Purelake Healthcare Limited

# North Lodge Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service
North Lodge Care Home is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 21 people.

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

Risks to people were not always assessed to help ensure they were safely managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the registered manager had not always submitted applications where needed to deprive people of their liberty under the deprivation of liberty safeguards (DoLS). This meant some people's freedoms were restricted without lawful authority.

Staff received support in their roles through an induction, training and supervision. However, improvement was required to ensure staff received refresher training in areas relevant to people's needs, in line with the provider's training requirements. Improvement was also required to ensure the provider's quality assurance systems were robust in identifying issues and driving service improvements.

We have made a recommendation about using nationally recognised assessment tools when assessing people's needs.

People told us they felt safe living at the home. They were protected from the risk of abuse because staff knew to follow the provider's safeguarding and whistle blowing procedures, should the need to do so. There were enough staff working on each shift to meet people's needs. The provider followed safe recruitment practices. Staff were aware of the action to take to reduce the risk of infection. They knew to report and record the details of any accidents or incidents which occurred at the home. The registered manager reviewed accident and incident information for learning and to reduce the risk of repeat occurrence.

Medicines were safely stored, administered and administration was accurately recorded. People had access to a range of healthcare services when needed and staff worked to ensure people received consistent and effective support when moving between different services. People were supported to maintain a balanced diet. The home had been adapted to meet people's needs.

Staff treated people with kindness and compassion. People were involved in making decisions about the support they received. Staff treated people with dignity and respected their privacy. People had care plans in place which reflected their individual needs and preferences. They were supported to take part in activities which they enjoyed and to maintain the relationships that were important to them.

People and staff spoke positively about the working culture and management of the service. The registered

manager sought people's views on the service through regular meetings and an annual survey. They sought to make improvements based on people's feedback. The provider had a complaints procedure in place and people told us they knew how to complain. The expressed confidence that any issues they raised would be addressed to their satisfaction.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 13 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the failure to comprehensively assess and manage areas of risk to people and the failure to ensure lawful authorisation had been given to deprive people of their liberty under DoLS, where this was in their best interests.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

# North Lodge 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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type
North Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people living at the home to gain their views on the service they received. We also spoke

with the registered manager for the home and the nominated individual, as well three care staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time observing the support people received from staff. We reviewed three people's care plans, three staff recruitment records and records relating to the management of the home including medicine administration records, staff training and supervision information and audits carried out by senior staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

● Risks to people had not always been assessed to ensure their safe management. One person was cared for in a bed which had bed rails. While the risk of the person falling from bed had been assessed, no assessment had been conducted to ensure the bed rails were safe to use. We noted that bed rail covers were not attached to rails which increased the risk of the person trapping an arm or a leg between the rails, potentially causing them injury.

● Another person's nutrition care plan stated that they were awaiting a visit from a speech and language therapist (SALT) and were to be given a pureed diet as an interim measure, because they were at risk of choking. However, records held by the kitchen staff identified the person as requiring a soft diet, rather than pureed. We also found information indicating that a SALT had contacted the home but cancelled their intended visit because staff told them the person was eating normally. This meant there was a risk that the person was not being supported to eat safely because the risk of choking had not been assessed by an appropriate healthcare professional.

● Risks regarding the safety of the environment had also not always been assessed. For example, whilst routine checks were carried out for the presence of legionella bacteria in the home's water system, a comprehensive legionella risk assessment had not carried out to ensure the risk of legionella bacteria growth was minimised.

Risks were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other areas of risk were managed safely. People had access to pressure relieving equipment where they were at risk of developing pressure sores. One person had detailed moving and handling guidance in place on the support they required from staff when supporting them to reposition whilst in bed. Another person had been identified as being at risk of falls and we observed staff following their risk management guidelines whilst supporting them to mobilise in the home.

● Staff were aware of the provider's procedures for dealing with emergencies. People had personal emergency evacuation plans (PEEPs) in place which contained information for staff and the emergency services on the support they would need to evacuate from the home safely. Routine checks were carried out on emergency equipment such as the fire alarm to ensure it was in good working order.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. All of the people we spoke with told us they felt safe living at the home.

● Staff were aware of the types of abuse that could occur and the signs to look for which may suggest someone had been abused. One staff member said, "If I suspected anything, I'd immediately bring it to the attention of the most senior member of staff on duty." Staff were also aware of the provider's whistle blowing procedure and told us they would report any concerns they had to external bodies such as the local authority or CQC if needed.
● The registered manager was aware of the locally agreed procedures for reporting any allegations of abuse. They told us they would contact the local safeguarding team and notify CQC of any abuse allegations if they received them, in line with regulatory requirements.

