff that we spoke with were very positive about the training that they received and told us that they felt well-equipped to meet people's needs. Comments included, "[Training] we get loads. We go through everything. It's done by proper companies" and "[The training] is excellent. The staff are great."

Staff were trained in a range of subjects which were relevant to the needs of people living at the service including; infection control, administration of medicines and safeguarding adults. Training was primarily facilitated by external, specialist providers. We saw evidence of training in staff records which indicated that the majority of training was up to date or had been arranged. New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires new staff to be trained, observed and their competency assessed within 12 weeks of starting. However, the records relating to staff induction remained inconsistent. This meant that the provider could not be certain that new staff had the right skills and training to provide safe, effective care.

Staff told us that they received regular supervision and appraisal from the registered manager. We saw evidence that these meetings had taken place and that important information had been shared. However, the registered manager had been unavailable for a period during 2017 and the task had not been delegated. This meant that some supervisions had not taken place as scheduled. The registered manager assured us that the supervision schedule would be brought up to date as a priority.

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 records that we saw demonstrated that the home was operating in accordance with the principles of the MCA. We saw evidence that people's capacity to consent to care had been assessed as part of the care-planning process. Some people had indicated their consent to care by signing care plans. The provider had applied for a DoLS for one person, but the process was awaiting review by the local authority. Following discussions with the registered manager other people's DoLS status was reviewed due to deteriorating health and changing needs.

Meals were served in a well presented dining room or in people's rooms if they preferred. Tables were laid out with matching crockery and cutlery. The food was well presented and nutritionally balanced. People spoke positively about the food and the choice that was offered. The home operated a three week rolling

menu with a choice for each course. People were asked each day about their preference by the cook or a member of the care staff. Each of the people that we spoke with confirmed that they could ask for an alternative. People told us that they were offered plenty of drinks throughout the day. We saw people being offered hot and cold drinks with their meals and throughout the course of the inspection.

People's preferences, allergies and health needs were recorded and used in the preparation of meals, snacks and drinks. A family member said that when their relative first moved to Heathfield Lodge they liked a particular food for breakfast every day. At first they bought this product themselves, but the home started to buy this for them and had continued to do so. We saw that instructions for the preparation of meals and drinks made reference to people's preferences. For example, one person liked jam and Horlicks before bed. However, we identified from care records and discussions with staff that this person was diabetic. When we checked stocks in the kitchen there was no diabetic jam, but there was marmalade. The chef confirmed that people did not like the diabetic jam and it was no longer purchased. We asked the registered manager to amend the care plan to reflect that diabetic jam was no longer an option.

The people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. Some people had identified a named relative to communicate with. We asked people if they could see healthcare professionals when necessary. Each person said that they regularly saw healthcare professionals and attended appointments with the support of relatives and staff. We saw evidence of this in care records. One person told us how their eyesight had been deteriorating and went on to explain how staff had organised visits from an optician. In another example, a referral had been made to a specialist falls team.

Is the service caring?

Our findings

People spoke positively about the staff and their approach to the provision of care. One person living at the home told us, "1000% the staff are wonderful, this is my home and I would be lost without it." Other people said, "The staff are lovely and they speak nicely to me" and "I made it clear I wanted to keep my dignity and they have respected my wishes." Family members were equally positive about the staff and their approach to care. Comments included, "Staff speak to [relative] nicely. They treat [relative] with respect. I've no complaints" and "[relative] is made to feel at home. The staff are kind to [relative]."

We saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests. We saw that staff had time to speak with people as well as completing their care tasks. However, one person was showing signs of anxiety throughout the inspection and was persistently calling out to staff from their room. While staff attended each time it was clear from the tone of some conversations that staff were feeling pressured and concerned that other duties were being neglected. We spoke with the registered manager about this who told us that this was a recent behaviour and that a re-assessment had been requested.

On two occasions during the inspection we saw that there were no care staff available to observe people or provide care. On the first occasion this was because all three care staff had taken a lunch break at the same time. On the second occasion, two staff were providing personal care and the other had left the floor and gone to the kitchen. This indicated that the provision of care was sometimes task-led and did not fully accommodate the needs and preferences of people living at Heathfield Lodge. We discussed this with the registered manager who confirmed that staff were aware of the need not to leave people unattended. They in-turn spoke with the staff team to ensure that staff were available to provide care at all times.

Staff demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. For example, when we asked staff which people would be most comfortable speaking with us, they were able to explain who would enjoy speaking to us most and what their level of understanding was likely to be.

People's privacy and dignity were respected throughout the inspection. Care records were stored securely and staff were sensitive to the need for discretion when discussing confidential information. We saw that staff were attentive to people's needs regarding personal care. People living at the home had access to their own room with washing facilities for the provision of personal care if required. The home also had shared bathing and showering facilities. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity and choice in the provision of care. One member of staff told us, "[If it is safe] we leave people alone in the toilet where possible. We wait outside until they call us." One person living at Heathfield Lodge told us that they could provide most of their own personal care but due to mobility issues required some support. They said that staff treated them with dignity whilst assisting with bathing and was never made to feel uncomfortable.

We spoke with two relatives during the inspection. They told us that they were free to visit at any time and always made to feel welcome. People living at the home confirmed that this was the case. Relatives made use of the communal areas, but could also access people's bedrooms for greater privacy.

