

Southern C C Limited

The Meadows Nursing Home

Inspection report

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24 January 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Meadows Nursing Home is a care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

The Meadows Nursing Home is an adapted and extended building on two floors. Communal facilities were provided on each floor. The ground floor accommodated people with nursing care needs while people on the first-floor required care and support as a result of them living with dementia.

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

Improvements were needed to ensure safe medicine practices and procedures were acted upon to ensure people were safe from risk. Environmental and infection control risks were not always identified and actioned to ensure people's safety.

People's care was not always seen to be person-centred. People's personal care needs to maintain individual's appearance was not always upheld. Care plans and care records did not always detail the care required to provide the care and support people needed.

Sufficient staff were on duty to care for people who were seen to be kind and caring. People felt safe from abuse and harm and staff knew what to do to safeguard people. Recruitment processes were in place although some improvement to application forms was needed.

People were not always supported to have maximum choice and control of their lives. Staff were aware of the need to support people in the least restrictive way possible.

People's needs were assessed prior to moving into the home and healthcare needs were met by visiting professionals. Staff were knowledgeable although some areas of training needed to take place. People were pleased with the food provided. The provider planned to make improvements to the environmental standards of the home.

People were complimentary about the registered manager and felt able to make a complaint if needed. Improvements were needed to ensure governance arrangements were fully effective to provide high quality and person-centred care.

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

Rating at last inspection.

The last rating for this service was Requires Improvement (published 01 March 2019).

The provider was found to be in breach of registration regulation 18 for not informing the Care Quality

Commission about the authorising of Deprivation of Liberty. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvement had been made and the provider was no longer in breach of this regulation. However, we identified other shortfalls.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

Enforcement

We have identified breaches in relation to ensuring people received person centred care and support and in the governance of the service provided.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Meadows Nursing 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 was carried out by one inspector. An Expert by Experience joined the inspection on the first day. 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

The Meadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 sought feedback from professionals who work with the service including the local authority and the local clinical commissioning group who may fund the care provided to some people. We also sought feedback from Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and twelve relatives about their experience of the care provided while on the inspection. We spoke with a further three relatives on the telephone between the two inspection visits. In addition, the registered provider supplied us with information we requested in relation to aspects of the management of the service.

We spoke with ten members of staff and attended a daily meeting and brief training refresher. Staff spoken with included the registered manager, the clinical lead, five care staff, a maintenance employee and the activities coordinator. We spoke with the nominated individual who attended the location during the first two days of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with one healthcare professional and one social care professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of other records relating to the management of the service.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- The provider's systems to manage people's medicines were not always safe. For example, a cream dispensed for a named person was found in a bedroom draw of another person. The registered manager and clinical lead were unable to account for how this discontinued item for one person was found in another person's room.
- At our previous inspection we highlighted the need to have PRN (medicines prescribed on an as and when needed basis) protocols in place. Improvement had taken place however we found two examples where these were not in place. We found no evidence of people not receiving their medicine as required. However, these protocols are required to ensure consistency as to when these medicines are administered.
- There was a supply of household remedies (medicines able to be purchased over the counter without a prescription) available for people. The records held included one medicine which was not available in the home when we asked to see it. No record of its destruction or return to a pharmacy existed. The clinical lead was unable to account for this medicine. This presented a risk due to not having medicine available and unable to locate for this item.
- The nurse on duty on the ground floor and the care staff member on the first floor who were administering medicines were seen to refer to people's medicine records prior to administering them. They were seen wearing a tabard asking not to be disturbed while administering medicines to reduce the risk of medication errors from a lapse in concentration.
- Systems were in place to check the balance of medicines requiring additional storage and recording. These medicines were found to be correct.
- Staff recorded the amount of medicines remaining on people's individual records. We found these balanced correctly against the medicines remaining.

Assessing risk, safety monitoring and management

- Risks were not always identified to ensure people were not exposed to potential harm. For example, we brought to the attention of the registered manager a fire extinguisher which access to was blocked by wheelchairs. This could lead to delay in the event of needing this piece of equipment. We found another fire extinguisher which was not secured to the wall and therefore at risk of falling over and causing potential injury.
- The annual servicing of fire extinguishers took place on the first day of the inspection. Fire safety checks had regularly taken place. Equipment to assist in the evacuation of people in the event of an emergency was available. Personal evacuation plans were in place regarding people at the home. Other health and safety checks were undertaken to ensure people's safety such as window restrictors.
- Risk assessments regarding people's care needs were completed and reviewed.

- Staff were seen to use equipment for transferring people such as hoists safely to ensure people were not placed at risk of harm. We saw footrests in place on wheelchairs to prevent the risk of entrapment.
- A member of staff was allocated on each floor to ensure air mattresses, in place to prevent people getting sore skin, were set to the correct level. Records in people's bedrooms evidenced these checks took place daily.