Staffing and recruitment
● There were enough staff on duty at the home to safely meet people's needs. One person told us, "They [staff] come in regularly to check if I am are okay; it's nice to know there's someone there all the time to call on." Another person told us, "Staff quickly respond to my call if I need them."
● The registered manager used a dependency tool to help determine staffing levels and the number of staff on duty reflected the planned allocation. We observed staff to be on hand and available to support people promptly, without rushing throughout our inspection.
● Staff numbers had been adjusted when needed, in response to people's changing needs. For example, the number of staff on duty at night had recently been increased as a result of people's increased need for support.
● The provider followed safe recruitment practices. Staff files contained confirmation of checks having been carried out in their identification. They also contained information about any qualifications they had and details of their employment histories. The provider carried out criminal records checks and sought references from previous employers to ensure new staff were of good character and suitable for the roles they had applied for.

Using medicines safely
● Medicines were safely managed. People's medicines were securely stored and were only accessible to named staff responsible for medicines administration. Regular checks were made on the temperature of the storage area to confirm that this maintained within a range that ensured medicines remained safe for effective use.
● People had medicine administration records (MARs) which included a copy of their photograph and details of any known allergies, to help reduce the risks associated with medicines administration. MARs showed that people had received their medicines as prescribed, in line with the prescriber's instructions. They also included guidance for staff on when they should consider offering people medicines they had been prescribed to be taken 'when required'.
● We observed staff giving people the time and support they needed to take their medicines safely. Another person said, "They [staff] tell me what type of medicine they are giving me, as I keep forgetting what I'm taking."
● The home had procedures for receiving and disposing medicines. Relevant staff received medicines training and had been assessed to ensure they were competent to administer medicines safely.

Preventing and controlling infection
● People were protected from the risk of infection. Staff followed safe infection control practices. One staff member told us, "I always wash my hands before and after helping anyone. We have a stock of disposable gloves and aprons which we also use when working with people." One person said, "They [staff] wear gloves when getting me ready for the day."
● The home had hand washing and drying facilities which were available for use by people, staff and any visitors. Domestic staff followed a regular cleaning schedule when cleaning the home and senior staff

carried out periodic cleaning audits to ensure the home remained clean and tidy. This helped reduce the risk of the spread of infection.

Learning lessons when things go wrong

● Staff were aware of the need to report and record the details of any incidents or accidents which occurred. The registered manager maintained an incident and accident log which included details of how and when any incidents had occurred, and the steps staff had taken as a result to ensure people's safety.

● The registered manager carried out periodic reviews of incident and accidents to look for trends or learning and took action where appropriate, to reduce the risk of repeat occurrence. For example, they had referred one person to the local specialist falls team for review in response to an increase frequency in the number of falls they had suffered.

Requires Improvement

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The registered manager had not always sought lawful authorisation to deprive people of their liberty where they believed this to be in their best interests under the MCA. They were aware of the DoLS application procedures but confirmed that they were still to submit requests seeking authorisation to legally deprive six people of their liberty under DoLS, where needed, in their best interests.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager confirmed they would submit the relevant applications following out inspection. We will follow up on this at our next inspection of the service.

● Staff knew to seek consent from people when offering them support. One staff member told us, "I always ask people if they're happy for me to help them with a task; I wouldn't make anyone do anything they didn't want to." One person said, "They always ask before helping me." We observed staff asking people for their consent when assisting them with day to day tasks during our inspection.
● Staff demonstrated an understanding of the MCA and how it applied to their roles. Where appropriate, people's care plans included records of mental capacity assessments having been conducted and best interests decisions made for more significant decisions, such as the use of bed rails.

Staff support: induction, training, skills and experience
● Improvement was required to ensure staff were supported to maintain their skills through regular training. Staff received an induction when they started working for the service and underwent a programme of

training in areas relevant to people's needs. However, improvement was required because staff had not always received refresher training where required, to help ensure they remained up to date with current best practice. Despite this issue, people told us staff were competent in their roles and knew how to support them. One person said, "The staff are kind and confident when helping me; they know what they are doing."

● Staff new to care were also required to complete the Care Certificate during their initial period working at the service. The Care Certificate is the benchmark that has been set for the induction standard for staff new to social care.

● Staff were supported in their roles through regular supervision and an annual appraisal of their performance. One staff member said, "The meetings are helpful as they're a good opportunity to raise any issues privately."

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

● People's needs were assessed before they moved into the home to help determine whether the service would be suitable for them. These assessments were used as a starting point when developing people's care plans which considered people's mental and physical well-being, as well as their need for social support.

● Whilst we noted that people's care plans included appropriate guidance on how to effectively support people in areas such as managing their skin integrity or the risk of malnutrition, we noted that staff were not currently using nationally recognised assessment tools which may help identify whether people were at increased risk when carrying out assessments.

