

Westmorland Healthcare Limited

Westmorland Court Nursing and Residential 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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Westmorland Court Nursing and Residential Home is a residential care home registered to provide accommodation, nursing and personal care for up to 48 people, some of whom may be living with dementia. Accommodation is provided over three floors. At the time of the inspection 38 people were living in the home.

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

The registered manager had completed audits in the home to support quality checks but had not identified where improvements needed to be made to the management of people's 'as required' (PRN) medicines, their self-administration and the storage conditions of some medicines.

Staff received appropriate training and supervision to carry out their roles and help keep people safe. We noted that a member of care staff who had been assessed as capable to administer medicines did not follow best practice guidance with as required medicines. We have made a recommendation about checking staff's practical understanding and application of their training with regard to the safe handling of medicines.

People told us staff always respected their dignity and privacy and that they had control over the support they received. We saw that staff were kind and caring towards them. We were told, "It is all nice and clean and homely." Relatives were generally positive about the support their family members received from staff. We were told, "They have 24- hour nursing, which is very reassuring."

Staff safeguarded people from abuse and assessed risks to people so action could be taken to mitigate them. The registered manager acted to help make sure any lessons learned when things went wrong were put into practice.

The service had environmental and fire safety checks and a maintenance programme to ensure equipment was safe for use.

There were effective recruitment systems being followed within the home to help make sure staff were suitable to work there. The registered manager used dependency tools to help make sure there were enough suitable staff working to support people safely. People told us staff attended quickly when they called them.

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 received support with food and nutrition and people told us they enjoyed the meals. Staff helped them gain access to a range of healthcare professionals, including the dietician, as they needed them.

The provider employed an activity coordinator. They encouraged and supported people to be involved in a range of organised activities and to be able to spend time on their own interests.

Clear complaints procedures were in place to address any issues at the service.

The provider had systems in place to monitor the quality and safety of the service, although some had not been as effective as others in highlighting faults. People, relatives and staff were positive about the way the service was run. Staff stated they felt supported and appreciated by the registered manager.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around the safe management of as required medicines, self-administration and storage. You can see what action we have asked the provider to take at the end of this full report.

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 1 August 2018). At this inspection the service has been rated requires improvement as it met the characteristics for this rating in two of the five key questions. Improvements had been made to three of the five key questions. The service has been rated requires improvement on two consecutive occasions.

Following the inspection the registered manager provided us with a detailed action plan telling us what action they had taken and what action they planned to take to make the required improvements. They provided timescales for completion.

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 and well led sections of this full report.

The registered manager did act quickly to provide a plan of how they would improve these areas and by when.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westmorland Court Nursing and Residential Home on our website at www.cqc.org.uk.

Follow up

We will request an updated action plan from the provider to monitor what they have done to improve the standards of quality and safety. 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 responsive.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Westmorland Court Nursing and Residential 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 two inspectors, a specialist pharmacy advisor 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

Westmorland Court Nursing and Residential 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. A 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 the inspection

Our plan took into account information and action plans the provider sent us since the last inspection, information about matters the provider must notify us about, such as events involving injury and alleged abuse. We sought feedback from partner agencies, commissioners and health professionals who work with

the service.

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 this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with five members of nursing and care staff, the registered manager, the clinical lead and laundry and domestic staff. 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 included six people's care records in detail and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision for staff employed since the last inspection. We looked at policies and procedures and records relating to the management of the service including quality monitoring and audit records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager provided us with an action plan immediately after the visit, followed by updates to monitor the completion of the issues raised at inspection. We received these in a prompt and timely manner. We spoke with commissioners of the service who visit the home.

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. There was an increased risk that people could be harmed.

Using medicines safely

- The management of some medicines was not based on current best practice. The management of people's 'as required' (PRN) medicines lacked clear guidance and oversight.
- Some PRN protocols [guidance] were missing, others did not provide detail about the circumstances for their use or the non-verbal signs staff should look for if the person was unable to easily communicate verbally. We observed and spoke to a staff member to refer them to protocols when they told us they were intending to administer a PRN medicine prescribed for agitation to a person who was not displaying signs of agitation at the time. Protocols, intended to support the administration of medicines for agitation, did not detail what personal distraction techniques could be used before the medicines. Medicine audits did not monitor the use of the PRN medicine usage. Best practice guidance states that close monitoring should be in place to record and reduce the instances of PRN use and make sure people do not receive a medicine unnecessarily.
- Refrigerator temperature records indicated the maximum temperature of the refrigerator had exceeded the recommended safe temperatures [2°C- 8°C]. Storage room temperatures indicated that, for the last two months, the maximum temperature of one of the store rooms had exceeded the recommended temperature [25°C]. There was no protocol for action needed to address this or evidence of advice being sought to check the safety of using the medicines [after storage outside of the recommended temperatures].
- We noted that there was no risk assessment and care plan for a person's self-administration of a topical medicine. The clinical lead began to address this during the inspection.