The home had information about independent advocacy services. We were told that one person was using advocacy services at the time of the inspection. We saw from care records that other people were able to advocate for themselves or had nominated a family member to act on their behalf.

Is the service responsive?

Our findings

People told us that staff knew them well and respected their choices and preferences. One person said, "I like to go to bed at 6.30pm and staff let me do this, I could stay in bed all day if I wanted to they also let me get up when I want to." A relative told us, "The entertainment's good. I've filled in my questionnaire recently and I talk about [relative's] care with the manager."

At the last inspection we highlighted that evidence of people's involvement in reviews of care plans was weak. As part of this inspection we looked at care records to see if practice had improved. We also asked people and their relatives if they had been involved in their care planning and reviewing care needs. We saw limited evidence that people were involved in reviews in care records. However, most of the people that we spoke with confirmed that they were asked about their care needs on a regular basis. We always saw that some care records did not contain sufficient personalised information. For example, information relating to some people's life histories and their likes and dislikes was brief. This meant the service could not be certain that care plans accurately reflected people's current needs and preferences and made it more difficult for new staff to get to know people.

We recommend that the service reviews its approach to care planning and review to ensure that people's individual needs and preferences are fully recorded and up to date.

People's rooms were filled with personal items and family photographs. We saw from care records that some people's personal histories and preferences were recorded. When we spoke with staff it was clear that they knew people well. We saw that staff used personal knowledge in conversations with people. For example, one member of staff talked about a person's relationship with another person living at Heathfield Lodge, while another was able to tell us about the job that a person had before they came to the service.

With the exceptions when staff were not available, we observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their personal care. None of the people that we spoke with expressed concern about their choice of carers.

The majority of the people that we spoke with enjoyed the activities on offer. A schedule of weekly activities was displayed in the reception area. We saw a record of group activities which included; guest entertainers, exercise sessions, music, films and quizzes. The records contained a basic evaluation of previous activities. Staff were honest about the difficulty they had in motivating some people to join-in the activities. People were also supported on an individual basis. For example, one person enjoyed helping in the dining room at mealtimes.

Information regarding compliments and complaints was displayed with a suggestion box. The people that we spoke with said that they knew what to do if they wanted to make a complaint. One person told us, "I have never felt I needed to make any complaints but if I did I would speak to the manager." There were a small number of complaints recorded in the previous 12 months. Each one detailed what action had been

taken in response. The service sought people's views through the distribution of questionnaires. While there was no negative feedback received there was no evidence of analysis or action taken as a result of suggestions for improvement.

Is the service well-led?

Our findings

A registered manager was in post and supported the inspectors during the inspection process.

The ratings from the previous inspection were not displayed as required. We raised this with the registered manager who was not aware of the requirement. They displayed a full copy of the previous inspection report including the ratings within 30 minutes. The provider did not have a website to display ratings therefore this was not considered as part of the inspection process.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager dealt with the questions and issues arising out of the inspection process openly and honestly. They were able to provide the majority of information and evidence on request and responded in an effective and timely manner when concerns were identified. We saw evidence that the registered manager and provider conducted regular audits. However, the processes had failed to identify issues picked-up during the inspection. For example, in relation to medicine's management, fire doors and care plans. The majority of these issues were identified at the previous inspection and satisfactory improvements had not been made or sustained to keep people safe.

Following the previous inspection, the provider produced an action plan which detailed a schedule for improvement in relation to the management of water temperatures and the auditing of medicine's administration. The temperature control valves (TCV) to control access to hot water were scheduled to be completed by March 2017. At the time of this inspection no TCV's had been fitted. The revised audit process for medicines had not been effective in identifying errors. For example, missed signatures and stock errors.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate. Records relating to the provision of care and staffing were extensive and sufficiently detailed. However, we saw a record of an accident which required a notification to the Commission. The accident occurred on 18 October 2017 and was highlighted by an inspector during the inspection on 23 October 2017. The registered manager was unsure if the incident required the submission of a notification and did not confirm that a notification would be made until prompted by the inspectors. This meant that a serious injury may not have been notified to the Commission as required.

We recommend that the provider reviews its systems for the submission of notifications to ensure that they are submitted without delay in accordance with regulatory requirements.

The home had an extensive set of policies and procedures. Policies included; adult safeguarding, MCA and

person-centred care. Policies were detailed and offered staff guidance regarding expectations, standards and important information. However, it was not clear when some policies were last reviewed. This meant that the provider could not be certain that they reflected current requirements and best-practice approaches.

People spoke positively about the registered manager and the quality of communication. One relative said, "There's good communication." While a member of staff said, "I get kept informed and we have good notes and hand-overs. We also have staff and resident meetings."

Staff understood what was expected of them. They told us that they enjoyed their jobs and were motivated to provide good quality care. One member of staff said, "I love my job. I love coming to work."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from the risk of unsafe administration of medicines because storage temperatures were not recorded, stock levels were inaccurate and some records were unsigned.</p> <p>People were not protected from the risk of fire because doors were not properly maintained.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively assess, monitor and improve the quality and safety of the service because audit processes had been ineffective.</p> <p>The provider had failed to adhere to the action plan provide following the previous inspection without explanation.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The ratings from the previous inspection were not displayed as required.</p>

