

Advinia Care Homes Limited

Burrswood Care Home

Inspection report

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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

Burrswood Care Home (known as Burrswood) is a nursing and residential care home providing personal and nursing care to 108 people aged 65 and over at the time of the inspection. The service can support up to 125 people.

Burrswood has four separate units, Dunster (general nursing), Peel (dementia nursing), Crompton (residential) and Kay (dementia residential). Most bedrooms had an ensuite toilet and shower and each unit had their own adapted facilities.

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

Staffing levels had been increased. We observed staff levels were sufficient during the day, although they weren't always effectively deployed. However, we received feedback that there were not enough staff on duty, especially at night. Staff morale was low, although staff were positive about their immediate line managers. The manager was now tackling staff sickness.

There were not enough activities available for people to take part in and be engaged with. We have made a recommendation about reviewing staffing levels.

The home was running out of continence products at the time of our inspection. We have made a recommendation for systems to be in place to ensure an adequate supply of the correct continence products.

Care records had improved and contained information about people's needs and how staff should meet these needs. Medicines were administered as prescribed. People's nutritional needs were being met, although we received mixed feedback about the food. We have made a recommendation about ensuring people's hydration needs are being met.

The manager had recently been appointed. A computerised quality assurance system was now being embedded to give oversight of the service. Action plans were developed from the completed audits.

The home was clean throughout. One unit had been refurbished and one unit was in the process of being refurbished.

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.

People and relatives were positive about care staff team. Staff respected people's privacy and dignity and

encouraged people to be as independent as possible.

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 requires improvement (published 4 March 2019) and there were four breaches of regulations. 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 improvements had been made in medicines management, care planning and staffing. However, there was one continued breach in good governance. The service remains rated requires improvement. This is the second consecutive inspection this service has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach of regulations in relation to the governance of the service. There were not enough activities for people to engage in, staffing was not always effectively deployed and the home was running out of continence products.

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 and meet with 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?

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 ●

Burrswood 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 was completed by an inspector, assistant inspector and an Expert by Experience 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. Two inspectors and an Expert by Experience carried out the second day of the inspection and one inspector returned on the third day.

Service and service type

Burrswood 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 who was in the process of registering with the Care Quality Commission. The registered manager 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 14 people who used the service and 13 relatives about their experience of the care provided. We spoke with 27 members of staff including the regional quality and compliance manager, registered manager, clinical services manager, residential care manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Staffing and recruitment

At our last inspection there were not enough staff on duty to meet people's needs and there was a reliance on short term agency staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made and the service was no longer in breach of regulation 18; however, we have made a recommendation about regular reviews of the staffing for each unit.

- Staffing levels had been increased on some units and agency use had been reduced. No agency cover was used for care staff during the day at the time of our inspection. Agency nurses were still required, although regular agency staff were used.
- Our observations during the inspection were that there were enough staff on duty during the day to meet people's needs, although the staff teams were very busy. However; we received consistent feedback from staff, people and relatives that there were not enough staff on duty to meet people's needs, especially at night. On Kay and Crompton units one member of staff 'floated' between the two units to assist where needed; however staff told us this did not work, with one night staff saying, "There's about 11 double ups on this unit (people who need two staff to support them), so there isn't another staff to cover people with single support if the floating staff is on the other unit."
- The deployment of the staff on some units was not always effective, with staff not being present in the lounge areas or interacting with people when they had the opportunity to do so.
- There were ongoing issues with short notice staff sickness, which impacted on staffing levels and meant staff had to move between units to cover. The manager had started to address this.
- Due to vacancies for a senior support worker role at night, the day senior had to administer the night medicines and early morning medicines round, which impacted on the start and end of the day shift.

We recommend the provider implements a regular review of staffing numbers and their deployment, taking into account the level of occupancy, people's dependency levels and the layout of the building.

- The home was in the process of recruiting more staff, which would reduce the need for agency staff for night shifts. Staff continued to be safely recruited, with all pre-employment checks completed prior to new staff starting work.

Preventing and controlling infection

- The home was clean throughout. A local authority infection control audit in December 2019 had achieved a green rating and shown improvements had been made from the previous audit.
- During our inspection the units were running out of incontinence products. Staff told us this was not the first time this had happened. The manager told us this happened because people were admitted from hospital in between continence product orders and so did not have any suitable products of their own. Staff therefore used more products than they had ordered for. Using the incorrect incontinence product increases the risk of people developing infections or pressure sores.

