Veecare Ltd

Willow Tree Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Inadequate
Is the service well-led?	Inadequate

Summary of findings

Overall summary

About the service:
High Meadow Nursing Home is a 'care home' and was providing personal care, nursing care and accommodation to 24 people at the time of the inspection. Most of the people using the service were older people living with dementia. The service was set in a large detached house in a street with similar houses. The accommodation is split over three floors with access to all floors by lift or stairs.

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

People's experience of using this service:
• There was not enough staff to support people's needs. This had an impact on the quality of care that people received and there were times when people were left waiting for support. Staff were extremely busy and did not have time to stop and chat to people or take their full breaks.
• The environment that people lived in was not designed for people who lived with dementia, it was not well maintained and was not always safe.
• Risks to people from their health conditions were not always mitigated, nor were risks to people from equipment.
• Most of the staff had worked at the service for a long time and had the skills and experiences they needed to support people well. However, staff were not positive about the training they were offered, and it did not promote best practice. We made a recommendation about the training staff were offered.
• The support people received was not always personalised and people and their relatives were not always positive about the activities at the service.
• Staff worked to support people to maintain their dignity. However, the care people received was not always dignified due to the design of the service and the lack of staffing.
• The service was not well-led and this had an impact on the care that people received. People, relatives and staff were all positive about the registered manager. However, they were less positive about the provider. People's relatives told us that they had raised concerns with the provider but that they had not felt listened to. When relatives had raised concerns about the maintenance it had not been recorded as a complaint and the complaints process was not always accessible.
• An audit undertaken by a consultant on behalf of the provider identified a number of the concerns we identified during this inspection. However, these had not been addressed.
• There was a nurse at the service at all times and people received their medicines on time and as prescribed.
• When people were unwell or needed support from a health and social care professional they received this.
• People were supported to eat and drink safely. Where people needed support to maintain their weight or eat a specialist diet this was in place.
• Staff understood that people had the right to make choices about their care. Where people were not able to make decisions, these were made in their best interests.

The service did not meet the standard of Good in any area and there were a number of breaches of the

regulations.

Rating at last inspection:
At the previous inspection (published on 5 April 2018) the service was rated Requires Improvement.

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

Enforcement:
You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

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 not always effective Details are in our Safe findings below.	**Requires Improvement**
Is the service caring? The service was not always caring Details are in our Safe findings below.	**Requires Improvement**
Is the service responsive? The service was not responsive Details are in our Safe findings below.	**Inadequate**
Is the service well-led? The service was not well-led Details are in our Safe findings below.	**Inadequate**

Willow Tree Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses a residential care service where some people are living with dementia.

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

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

Notice of inspection:
This inspection was unannounced on the first day, we told the registered manager that we would return on the second day.

What we did:
● Due to technical problems, the provider was not able to complete a Provider Information Return. 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 reviewed information we had received about the service since the last inspection on 16 and 17 November 2017. This included details about incidents the provider must notify us about, such as when a

person dies. We used this information to plan our inspection.

● We spoke with five people's friends and relatives and three people who lived at the service.

● Some people were not able to verbally communicate their experiences of living at the service. We observed the care provided for people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.

● We looked at seven people's support plans and the recruitment records of three staff employed at the service.

● We viewed, medicines management, health monitoring information, complaints, meetings minutes, health and safety assessments, documents relating to the building safety, accidents, rota's, the dependency tool, staff training matrix and incidents logs.

● We spoke with the registered manager, one of the providers, two nurses, six support workers the maintenance/laundry person and the cook.

● We sought feedback from relevant health and social care professionals and commissioners from the local authority on their experience of the service. We did not receive any feedback about the service prior to the inspection but did meet one health and social care professional during the inspection and received feedback from one other after the inspection.