We recommend the provider considers the use of nationally recognised assessment tools when assessing people's needs.

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

● People were supported to maintain a balanced diet. One person told us, "The food here is good; I clean my plate every day." Another person said, "The food is nice; I like it, it's well cooked."

● The chef spoke with people regularly about what they would like to eat and told us they were happy to make changes to the menu on request. For example, they had introduced the option of curry in response to a request from one person. Kitchen staff had access to information about people's dietary needs, for example which people had been recommended as needing a fortified diet by a dietician, where they were at risk of malnutrition.

● We observed a lunchtime meal at the home and noted that staff were on hand and available to support people where needed. Staff sought consent before supporting people, for example when offering to cut up one person's meal so they could eat it more easily. One person changed their mind about what they wanted to eat when their choice was served. They asked for an alternative, which was promptly prepared for them. The atmosphere was relaxed and friendly throughout.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● People had access to a range of healthcare services when needed, including a GP, district nurse, optician, dietician, dentist and chiropodist. One person told us, "They [staff] call the doctor when you need it and someone will go with you to the hospital if you have an appointment."

● Staff monitored people's health and knew to report any changes in their conditions to the registered manager. Records showed that referrals had been made to health and social care services where required. For example, one person had been assessed by a chiropodist due to concerns about the skin integrity of their feet. The person's records included notes from the chiropodist recommending the action staff take which was followed up with a later entry from a district nurse noting the skin integrity of the person's feet had improved.

● Staff worked to ensure people received consistent support when moving between different services. They ensured information relevant to people's care accompanied them when they attended appointments or were admitted to hospital.

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

● The home had been adapted to meet people's needs. There were handrails to and a stair lift to aid people whilst moving around the home. Radiators had protective covers to reduce the risk of people injuring themselves on hot surfaces. Where people shared rooms, privacy screens were in place to ensure their dignity was maintained.

● Equipment was in place to help support people effectively. This included walking aids to assist people when mobilising, a hoist to support staff when transferring people in and out of bed, and pressure relieving equipment for people who were at risk of developing pressure sores.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with care and compassion. One person told us, "They [staff] are very kind and patient." Another person said, "The staff attitude is good; they always check on things like whether I have my glasses and magazine." A third person commented, "They're good to me."
- Staff engaged with people in a friendly and familiar way throughout our inspection. Staff took time to sit with people and chat with them about their interests and the things that were important to them. It was evident from their conversations that staff knew people well and they showed clear interest in them as individuals.
- We noted examples where staff acted to improve people's well-being. For example, a staff member had supported one person to attend a hospital appointment during the week of our inspection and as well as accompanying them, they stopped off on the way to the appointment to pick up the person's relative so that they could attend together. During the inspection staff were quick to respond to people when they displayed signs of anxiety or uncertainty, providing reassurance in a compassionate manner.
- Staff provided a service which promoted equality and diversity. One staff member told us, "We respect everyone here as individuals. If the residents had specific cultural needs or beliefs we'd take them into account in the way we supported them." The registered manager told us that staff had support people to attend places of worship in the past and that they would do so again should anyone want to.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and were involved in day to day decisions about the support they received. One person told us, "The staff ask what I'd like and respect my decisions. For example, I've told them that I enjoy a lie-in on Sundays, so they make sure not to disturb me then."
- Staff told us they looked to involve people in the support they received as much as possible, checking on their preferences or offering them choices. One staff member told us, "I work together with the residents and let them decide wherever possible. I let them choose when they want to wear and encourage them to make their own choices about what they would like to do during the day." One person told us, "I make my wishes know to the staff and they will go along with them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. Staff were aware of the steps to take to protect people's privacy. One staff member told us, "I knock on the residents' doors before entering their rooms. If I'm helping them wash or dress, I'll make sure the door and curtains are closed and will keep them covered up as much as possible so they don't feel uncomfortable." We observed staff knocking on people's

doors and waiting for a response before entering during our inspection.

● People told us that staff treated them respectfully and encouraged their independence. One person said, "They're always respectful and would never raise their voice at you." Another person told us, "They help me with what I need but let me do the rest. For example, I can mostly wash myself, and they just help with the bits I can't manage on my own."

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised support which reflected their individual needs. They had care plans in place which had been developed from an assessment of their needs and included information about their likes and dislikes, and their preferences in the way they wished to be supported. Care plans also identified the things people were able to do for themselves, to help ensure their independence was maintained.