We recommend a system is implemented to monitor the stocks of incontinence products so timely action can be taken when stocks are getting low in between orders.

Assessing risk, safety monitoring and management

At our last inspection not all risks people may face had been assessed and additional moving and handling equipment was needed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made at this inspection and the service was no longer in breach of regulation 12.

- The risks people may face had been assessed and guidance provided for the staff on how these known risks were to be managed. All risk assessments had been re-written on the provider's paperwork and were reviewed each month.
- Where people may refuse support or become agitated, guidelines were in place for staff to follow to encourage people to accept their support. However, we found one person's file did not contain this information, although staff were recording that they were refusing personal care. We spoke with the residential care manager who said they would ensure a care plan was written for this person.
- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

Using medicines safely

At our last inspection medicines were not safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made at this inspection and the service was no longer in breach of regulation 12.

- People received their medicines as prescribed. Records showed there had not been any out of stock medicines at the start of the last medicines cycle. Information was available for staff about people who needed their drinks thickened to reduce the risk of choking.
- The home had recently introduced an electronic medicines system on two units, with the other two units due to transfer to the system in the next few weeks. This system highlighted who needed what medicines and at what time. Staff liked using the system and felt that it would reduce the number of medicine errors.
- Guidelines for medicines that were not routinely administered (PRN) had not been transferred in sufficient detail to the new medicines system. This was actioned during our inspection. On Dunster unit we found these guidelines had not been written for all PRNs, although the staff were aware of when to administer them.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Incident and accidents were recorded and reviewed by the management team to ensure actions were taken that could reduce the risk of a re-occurrence.
- The provider had introduced a central computerised system to log all accidents and incidents. Reports were produced and reviewed by the management team to identify any trends across the home.
- Staff members had completed safeguarding training and said they would report any concerns to the unit managers or senior carers.
- People and relatives thought they were safe living at Burrswood. One relative said, "[Name] has lived here for two years and is safe and happy. I have never had any concerns about the care here."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff had not received the training or supervision to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made and the service was no longer in breach of regulation 18.

- Staff training had increased and staff felt they had the training to carry out their roles. The manager prioritised the on-line courses staff had to complete; with a high completion rate for these courses. There were some courses where the completion rates were lower (around 70%) and these were the next ones to be prioritised. Staff also attended a specific dementia awareness course.
- A training matrix tracked when courses had been completed and when they were due to be refreshed. Reminders were sent to staff when refresher training was due.
- New staff completed induction training and a workbook, which complied with the requirements of the care certificate. This is a nationally recognised set of standards for social care staff. Staff also completed shadow shifts to get to know people and their support needs before working as part of the rota.
- Staff said they felt well supported by their unit managers and had started to have supervision meetings. The manager monitored that these were taking place and reviewed any issues raised in the supervision meetings.

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

- Nutritional care plans identified people's food and fluid support needs. Where required, staff recorded people's food and fluid intake. Where people were at risk of losing weight, GPs had reviewed their needs and prescribed food supplements when needed.
- Most people were complimentary about the food, although people did say there could be more variety in the meals available. One relative said, "It's great to see that my mum is eating well once again and the food is good" and one person told us, ""The food's very good. They have some of the best sweets."
- People living in Dunster unit were less happy. The manager was aware of these concerns which had been discussed at resident's meetings and had arranged for the chef to make samples of dishes for a recent relatives meeting. One person said, "The menu is the same every week apart from the odd thing."
- The chef was made aware of people's nutritional needs, for example if people needed a pureed diet or had an allergy.

- Aids to enable people to eat independently, for example plate guards, were used on some units but not on others. A contrast in colour between the plate and tablecloth can also assist people to recognise where their food is. On Kay unit we observed white plates being used on a white tablecloth, which would make it more difficult for people to feed themselves.
- We observed on Dunster unit people were only given one hot drink during the morning. A member of staff told us, "People don't tend to get cold drinks often, maybe it's because we are too busy." A relative also told us drinks were sometimes placed out of reach of their relative.

We recommend the service reviews how people are supported with their hydration needs.

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

- People's health needs were being met. Health needs were identified in people's care plans, for example skin care and oral health. We found the staff did not always record support provided for oral care. Some recording charts were an old version that did not have a space for oral care support and other charts had not been regularly completed.
- The service made appropriate referrals to other services, for example district nurses and GPs. Notes of professional visits and multi-disciplinary team meetings were made in people's care files.
- Infections and hospital admissions for each unit were monitored each month by the management team.