Requires Improvement

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Staffing and recruitment

- There was not enough staff to meet people's needs.
- Since the last inspection the number of people living at the service had reduced by one. The number of care staff in the morning had reduced from eight to seven and there was no longer an extra member of staff working until 10pm to support people to go to bed. Some people's needs had increased, previously 21 needed two staff to assist them with personal care, this had increased to 22 people.
- Staff told us that there were not enough staff and sometimes people had to wait for their meals or to go to the toilet. Staff told us that the afternoon was particularly difficult as there were only five staff to assist people from 2pm until 8pm.
- We observed people had to wait for support to move from one part of the lounge to another. People wanted to move because they were cold. Lunch commenced at 12.30pm but some people did not get to eat until 1.30pm.
- During the inspection we observed that staff were extremely busy and were rushing around to respond to calls for assistance. Relatives told us, "The staff here work enormously hard. Staff do get breaks but have to interrupt them [to assist people], they often don't get to finish their lunch." One person became upset, there were no care staff in the area to respond. The person was assisted by a member of staff who was not a carer. This meant that there was a risk that the member of staff would not have known how to support the person safely.
- We raised this with the provider who told us that they used a dependency tool and that they were overstaffed. However, this tool lacked detail and we were unable to assess if it was suitable for a nursing care home where people lived with dementia.
- Since the inspection the provider increased staffing in the morning from seven to eight. However, at the same time they decreased the number of staff from 2pm to 8pm to four. And, the number of people needing support from two care staff had increased from 22 to 23. This increased the risk of people's needs not being met safely.

The provider had failed to ensure that there were sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff continued to be recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. The service had checked that nurses were suitably qualified and had up to date registrations.

Assessing risk, safety monitoring and management

● Risks to people were not always well managed.
● At the previous inspection we found that call bells were not always placed within people's reach and were an area for improvement. At this inspection we also found call bells out of reach, this meant that people would not always be able to call for assistance when they needed it. One person's call bell was at the top of the bed placed under the pillows, and the person was not able to reach it. We spoke with the person who said they were uncomfortable and they were not able to move themselves. We raised this with the registered manager who arranged for call bells to be moved so that people could reach them.
● There were risk assessments in place for people including mobility, continence and hydration and nutrition. However, one person had risks associated with a leg ulcer and cellulitis and there was no risk assessment in place. During the inspection we observed that the person was wearing trousers with elasticated bands at the bottom. We raised this with the nurse during the inspection as the elastic could restrict the persons circulation.
● Some wheelchairs had missing footplates and arm rests, which meant they would not be safe to use. Staff told us that there were times where they had to use these wheelchairs but that they had raised concerns and wanted the chairs to be replaced. On the second day of the inspection we observed that some, but not all, of these incomplete chairs had been removed.
● Checks on hoists used to move people were out of date, this meant that the equipment was overdue for a check to ensure that it was safe to use. We raised this with the provider who arranged for these checks to be done immediately after the inspection.
● Risks to people from the environment were not always well managed. People's personal evacuation plans lacked details relating to how to assist people to get down the stairs. The door to the basement was not locked when it needed to be.
● Other risks to the environment had been assessed and mitigated. For example, the gas and electric systems had been checked to ensure that they were safe.

Learning lessons when things go wrong
● When there were incidents and accidents these had been recorded and reported as appropriate. However, actions were not always recorded when there were incidents. For example, one person had a care plan relating to their emotions. When there were incidents this plan had not been reviewed and updated to include what actions were taken and if these actions had worked. A risk assessment was not in place to detail safe ways of supporting the person to minimise the risk of harm to the person or others.

Preventing and controlling infection
● People were not always kept safe from the risk of infection. Twenty people needed to use a hoist to access the toilet, this involved using a sling to hoist a person on and off the toilet. These slings should not be shared between people as there is a risk of transference of infection. There were only five slings available for staff to use to assist people. Slings were all kept in the equipment room on hooks. There were a number of slings on the same hook which increased the risk that infection could be transferred from one sling to another.

The provider had failed to do what was reasonably practical to mitigate risks. Risks from the premises were not always mitigated. Equipment used by the service was not always safe. Risks associated with the control of the spread of infection were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Staff had access to appropriate equipment such as gloves and aprons and we observed staff using these when supporting people with personal care.
● Red bags were used when clothing or bedding was soiled to prevent cross contamination. We observed that staff were using these and following best practice guidelines.

● The service employed domestics to undertake the cleaning and the service was clean.
● The registered manager reviewed incidents for trends and patterns and staff were aware of where there had been concerns.