'As required' medicines, the storage of medicines and self-medication processes were not being effectively assessed, managed and monitored. This placed people at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did also see evidence of some good practices being maintained from the last inspection. For example, staff checks picked up a dispensing error by the pharmacy, the medicines we viewed were all in date and there were records of medicines that had been destroyed or collected by the waste management company.
- Controlled drugs [medicines subject to tighter controls because they are liable to misuse] were stored and recorded in the right way. We checked the controlled drugs in the home and found that stock balances were correct.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure on display in the home for all to see and use. Staff

had undertaken safeguarding training and were aware of the whistleblowing policy and how to report concerns.

- The service had referred safeguarding situations to the local authority and to us as appropriate. Safeguarding audits had been carried out to check the procedures were being followed in line with local authority guidance.
- People told us they felt safe living in the home. They told us, "I feel perfectly safe" and "Yes, I do feel safe although the noise of the fire alarm [being tested] can get to me." No one we spoke with told us they did not feel safe and cared for. One person living there told us, "I do not feel nervous about anything."

Assessing risk, safety monitoring and management

- Staff used a computerised care planning system and had done risk assessments to provide guidance on how to reduce risks.
- Everyone who lived in the home had a personal emergency evacuation plan. Some were not detailed on managing more complex individual support needs should an evacuation be needed. We discussed this with the registered manager and clinical lead who began to address this during the inspection.
- Staff had carried out risk assessments had been carried out on people's skin integrity and their risk of pressure ulcers. Specialised equipment, such as pressure relieving mattresses were in place for those at risk.
- Accidents and incidents were recorded and analysed for themes and records indicated equipment was safe to use and maintained. Fire risk assessments had been completed by external consultants and the improvements to the environmental safety monitoring found at the last inspection were being maintained.

Staffing and recruitment

- The provider had recruitment processes to help make sure new staff were suitable to work with the people who lived in the home. The improvements made to the robustness of recruitment, found at the last inspection, had been sustained.
- Records showed relevant checks had been made, including with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. One reference needed checking to be sure the person giving it was the previous employer and this was addressed.
- Staffing levels were being monitored and dependency tools used to assess people's care needs. Sufficient staff were available to give assistance to the people who lived there. A relative told us, "I once pressed on the pressure mat, by accident, and it only took a member of staff about two minutes to arrive."
- People told us, "I think there are enough staff but they do seem to be busy sometimes" and also "Sometimes I feel there is not enough staff when new ones start and they have to be shown around."

Preventing and controlling infection

- We noted that some spacer devices [for use with inhalers] needed cleaning and single use measuring devices for medicines were being reused. The clinical lead sought advice during the inspection on replacing these. Chairs in lounges had been steam cleaned but some were worn and had frayed material. The registered manager confirmed this had been noted during environmental checks and escalated to the provider for replacement furniture.
- The provider had a policy on the control of infections and staff were given training on this and food hygiene. The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.
- Cleaning schedules were in place and people and relatives told us the home was kept clean including, "My [relative's] room is always clean." Personal protective equipment [gloves and aprons] to prevent the spread of infections was available throughout the home for staff. We saw staff used the protective

equipment correctly to deliver personal care and when serving food.

Learning lessons when things go wrong

- Lessons had been learned following an incident to make sure any district nurse referrals were followed up and confirmed so they were not overlooked.
- The service had used information on shortfalls identified during audits to learn and improve practice. For example, a learning need was identified for more guidance regarding skin care plans.
- The registered manager and clinical lead responded quickly to address the issues raised at inspection to make changes and improvements.

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

- The provider had systems to make sure people received care which met their individual needs and preferences. Senior staff completed an assessment prior to admission to help make sure the service was appropriate for the person and could meet their needs.
- The assessment of needs and people's wishes continued after people came to live there as they developed their care plan. Appropriate, clinically accepted tools were used to make assessments and had been subject to review with people, their representatives and social care professionals.

Staff support: induction, training, skills and experience

- We noted a staff member was not following best practice regarding 'as required medicines' despite having had training on medicines administration.

We recommend the provider seeks advice from a reputable source on improving their systems for checking staff's practical understanding and application of the training they received.

- The improvements to overall training provision and monitoring found at the last inspection were being maintained and kept under review. Staff received training relevant to their roles and people's needs.
- Evidence of training and supervision was recorded and there was a programme of induction and shadowing for new staff and refresher training throughout the year. Appropriate training was being provided for nursing staff to develop and update their knowledge and skills and to support revalidation with the Nursing and Midwifery Council.