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

- One dementia unit, Kay had been refurbished and the other dementia unit, Peel was being refurbished at the time of our inspection. Bedroom and toilet doors were painted in contrasting colours to make them stand out. Appropriate signage, memory boxes and photographs were used to assist people to orientate themselves within the home.
- Plans were being developed to have themed wall stencils, such as a corner shop or café to prompt people's memories.
- Adapted facilities were available on each unit and wide corridors and doors were used to enable better access.

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

- The clinical services manager, residential services manager and the unit managers completed an initial assessment of people's needs before they moved to Burrswood. This ensured the home was able to meet people's needs. Where appropriate this included the person and their family's views and input from relevant professionals involved in the person's care and support.

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 service was working within the principles of the MCA.
- DoLS applications had been made for people on all units. These were monitored by the manager so that re-applications could be made prior to the DoLS expiry date.
- Care records in three units contained capacity assessments and records of best interest meetings, which included family members and other professionals as appropriate. Care files we viewed on Crompton unit did not contain these documents. We discussed this with the manager and residential care manager and were told they would be completed.

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 now 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

- We observed positive interactions between people and staff throughout the inspection. However, at times staff interactions were limited as staff were constantly busy and did not have the time to engage with people outside of their care tasks. We also observed staff did not always take the opportunity to interact with people on one unit.
- People and their relatives were positive about the staff teams supporting them. A relative said, "The staff members are always kind and caring both to [name] and me and there have never been any problems at all. I find that all the home's staff members are very helpful." One person told us, "I can't fault the carers in any way. They give a listening ear and personal hygiene. They're wonderful."
- People's preferences, likes and dislikes were recorded. Information about people's life histories had also been collated, although some staff told us they didn't always have time to read this information or chat with people about their lives.
- People's cultural needs were recorded in their care files. The chef was able to make culturally appropriate meals if required by adapting the menu.
- Staff received training for equality and diversity as part of their induction.

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

- Care records contained information about people's communication needs and how staff should support people with day to day choices, for example by allowing the person time to process the information and respond or using visual prompts as well as speaking with people.
- Relatives told us they had been involved in agreeing and reviewing their relative's care plans. One person told us, "My carers always ask for my permission before delivering any care. [Staff name] has read out the care plan to me and I was involved in it."
- Relatives also told us that they were kept informed of any changes for their relative. A relative said, "The home will let me know if the GP has been called. They are all very good at contacting me."

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support.
- People and relatives told us they were treated with respect. One person told us, "The staff are also respectful, for example they knock at my door and they listen to what I have to say. They respect my privacy when I'm napping."
- People's care plans provided information on what people were able to do for themselves. We observed

staff encouraging people to be independent, for example when eating or walking. One member of staff told us, "I encourage people to do things for themselves, such as filling the sink and then passing the cloth to them so they can wash themselves." A relative also said, "They try to encourage him to do as much as he can. For example, he is encouraged to wash and dress independently."

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 has remained the same. This meant people's needs were not always met.

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

At our last inspection activities were not organised to engage with people throughout the day. This was part of a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found sufficient improvements had not been made.

- At the time of our inspection there was only one activities co-ordinator working at the home. Another co-ordinator was off sick and another was a bank staff, which meant they did not work on a regular basis. More activity co-ordinators were needed to plan a range of activities that met the differing needs of people living at the home.
- As noted in the safe domain, care staff did not have the time to organise activities as they were supporting people to meet their needs. One member of staff said, "There aren't enough activities coordinators for all the units and it's a bit of a challenge keeping our residents occupied." A relative told us, "There are some activities here, but they don't seem to be happening on a daily basis" and one person said, "There are no daily activities."
- We saw some additional resources had been purchased for each unit, for example dolls and large games such as connect four. External entertainers were booked in each month, for example a singer and arm chair exercises.
- The manager acknowledged more needed to be done to engage people in activities. A new activities supervisor had been appointed and the provider had appointed a new wellbeing manager. This role would provide regular resources and ideas for different activities that could be used in the home.

The lack of activities being arranged and engagement with people was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection care plans were not regularly reviewed and updated. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made at this inspection and the service was no longer in breach of this

part of regulation 9.

- Care files identified people's support needs and daily routines. They provided guidance for staff in how to meet these needs. Unit managers, nurses or senior carers reviewed the care files each month and updated them where people's needs had changed.
- Staff recorded the support each person had received each day in daily care files, including personal care, re-positioning and night time checks.
- Staff said they felt they were kept up to date with any changes in people's needs or health through the daily handover meetings before they started their shift. The staff were given a detailed summary of the needs of people moving into the home during the handover meeting.