Using medicines safely
● At the last inspection we identified an area for improvement in that people were not given a choice of how they like to take their medication. At this inspection we found that this had improved.
● Medicines were ordered, stored, and disposed of safely and securely.
● People's medicines were administered as prescribed and staff had information on how people liked to take their medicines.
● Nursing staff had the information and training they needed to administer medicines safely.
● Where people had 'as and when' medicines known as PRN's there was information in place for staff on how and when to administer these.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse. There had been no safeguarding concerns at the service since the last inspection.
● The staff we spoke to knew how to identify concerns. Staff told us that they were confident that concerns would be addressed by the manager. Staff told us that if concerns were not addressed they would report them to CQC or the local authority.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI:□The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

● The building had not been well maintained. For example, there was a leak in the ceiling in a corridor used by people and staff, one member of staff told us that it had been there "At least a year". The car park area outside was also in a poor state and would be difficult for people to cross. There were trip hazards such as rippled carpets in corridors, scuffed flooring and a large doorstop which was attached to the floor. Some people at the service shuffled their feet as they walked meaning that they could catch on these hazards and fall. The ripples in the carpet was highlighted as a concern in the provider audit on 10 July 2018. However, actions to address these issues had not been taken. The conservatory doors had a gap at the top and bottom making the room too cold for people to use at times. Relatives told us that the provider was slow to do repairs.

● There were people living at the service with dementia, the environment was not dementia friendly and did not meet best practice guidelines. For example, toilets were white with white seats; best practice guidelines recommend that these are of contrasting colours. People's doors were all the same colour and not personalised beyond having their name on the door in small letters. The use of signage and reference points was limited, this could be improved to assist people to find the toilet or their own room. This meant that there was an increased risk of people getting lost or needing assistance to navigate around their home. There was no quiet space for people to sit except if they went to their own room. Concerns about the lack of signage were highlighted in the providers audit on 4 December 2018, but these were not addressed.

● The decoration was worn and tired needed to be improved in some areas. For example, some carpets were stained.

The provider had failed to make appropriate adaptations to the premises and had failed to ensure that the building was properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Staff support: induction, training, skills and experience

● Staff training was up to date and included health and safety, dementia, challenging behaviour, manual handling and medicines. However, training offered did not include equality and diversity and was predominantly DVD based. When we spoke with staff they were not positive about the quality of the training provided and did not feel that it supported developing best practice.

We recommend that the provider reviews the training offered to staff to ensure that it is in line with best practice.

● Most of the staff had been at the service for a long time and were very experienced. One person said, "The staff are fab, and they seem to know what they are doing. I don't interfere with their job, because I trust

them."
● Staff induction included training and a period of shadowing and there were regular supervision and appraisals for staff. Staff competency in manual handling and medicine administration was assessed.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access health care professionals when this was needed. For example, they had access to a GP, dentist and opticians.
● A person told us, "They will call the doctor if I needed one." Relatives were positive about the support people had to manage their health.
● Feedback from a visiting health and social care professional was that staff listened to their advice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed, however, one person had risks associated with a leg ulcer and cellulitis and there was no risk assessment in place. Assessments included information on people's needs such as personal care, mobility, nutrition and hydration, skin integrity and continence. There were also assessments of peoples cultural and spiritual needs and people had care plans in place for these needs. Relatives were involved in people's assessments.
● Staff used nationally recognised tools on a regular basis to update people's assessments such as the malnutrition universal screening tool (MUST). MUST is a way to identify adults at risk of malnutrition or obesity.

Supporting people to eat and drink enough to maintain a balanced diet
● The cook had been at the service for a long time and knew people's preferences well and offered people choices. The menu was displayed in picture form to help people make informed choices.
● People were supported to eat and drink enough to maintain their health. For example, where people needed support to ensure that they remained hydrated their fluid intake was monitored.
● Where there were risks to people from eating, such as choking, people were supported appropriately.

Staff working with other agencies to provide consistent, effective, timely care
● Information was shared with other health and social care professionals to help ensure people received consistent care and support.
● The service was participating the in the NHS red bag scheme. This is involves using a red bag when people leave the service to go to hospital and when they come back. The bag is packed with standard information about people's health and care needs as well as people's essential personal possessions such as their glasses. This scheme aims to ensure people's possessions and information are protected and do not get lost.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff understood the principles of the MCA and were following these guidelines. Where people had restrictions on their liberty DoLS had been applied for in line with MCA guidance.

Requires Improvement

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.

RI:□People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

● The provider had not ensured that people were being treated with dignity and respect in that systems to keep people safe from harm and protect them from risk were not robust, people's home was not well maintained and not adapted to suit their needs.