Preventing and controlling infection

- Infection prevention and control measures did not always mitigate against potential risks. For example, we brought to the attention of the registered manager and staff team two pressure relieving cushions where the covering was damaged. This would prevent effective cleaning. We were informed these items were disposed of immediately.
- Relatives told us they found the home to be clean when they visited.
- Communal bathrooms and toilets were found to be clean. Handwashing facilities were available for people to use.
- Staff were seen to be wearing blue aprons while serving and assisting people with their dietary care needs as part of the provider's infection control procedures.
- The staff rota evidenced domestic staff were employed seven days per week. A member of staff explained to us the colour coding of equipment to reduce the risk of cross infection between areas of the home.

Staffing and recruitment

- Recruitment processes were in place including checks on potential members of staff prior to them commencing work for the provider.
- There were sufficient staff on duty to meet people needs. A relative told us, "I've never been in a situation when I thought there weren't sufficient staff." Other relatives described the staff as, "Brilliant" and "Visible."
- The use of agency staff had significantly reduced. Staff told us they worked extra hours if another member of staff was unwell to ensure sufficient staff were on duty.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives thought they were safe. One person living at the home told us, "Yes, I feel safe and I am very comfortable."
- Relatives comments included, "I have absolutely no concerns about the care my [family member] receives" and "I trust the staff with my [family member's] life. Another relative told us they had never seen anything which gave them concern about the safety of people.
- The registered manager was knowledgeable about their responsibility regarding the reporting and investigation of actual or suspected safeguarding incidents. The registered manager had, where necessary, alerted the local authority regarding concerns raised such as incidents between people and staff practice concerns. The registered manager had taken suitable action at the time of incidents.
- Staff who attended the daily meeting demonstrated an awareness of safeguarding and confirmed they would report any concerns to the appropriate people, such as the registered manager or nurse. Responses within a recent staff survey showed they were aware of the provider's whistle blowing procedure and confirmed they had not witnessed poor care practices.
- Information was on display around the home visible to people, staff and visitors showing the contact numbers for two local authorities who could be responsible for the welfare of people living at the home.

Learning lessons when things go wrong

- Accidents and incidents were monitored and reviewed as a means of preventing further occurrences. The operations manager was made aware of accidents and incidents, so they could be monitored.
- There was the opportunity to reflect on practice and events as part of the daily meeting comprising of

management, the nurse and heads of departments.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the home. The assessment formed the basis of the person's plan of care. Relatives we spoke with confirmed an assessment had taken place. Relatives told us they had found the registered manager to be helpful and supportive to them when their family member moved to the home and this support had been ongoing.
- The registered manager confirmed they carried out assessments. They told us they were proud of the staff team and their ability to meet the needs of people living with dementia due to the improvement they had seen with people's healthcare.

Staff support: induction, training, skills and experience

- People thought staff were good at their jobs and had the skills and experience to care for them.
- Relatives told us they believed the staff to be trained and competent to care for their family member. One relative told us staff understood their loved one's dementia care needs.
- We saw gaps on the training records indicating staff in need of certain training. The registered manager was aware of these and was able to assure us of their plans to address the training needs of some members of staff.
- The registered manager told us they had recently commenced a brief training refresher as part of their regular morning meetings with key members of staff. On the first day of the inspection the subject discussed was safeguarding. The registered manager had prepared information to discuss with the staff present on safeguarding.
- Newly appointed members of staff undertook induction and shadowed experienced members of staff who shared their knowledge and experience. Staff undertook the care certificate. The care certificate is a training
- Staff told us they received supervision with a senior member of staff. Staff told us they felt supported in the work they undertook.

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

- People told us they liked the food. One person was heard to tell the registered manager their meal was, "Lovely." Another person told us, "I like the food. They [staff] come and ask you what you would like to eat."
- A relative described the food as, "Very, very good." They told us their family member was offered a cooked breakfast. Another relative told us: "I've tasted the food, it's very good."
- Staff were seen encouraging people to eat and drink to maintain their wellbeing. A verbal choice was seen to be offered to people regarding what they wanted for lunch. Where people were unable to make a choice a plated selection was shown. One person was asked if they wanted something different when they were not eating their original meal. An alternative was provided.

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

- The premise was adapted to meet people's needs with elements of a dementia friendly environment. For example, some people had a picture on their bedroom door to assist with recognising their room.
- We saw some people had personalised their bedroom by means of pictures and ornaments.
- Relatives told us they believed some areas of the home to look tired and in need of repair and or decoration. The registered manager informed us of planned improvements to the home including the replacement of handrails and improvements to a bathroom.
- There was some signage around the home to assist people find their way. Signage included highlighting the location of communal facilities such as toilets and bathrooms.