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

- People had nutritional risk assessments and instructions for specific dietary needs. People had their weight monitored for changes so medical action and referrals could be made if needed.
- People told us the food was usually good with plenty of choice. People commented, "The meals are spot on. If I am thirsty I just shout and they bring me something to drink" and "I am a fussy eater, but I am looking forward to the curry today, it's my favourite."
- The service looked for ways to improve people's mealtime experiences and carried out audits to monitor this. The day's menu was on display in the dining room and was available in a pictorial format. Suggestions made by people using the service had been acted upon, for example introducing 'favourite meals' and making more fruit available for snacking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We saw that the service was working with other agencies. Information was recorded about joint working and referrals to other professionals such as GPs, dieticians, the speech and language therapist, tissue viability nurses, occupational therapy and community physiotherapy.
- All those asked said the staff would notice if they were unwell and they were supported to see a doctor if they needed one. We were told, "When I have asked to see a doctor they have called one for me" and also, "They [nurses] definitely know what they are doing." A relative commented, "They [nurses] are very well organised when [relative] needs to go to the hospital."

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

- Areas of the home had easy to read signage to help in meeting the needs of people living with memory problems. The signage helped promote people's independence and orientate them within the home, for example to locate bathrooms.
- Wheelchairs and equipment were stored out of the way and store cupboards, sluices and access to the laundry were kept locked.
- People were able to personalise their bedrooms.

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.

- When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed.
- There was evidence that a mental capacity assessment, specific to the task, had been completed for the administration of a covert [hidden] medicine. There was evidence that a best interest meeting had taken place and this stated those involved in the process.
- The registered manager completed DoLS applications when required and kept a record of those awaiting authorisation. Conditions applied to any authorised DoLS applications were in care records to help make sure they were met
- The provider had systems to ensure staff gained consent from people before they provided care and support. People told us they could say how they wished to be cared for and one person commented, "I am never forced to do anything I don't want".
- The management team had carried out an audit to check that people's resuscitation wishes were up to date to make sure their rights and views were being upheld. Where required GP's had been asked to do reviews with people and update these records if needed.

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 requires improvement. At this inspection this key question has now improved to good. 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 people were treated with kindness and they were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. They said the staff were always polite and willing to listen, and help, if they had a problem. People told us, "They [staff] are very good" and "Nothing is any trouble." Relatives commented, "I don't worry about [relative] being here" and also, "It is like home from home."
- The registered manager carried out 'dignity audits' that included staff observations to help check approaches were supportive and followed the home's dignity policies. The service was continuing to develop the role of 'champions' in the home with two dignity champions. These are staff who have a specific interest in an area of care and support staff to provide people with person centred care.

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

- People told us they felt listened to. Relatives told us they were kept updated about significant events affecting their loved ones.
- Staff respected people's individual choices and care plans contained information about people's preferred daily routines. Staff showed an understanding of people's likes and dislikes as well as information about their lives, interests and important relationships. One person told us, "I had my diamond wedding anniversary here and they [management and staff] made it very special."
- People had access to advocacy support when required and there was information available on support services. This helped to make sure that people's interests could be represented and external services used to act on their behalf, if they wanted this.

Respecting and promoting people's privacy, dignity and independence

- The staff spoke to people in a friendly and respectful way and called people by their preferred name. We saw that people's privacy and dignity were respected and people's comments supported this. We were told, "They [staff] do indeed [respect my privacy] especially when they are helping me" and also, "They [staff] don't seem to take over."
- We observed the lunch time meal and found the atmosphere was relaxed with staff chatting to people and nobody was rushed. People were supported to be independent with their meals, for example, using plate guards. People who required extra help at meal times received this in a dignified way with staff giving them individual attention and encouragement. This interaction had improved since the last inspection.
- Where people needed support with their personal care they were assisted to move to their bedrooms or to one of the bathrooms and their care was provided in private. The staff ensured that doors to toilets and

bedrooms were closed while people were receiving care.

- We saw staff helping people move around the home and helping people out of chairs and into wheelchairs using hoists. We saw this was done in such a way that their physical dignity was protected, an explanation given and with two members of staff to assist. We saw staff explained what they would be doing to assist and they were polite and respectful.
- Bedrooms we saw had been made personal with people's own belongings and all were for single occupancy. This meant that people could spend time in private if they wished to and see their relatives in private.