● People's records were not always kept securely. People's files were kept in an office on an open shelf. We observed that the office door was left open all day even when the office was not occupied. This concern was highlighted in the providers audit on 16 May 2018 but had not been addressed. This meant that people and their visitors could access people's private records if they chose to do so.

● People and their relatives were positive about how staff supported them with their dignity. One relative said, "Staff are very supportive and respectful, they shut the curtains when do personal care and make sure the door is shut as well." However, staff told us "Sometimes the laundry is too busy, and people do not have clean clothes, but this is not very often." On the first day of the inspection we observed that one person was not wearing socks. We asked staff of the person had socks, they told us that they did not and that there were none in the persons drawer. On the second day we saw that there were now socks in the person drawer. The way people's rooms were arranged meant that some people could be observed in bed by anyone who entered the building. We discussed this with the provider who agreed that they would review how rooms were laid out.

The provider had failed to ensure that people were treated with dignity and respect and their privacy was maintained. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

● Relatives were positive about how staff supported them to maintain their relationships. One relative told us that they had come and had Christmas dinner with their partner at this was important to them. Another told us, "I can come and visit anytime any day."

● Staff knew what tasks people could do for themselves which enabled them to support people to remain independent.

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

● Staff were caring and spoke with people with kindness. However, staff interactions were predominantly limited to supporting people with their care. Staff told us that they did not have time to stop and talk to people. Staff told us that they were unhappy about this. One staff said, "We don't have time to sit and talk to the clients. It would be nice for the clients if we could just sit and talk to them sometimes."

● Staff understood how to support people with needs relating to protected characteristics. For example,

people had access to support to meet their religious needs and attend religious services. However, staff had not received training in equality and diversity.

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

- People and their relatives were involved in reviews of people's care.
- There were regular 'residents and relatives' meetings. Relatives told us, "I always attend the meeting held once every mouth, the manager is friendly and approachable, and you can talk to them about anything."
- Information about advocacy services was displayed at the service, although no one at the service was accessing an advocate at the time of the inspection.

Inadequate

Is the service responsive?

Our findings

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

Inadequate: Services were not planned or delivered in ways that met people's needs. Some regulations were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care provided to people was not always person centred.
- Care was planned around available staff time rather than individual to the person meaning that care was delivered in routines and people were left waiting. For example, everyone was offered a drink, then everyone had lunch and then after lunch staff worked their way around the room taking everyone to the toilet one after the other. One person was taken to the dining area for an activity. The person was left waiting for 40 minutes with no stimulation before a staff member was available to engage in an activity with them. We observed that they were not offered a choice of activities and they were not happy with the activity. When we spoke with the person they told us, "I think I am past all this, I'd much rather be doing my knitting."
- Records relating to dietary information was basic meaning that some people were only offered a soft diet when they were not at risk of choking and could have safely eaten a wider selection of foods. One person was unhappy with the meal they were offered and wanted a different choice which they were not offered. Staff were not aware that the person could have what they had asked for until we raised this with the registered manager.
- The activities co-ordinator's hours had been reduced from seven hours per day to five hours per day. Relatives told us that they were unhappy about this reduction because this reduced the amount of activities and stimulation on offer for their loved ones.
- People were not always positive about the activities at the service. People and their relatives told us, "I can't get out of bed, so I don't take part in any of the activities that go on"; "I don't have much interest in the activities, but I like to watch the films together with everyone" and "There is not much going on as in activities, someone comes to read for [my relative] and that's about it, but I am ok with it because they can't keep awake."
- People were left without stimulation for long periods of time. On the first day of the inspection we used an observational tool to assess staff interactions with four people. This showed us that there were low levels of staff interaction with people and interaction was often limited to undertaking basic care tasks such as offering people a drink.
- Care plans were not always person centred or updated when they needed to be. For example, there were statements such as offer [person] a daily bed bath or shower, but there was no information on the person's preferences such as how they liked to be supported to wash.
- On the second day of our inspection no activities were planned. However, the provider arranged for a signer to come to the service in the afternoon. Staff told us that this was because were there inspecting.

The provider had failed to ensure that the care provided to people was person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

● People's communication needs were identified. The registered manager understood the Accessible Information Standard. People's communication needs were met. For example, information at the service was displayed in pictorial and easy to read formats.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place. However, there were conditions in the complaints policy that limited what complaints would be accepted from representatives where the person living at the service had capacity. In that, complaints would only be accepted if the person had consented either verbally or in writing. The meant that people could be discouraged from complaining and that anonymous complaints may not have been accepted by the provider.