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

- People could access healthcare services. Relatives confirmed their family member received the healthcare support needed such as visits from a doctor. One relative told us their family member received prompt attention when they developed an infection.
- The registered manager confirmed healthcare professionals such as specialist nurses for skin viability, as well as dentists and chiropodists were involved with people's care and support as appropriate.

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 management team had carried out capacity assessments in relation to specific decisions. Best interests decisions were in place.
- Staff were aware of the MCA. Senior staff were able to tell us about authorised DoLS. Nobody had any conditions regarding their DoLS.
- The registered manager was aware of the requirement to inform the Care Quality Commission of authorised DoLS and had systems in place to ensure when a new authorisation was required this was applied for.

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

- People who were able to tell us about their care told us staff were kind and caring. One person told us, "I love it here." Another person told us, "They [staff] look after you very well. I'm quite happy here", Other comments included, "I think staff are excellent".
- A relative described the care provided for their family member as, "The best." They told us their family member enjoyed, "A laugh and joke". Another relative told us they, "Could not believe how good the care was" and how happy they were they had found the home.
- Staff were seen to be bright, jolly and cheerful while with people and engaged in friendly discussion. Staff were seen to kneel when speaking with people to ensure they had eye to eye contact and comforted people when they showed signs of anxiety or distress.

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

- People and their relatives were consulted about the care and support provided through meetings and the use of surveys.
- People were able to make decisions about their care. For example, one person told us, "You can go to bed whenever you want to."
- A resident of the day scheme was in operation on both the ground and first floor. Each person was 'resident of the day' once a month. On this day people were able to select a lunch of their choice (not limited to the choices recorded as available), had their care needs and care plan reviewed and a deep clean of their bedroom.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy was respected for example closing bedroom doors while care was provided.
- We saw staff knocking on people's doors and found they were able to describe to us how they maintained people's privacy.
- Information on the provider's policy on privacy and dignity was on display.
- People's records were held securely. Most information about people's care was held on a computer system which was password protected.



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 Requires Improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

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

- People's did not always receive personalise care and support to fully meet their needs. For example, we saw two people with significant facial hair growth. One person was cared for in bed. We looked at the person's care records and found for a period of one-week staff had not made any indication about the person having a shave or an attempt to offer a shave. The care plan stated the person needed assistance to maintain personal hygiene. The clinical lead was not able to show us any direct mention of shaving within the care plan. We looked at the same person's care records when we returned on the second day of the inspection. Although they were shaved on this occasion, we found the records continued to not indicate what care had been offered. One relative told us, "The clothes are sometimes unkempt, and [person] is unshaven. They told us "Sometimes I'm shocked the way [person] looks."
- One person had oral care recorded as carried out on one occasion over a period of one week. No further record of the person having their oral health maintained could be shown to us. The care plan stated staff were to ensure oral hygiene needs were met however it did not detail how staff were to achieve this.
- Disposable aprons were available to be used to protect people's clothing while they ate. We saw staff members placing aprons around people without any consultation including one person while they slept. When one person showed reluctance to have an apron a member of staff was heard to say, "You have to have this on."
- Staff were seen assisting people although this was not always carried out in a person-centred way. For example, although some staff were seen to sit alongside people while they provided assistance with eating, we saw one staff member who was stood up while carrying out this role. This was brought to the registered manager's attention.

We found no evidence that people had been harmed however, people's care and support was not always person centred. This placed people at risk of not having their needs met. This was a breach of regulation 09 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Information was accessible for people. For example, the television in the communal lounge on the ground floor was showing text to assist people with a hearing loss.
- Picture cards were available to aid with communication. Information could be made available in

assessable formats.

- Staff were seen talking calmly with people to assist people with a dementia in their communication.

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

- People regularly had interesting and fun things to do. On the first day of the inspection a trip out was planned. Due to the inclement weather conditions the destination was changed. We heard staff on the first floor explaining to people the change of plan.
- On our second visit a considerable number of people took part in events in the lounge. People were seen joining in and having a good time. We saw people living on the first floor had engaged in a word association game.
- A relative told us their family member, "Takes part in all the events here" and gave bingo as an example. They added the person enjoyed quizzes and looked forward to these.
- A wish tree was in the entrance hall containing requests people had made such as visits to places of interest. Some of the suggestions or requests had been achieved.
- We saw regular newsletters were published. These contained photographs of people engaging in parties and celebrations held at the home as well as trips out.

Improving care quality in response to complaints or concerns

- People told us they never had to complain about anything but if they did, they would not hesitate to talk to staff or the registered manager.
- Relatives told us they were confident they could make a complaint if needed and believed their concerns would be listened to and addressed. One relative told us, "I have never needed to complain."
- The registered manager investigated complaints and took on any learning points to prevent reoccurrences.