● Staff demonstrated a good awareness of the details of people's care plans and knew their preferred daily routines. One person told us, "I'm happy here; the staff know me well." We observed staff offering support to people in line with the guidance in their care plans, for example when mobilising, or when supporting them during meal time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs had been assessed and detailed in their care plans. The registered manager told us they could make information available to people in different formats, including pictorial, easy read or large font, if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The provider offered people a range of activities in support of their need for social stimulation. These included pampering sessions, baking, quizzes, exercise classes, and coffee mornings. People also were able to go on trips out for lunch or to go fishing. One person told us, "The activities here are enjoyable; I have enough to do."

● We observed staff holding a group discussion with people about the music they enjoyed. As people named different singers they had seen perform in their youth, staff found live recordings of them on the internet which they played for people through the TV. The session was lively and engaging with people singing along and dancing.

● People were supported to maintain the relationships that were important to them. Visitors were welcome to drop in to see people when they wished. One person told us, "I can speak to [their loved one] on the phone if they're not able to come to visit." Two people told us relatives came and took them out regularly.

Improving care quality in response to complaints or concerns

● The provider had a system in place for receiving and acting on complaints. The home had a complaints procedure which was on display in a communal area. This provided people with guidance on how to make a complaint. It included information about the timescale in which they could expect complaints to be investigated and responded to, as well as what they could do to escalate their concerns if they were unhappy with the response.

● People knew how to make a complaint. One person said, "I know I'm welcome to raise concerns about anything with the manager, but the fact is I've nothing to complain about." The registered manager confirmed they would maintain a record of any complaints received and the action taken in response. They also told us that the home had not received any complaints in 2019.

End of life care and support

● At the time of our inspection none of the people living at the home required end of life support. The registered manager told us staff would work with healthcare professionals to ensure people received responsive support at the end of their lives.

● People had end of life care plans in place where they had been willing to discuss this. Some people had Do Not Attempt Cardio-pulmonary Resuscitation forms in place which had been competed by their GP. These accompanied people on any hospital admissions to ensure healthcare professionals were aware of their wish not to be resuscitated.

Requires Improvement

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● The provider had quality assurance systems in place, but improvement was required to ensure these were robust in identifying issues and driving service improvements. For example, the provider had not carried out any recent care plan audits. Whilst care plans were reviewed on a regular basis, the last review of one person's care plan had not identified that a speech and language therapist (SALT) had cancelled their planned assessment and still stated that staff were awaiting their visit. Care plan reviews had also not identified that the use of bed rails had not been risk assessed for another person. These issues required improvement.

● Senior staff carried out audits in a range of other areas including medicines, health and safety, infection control and home maintenance. Action had been taken to address any issues which had been identified. For example, repairs had been made to a door closing mechanism which had been identified as faulty.

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

● The registered manager demonstrated an understanding of the responsibilities of their role. However, improvement was required to ensure they met these responsibilities in a timely manner.

● The registered manager was aware of the different types of event they were required to notify of CQC by law. The also knew of the legal requirement to display their service rating in the home which was on display near the entrance to the building. However, improvement was required because, whilst the registered manager was aware of the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), they had not always applied for DoLS authorisations where required.

● Staff understood the responsibilities of their roles. They attended regular staff meetings to discuss the running of the service and received formal supervision from senior staff to help ensure they worked in line with the provider's policies and procedures.

● The registered manager understood the duty of candour. They had informed relatives of any accidents or incidents which occurred at the home, where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People spoke positively about the culture and inclusive atmosphere of the home. One person told us, "The staff are great; always happy to help and they work well together." Another person said, "It's like one we're

one big family."
● Staff told us they worked in a positive and supportive environment. One staff member said, "We work well as team. I also really enjoy working with [the registered manager]. I can go to her at any point if I'm worried about anything." Another staff member told us, "We have a good team here; there's a good mix of ages and different backgrounds and we all get on well."
● We observed staff working and communicating with each other well during our inspection. They were prompt to offer each other support when needed and shared their workload effectively throughout the day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager sought feedback from people and relatives through a range of methods including resident's meetings and annual surveys. The most recent residents survey showed the people were experiencing positive outcomes whilst living at the service and this was reflected in the feedback we received during the day.
● One area which the survey results suggested could be improved was in regard to the menu on offer at the home and we noted this had subsequently been reviewed. We noted that changes to the menu had been discussed at a recent residents meeting and the feedback from people had been positive.

Working in partnership with others
● The registered manager told us they were committed to working in partnership with other organisations, including the local authority. They told us local authority staff were welcome to visit the home when they wished, and that staff made themselves available to support social workers if needed, when they attended to carry out reviews of people's needs.
● The registered manager also attended a local forum open to care home managers where they could share learning and discuss best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Care was not always safe because risks to service users had not always been assessed. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Service users were deprived of their liberty without lawful authority. |