● The registered manager told us that there were no complaints received at the service. However, relatives told us that they were unhappy about the maintenance of the building and that they had complained about this. Relatives said, "The maintenance of the property is very poor, there are leakages marks, in some of the rooms and the dining areas, even if it is fixed is not painted, and the windows are not cleaned, in short everything is outdated and needs doing. The staff are doing well, good job to them, but the owners need to wake up. We as families have called their attention to the problems of the home, but they don't care" and "I come to all the meetings held, the manager is nice, and she is ready to help with any complains put to her, the problem is not her it is the owners who are not doing the required repairs the service needed."

The provider had failed to operate an effective, accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

End of life care and support

● There was end of life information in people's care plans. This included information on whether the person wanted to remain at the service or not at the end of their life. There was also information about whether the person was to be resuscitated in the event that their heart stopped. There was information on what the person wanted to happen to their body and possessions after their death.

● Care plans did not include some details about how the person wanted to be cared for as they were reaching the end of their life. For example, whether they wanted music, if there were possessions they wanted with them at the time. This is an area for improvement.

Inadequate

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.

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- The registered manager had not informed CQC of significant events that happened within the service, as required by law. Where applications to deprive people of their liberty had been approved CQC had not been notified when they should have been.

The provider had failed ensure that notifications were submitted to CQC when there was a notifiable event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- There were regular audits of medicines, falls, care plans, risks assessment, health and safety and environmental concerns and a provider's annual audit. However, these had failed to identify and address the concerns we found on this inspection. For example, an audit of infection control was completed on 15 February 2019, identified no concerns and concerns about the sharing of slings were identified during this inspection. Auditing had not led to improvements in that care was not always person centred and risks assessments were not always in place. The complaints policy was not fully accessible to relatives and relatives did not feel that their concerns were listened to. There were concerns about the building maintenance, infection control and equipment that had not been addressed.
- The providers audit completed by a consultant on behalf of the provider had identified a number of concerns but these had now been addressed. For example, on the 5 September 2018 an audit identified that equality and diversity training was not provided to staff. The action stated, "provider emailed" however staff had still not completed this training.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We spoke with one of the providers about how they planned to improve the service. The provider told us that they planned for the service to become "like a hotel" with new en-suite bathrooms in all rooms and an extension to provide more bedrooms and communal spaces. We asked about how they planned to improve care and they told us that they planned to introduce electronic care plans. However, there was no clear timetable for this and comments from relatives about the providers were not positive. One relative said, "It's a rackety old building which the owners don't care about." and "The provider is not ploughing the money back in to the home. Repairs are slow, and improvements are slower."

The provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

● There was a registered manager in post. The registered manager was accessible to people and their relatives and we observed that people and their relatives knew them well. People and their relatives spoke positively about the registered manager. People said, "The manager is very friendly she is always about making sure we are happy, I like her she is nice." Relatives said, "The manager is friendly and approachable, and you can talk to her about anything."
● We found the provider had clearly displayed their rating at the service which is a legal requirement. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

Working in partnership with others
● Staff worked in partnership with other agencies such as care managers and health and social care professionals where this was appropriate.
● The service was working with the GP on a scheme to help prevent unnecessary hospital admissions. The registered manager told us that this had been successful.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed ensure that notifications were submitted to CQC when there was a notifiable event.

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that the care provided to people was person centred.

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure that people were treated with dignity and respect and their privacy was maintained.

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do what was reasonably practical to mitigate risks. Risks from the premises

Treatment of disease, disorder or injury	were not always mitigated. Equipment used by the service was not always safe. Risks associated with the control of the spread of infection were not managed safely.

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider had failed to make appropriate adaptations to the premises and ensure that the building was properly maintained.
Treatment of disease, disorder or injury	

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	The provider had failed to operate an effective, accessible system for identifying, receiving, recording, handling and responding to complaints.
Treatment of disease, disorder or injury	

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to effectively assess, improve the quality and safety of the service.
Treatment of disease, disorder or injury	

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider had failed to deploy enough staff to meet people's needs.

Treatment of disease, disorder or injury

The enforcement action we took:

We planned enforcement action against the provider. However, the service was re-inspected and found to have significantly improved. Therefore, enforcement action was not taken.