End of life care and support

- At the time of the inspection nobody was receiving end of life care. A relative of a person who had recently passed told us their family member had been looked after very well until they had needed to go into hospital. They told us, "The care was excellent" and, "Staff were there when needed."
- Healthcare professionals had been involved to ensure suitable medicines were available if needed for people to ensure any pain was relieved.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

- Improvement was needed to drive improvement and act upon and recognise potential risks to people. Systems to recognise potential risks to people's safety were not fully effective.
- Records to show when a person was repositioned in bed were not always completed. We found one 40-hour gap during which no repositioning was recorded as well as gaps over 11 and 12 hours during a one-week period. This meant the provider was unable to be assured the repositioning had taken place.
- Care plans for people with wounds were not always sufficiently detailed to show the actions to be taken by nurses and the scheduled frequency of dressing changes. We saw an entry on the care records made by a care member of staff rather than the nurse, therefore unable to give any clinical update upon the wound's progress.
- Systems to monitor the environment were not fully effective in identifying and acting upon risks. On the first day of this inspection we found a fire door which did not close fully into its rebate. We also saw a radiator cover which was broken in a communal bathroom. We brought these findings to the attention of the registered manager as they had not been previously noted as risks. When we returned to the home a week later we found these faults remained the same.
- We brought to the attention of the registered manager our observation regarding two fire extinguishers. The risks associated with the location or risk of toppling had not been previously identified.
- We saw minutes of a staff meeting in January 2020 bringing to the attention of staff a likely forthcoming Care Quality Commission inspection. We saw staff attention was drawn to the need to shave people. We found people unshaved and a lack of recording to evidence whether staff had attempted to provide this personal care. Therefore, although recognised as an area for improvement our observations showed this shortfall remained in place. In addition, we saw within staff meeting records attention was also brought to staff about the lack of recording regarding repositioning of people. Shortfalls regarding repositioning were found to be remaining showing systems had not ensured the improvement required to ensure people were not placed at risk of harm.

We found no evidence that people had been harmed. However, risks to people's care and support were not always sufficiently managed to keep people safe and placed people at the potential risk of harm or not having their needs met. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we were informed the repairs to both the fire door and the radiator were carried out during the second day of our visit.

- The registered manager had notified the Care Quality Commission as required regarding certain events and incidents within the home such as deaths, serious incidents and equipment failure such as the lift having broken down.
- Since the previous inspection the provider had appointed an external organisation to carry out audits on their behalf as a means of improving the service. Improvements to be undertaken included a new care plan audit tool to be introduced and training records updated
- Audits were seen to be in place. These included falls showing action taken, wound care as well as regarding people's weight, and the environment and kitchen. The nominated individual told us they were now carrying out more audits to turn the service provided around. Additional improvement as identified during the inspection needed to be made to ensure people received a safe and quality service.

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 was open and transparent throughout the inspection. Relatives told us they found the registered manager's door to always be open if they wanted to discuss how their family member was.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was seen engaging with people including laughter and banter. One person described them as, "Ever so nice" and, "Comes in every morning to say hello."
- Relatives told us they liked the registered manager. One relative described them as, "Fabulous" and, "Helpful to the extreme." Another relative described the registered manager as "Hands on and always there." A further relative described them as, "Brilliant" and "Dedicated".
- A relative told us any concerns were addressed by the registered manager.
- Minutes of the most recent meeting involving people were on display around the home for people and others to view.
- Relatives told us they were happy with the care and support provided including the leadership. One relative told us, "We love the place."
- We saw questionnaires completed by or on behalf of people who lived at the home and their relatives. Surveys completed in January 2020 showed the majority of people answered either excellent or good to the questions asked.
- Responses within a staff survey conducted in January 2020 showed staff enjoyed working at the home and found the registered manager to be supportive and approachable including a comment, "Very good manager." Some comments were however less favourable about 'head office' and taking notice and listening to staff.

Continuous learning and improving care

- The registered manager and the recently appointed new nominated individual told us the provider had engaged an external consultant to undertake regular audits of the service provided.
- The registered manager told us they felt supported by the nominated individual who visited the location approximately twice a month. The registered manager informed us they attended regular meetings with other managers of locations with the same registered provider. The nominated individual spoke of their confidence in the registered manager.

Working in partnership with others

- The registered manager had worked with external agencies such as healthcare professionals to ensure people's needs were able to be met.

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 9 HSCA RA Regulations 2014 Person-centred care Person centred care to meet people's individual care and support needs was not always provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to recognise potential risks to people's safety were not fully effective.