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 now improved to good. 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

- Each person had an assessment of needs done before coming to live at Westmorland Court. These assessments covered people's physical, psychological, and social needs. Some people and relatives told us they had been involved in developing care plans and said, "We went through it the other day" and "Yes, I am aware of my care plan." Some people were not as aware of their care planning records however, their relatives were aware of them.
- There were systems to review progress and changes. Improvements had been made, as recommended at the last inspection, in reviewing and taking appropriate action if people's needs changed. However, we saw a management plan that had not been updated to provide a clear evaluation of a person's behavioural changes so preventing a meaningful review of changes and/or progress. The clinical lead immediately addressed the issues regarding the behaviour plan and produced an action plan to review all support plans.
- We saw people taking part in organised activities of their choice supported by the home's activities coordinator. Others followed their own interests such as knitting or preferred to stay in their rooms. Some people were taking part in armchair exercises and a small group were playing dominoes. People told us they were aware of the activities programme and we were told, "I know about the activities but I don't join in, I have never been one for that sort of thing" and another person told us "I do bingo whenever I can."
- There was a monthly Christian religious service, as that was in line with people's identified religions and beliefs. People told us they enjoyed the spiritual occasion. People told us they did not have to participate in any activity if they did not want to. Relatives told us, "The staff are very welcoming" and also "They will inform us when they are taking [relative] out for a trip just in case we turn up". One relative told us, "We have little children and they [staff] encourage us to bring them to visit, especially on birthdays when they [staff] will put something on in the home".

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 identified before and following admission and guidance on meeting them stated in care plans.
- There was a range of information displayed within the home regarding services and organisations that could help or support them. This helped people be aware what support was available and how to access it. The home also produced a regular newsletter to help keep people up to date and informed about what was

going on, any changes in the home, including new staff to be aware of.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display in home and was available in pictorial formats. There had been four complaints made in the last year. These had been logged and followed up appropriately with action taken to change systems when needed.
- People who lived at the home told us they knew how to make a complaint and to whom, would feel comfortable doing so and believed that their concerns would be acted upon. Relatives we spoke with told us they would speak to the clinical lead or manager if they needed to about anything that concerned them.

End of life care and support

- The provider had policies to help staff understand the importance of delivering compassionate end of life care. Within care plans there was information about people's wishes regarding their end of life care. We discussed with the registered manager and clinical lead the importance of continuing to develop these plans to be holistic documents.
- The home had worked with local GPs and district nurses to help make sure appropriate care was provided as a person approached the end of their life. Nursing staff had received training to use 'anticipatory' medicines and the equipment needed to deliver them at the end of life to control any distressing symptoms.
- All staff were attending, or had been scheduled to attend, a four- week programme of training from a local hospice on end of life care. This included current best practice with end of life care plans and advanced wishes. This programme should help the service in their development of more formal planning with an accepted end of life model.

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; Continuous learning and improving care

- The provider used quality assurance systems to monitor the quality and running of the service being delivered. The area manager also visited regularly and did their own audit of a sample of records. The improved audit system we had seen at the last inspection covered a range of audits to assess compliance with internal procedures and against the regulations. These included medication procedures, care plans, infection control, catering, environment, falls and accidents and incidents to try to identify what needed to be improved.
- A small number of issues that needed attention had not been highlighted by the audits, such as the management and monitoring of 'as required medicines, medicines requiring refrigeration and checking a relevant risk assessment was in place. Immediately following the inspection, the registered manager sent us an action plan to advise of the steps they were taking to avoid a repeat of the situation that had led to the breach of regulation in the safe domain.
- There was evidence of other auditing being effective. For example, the environment and staff training and the regular monitoring of accidents and incidents. This was so trends could be analysed with a view to putting in preventative measures and altering systems to help stop the same thing happening again. One incident had resulted in a review of further staff training, following investigation.

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

- The registered manager worked in a transparent way and involved staff in discussions about changes at the service. Staff working in the home told us they felt listened to and that the registered manager and clinical lead were approachable.
 - Staff spoke positively about the registered manager and felt they were supportive. One contacted us to tell us. "I have seen lots of changes at Westmorland Court, it is really positive to see the good working relationship of the home manager and clinical lead. It motivates us all, as a team, to work together and the atmosphere at the home has become relaxed whereas previously it had been very different."
- We asked people if the home was well managed and their comments included, "It could be a lot worse – she [the manager] is great" and "It is nice here, it is like a hotel, everything is perfect."

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, clinical lead and senior staff were aware of their duty of candour responsibilities. Notifications of deaths, serious injuries and allegations of abuse were being sent in to CQC as required by regulation. Relatives confirmed they were informed of incidents that might affect their family members.
- The rating for the previous inspection was displayed within the home and on the service's website so people were aware of the current rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service, staff and others were consulted on their experiences and service development. People had been asked for their views on the service and people could make suggestions anonymously if they preferred.
- The service worked in partnership with other agencies and health professionals. We received feedback from commissioners, informing us of positive partnership working with the service.
- The service had developed useful training links with a local hospice to help them in the development of this aspect of care.
- The service had hospital passports for people for when they needed to be transferred to hospital. These were to help promote clear communication with hospital healthcare professionals.

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
Diagnostic and screening procedures	As required' medicines, the storage of medicines and self-medication processes were not being effectively assessed, managed and monitored.
Treatment of disease, disorder or injury	