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.

- Records contained information about people's communication needs and how staff could support them to communicate more effectively, including gestures where applicable.
- The manager told us they were in the process of producing photographs of meals so people could be shown a picture of the choices on offer to assist them making a choice. Staff told us they would show people the choice of foods at each meal so they could choose what they wanted to eat.

Improving care quality in response to complaints or concerns

- All formal complaints were added to the central computerised system and so were visible to the area managers. All complaints had been investigated and responded to as per the provider's complaints policy.
- People and relatives said they would speak directly to the unit manager or senior staff if they had a concern. The manager would become involved if the issue was not resolved at this stage. Feedback from the local authority was that they were receiving fewer complaints from relatives as these were now being dealt with through better communication within the home and so were not being escalated to them.

End of life care and support

- End of life care plans were in place; however, these did not always capture people's wishes or wants at this time in their life. It had not been recorded if people had chosen not to talk about the end of their lives. The clinical services manager told us these records were being reviewed to gather more information about people's end of life wishes.
- Specific end of life care plans were developed as people neared the end of their life. Anticipatory medicines were prescribed to manage any pain they may have.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the quality assurance systems had not provided a robust oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found sufficient improvements had not been made and the service was still in breach of regulation 17.

- Improvements had been made in managing medicines, staff recruitment, risk assessments and care plans.
- As stated in the safe domain, there was not a robust system in place to ensure continence products were always available. We have also made recommendations about reviewing staffing levels, ensuring staff were effectively deployed and reviewing how people's hydration needs were being met. There continued to be a lack of activities to engage people across the home.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A quality assurance system was being embedded at the service, utilising a central computer system. This scheduled when audits needed to be completed and actions from the audits could be tracked to ensure they were completed.
- The computer system also provided an analysis of a range of indicators, including falls, people's weights, pressure care and hospital admissions. The management team reviewed the information to ensure appropriate actions had been taken and to identify any trends across the home.
- The management team completed a daily walk round of the home, to find out about any changes in people's health and wellbeing and staffing levels.
- An area manager visited Burrswood at least monthly and completed their own checks within the home. The area managers and senior managers had access to all the information gathered in the computer system and could follow up any concerns directly with the registered manager.

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

- Staff reported that morale was low within the staff team, although they were generally complimentary about their own unit manager and thought it was starting to improve slowly.
- We were told the management team were now tackling staff sickness and standards of care. Some staff were also being moved to different units so there was a better skill mix. The management team felt this was also having an effect on the staff morale in the home in the short term.
- Staff also reported the manager had not been very visible since joining the service. The manager acknowledged this, saying they had concentrated on the issues identified during the homes last inspection, for example medicines and staff recruitment. They planned to have a greater presence on the units moving forward.
- Dunster unit had not had a regular unit manager since the summer of 2019, although the home was actively trying to recruit to the post. At the time of our inspection the unit was being managed by the clinical services manager and the nurses on the unit. This had contributed to the poor staff morale and not deploying staff effectively on the unit.
- Daily managers meetings were held, including unit manager, the chef, maintenance and the head of domestic staff. The manager had recently introduced a weekly open door session for staff to be able to speak directly with them, although the uptake of this had been low at the time of our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were complimentary about the management team, unit managers and staff, saying they were approachable and would address any issues they had. A relative said, "[Manager] is newish and I find her to be very pleasant. She has an open-door policy, which I find helpful" and another told us, "We find [unit manager] to be very approachable."
- People and relatives said they had been involved in the initial assessments, agreeing and reviewing their care plans. Relatives said they were kept up to date with any changes in their relative's health or wellbeing. We were told, "We are involved in her care if we need to be."
- The provider issued an annual corporate survey across all their homes each November and collated the results for each home. The staff survey reflected our findings about staff morale above. An employee of the month scheme and the manager open door meetings were a response to these findings.
- Resident and relative meetings were held, although these were not well attended by relatives, who would speak directly to staff or the manager if they needed something.

Continuous learning and improving care; Working in partnership with others

- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.
- A range of information was analysed each month, for example incidents and accidents, falls, people's weights and pressure area care to assess if there were any patterns identifiable and ensure appropriate actions had been taken to reduce the risk of a re-occurrence.

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 manager notified the CQC appropriately of any accidents and incidents at the service. All complaints were responded to within the timescales set in the providers policy.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Continence products were not always available, staff were not always effectively deployed and their continued to be a lack of activities for people to engage in.