

Rosemount Care Home Ltd

# Rosemount 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 2 and 4 July 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

Rosemount care home is situated in the suburb of Edgeley, Stockport. The accommodation is provided over two floors with access by stairs or a stair lift. There is a communal lounge downstairs with a smaller lounge area off the main lounge. There are secure accessible gardens. There had been significant improvements made to the home environment, including new flooring and improvements to the garden. There was a programme of works being followed to further improve the environment.

Rosemount 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 home is registered to provide personal care and accommodation to a maximum of 15 people. At the time of this inspection there were 12 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in May 2017, Rosemount was rated as 'Requires Improvement' with some breaches of the regulations identified. At this inspection, we found there had been improvements in some areas but found some continuing and additional concerns.

Medicines were stored safely but some records relating to 'when required' medicines were missing or provided contradictory information. This meant we could not be confident people had received their medicines as prescribed.

Safeguarding concerns the home had reported had been recorded properly but not all safeguarding incidents had been recognised and reported.

People's needs had been holistically assessed prior to admission to ensure the home was able to meet their needs. People and their families had been involved in this process.

Staff had received training to ensure they were able to support people properly. People living in the home were confident staff knew what they were doing and could help them in the right ways.

The staff understood the principles of the Mental Capacity Act 2005 and the importance of gaining consent before providing care and support. People told us staff always asked them before doing anything. We saw

staff regularly asking people if they wanted help or a drink.

People living in the home and their relatives praised the caring and polite attitude of the staff.

Staff ensured they supported people to communicate, following the guidelines in their care plans and the knowledge they had built up over time. This ensured people were supported to be involved and make choices.

People were supported to keep in touch with people who were important to them. Visitors were encouraged and welcomed. Some relatives described the home as being like a home from home.

People received person centred care that was responsive to their needs.

People's needs were reviewed regularly and they were referred to other professionals such as the doctor or dietician when needed. People were supported to maintain their health and wellbeing and to attend appointments.

People told us there were plenty of activities if they wanted to do anything. The home organised social activities and events including coffee mornings and visits from nurseries.

Auditing systems had not identified the issues we found during this inspection. Not all notifications had been submitted to CQC. The registered manager had not understood fully which incidents needed to be reported. We have discussed this in more detail in the Well Led section of this report.

People living in the home and their relatives felt confident in the management team. Staff working in the home felt there had been a lot of improvements since the last inspection.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The home was not consistently safe.

People living in the home and their relatives told us they felt safe.

Medicines were stored safely but some records relating to 'when required' medications were missing or provided contradictory information. This meant we could not be confident people had received their medications as prescribed.

Safeguarding concerns the home had reported had been recorded properly but not all safeguarding incidents had been recognised and reported. This meant we could not be certain the home had looked into incidents to ensure people were protected from the risk of harm or abuse.

Risk assessments had been completed to ensure people had support to manage the risks inherent in their daily lives. These were reviewed and updated regularly. Where a person chose not to follow advice from a health professional the home had not assessed the risks they faced and whether or not they could agree to this. This was addressed immediately.

### Is the service effective?

**Good** ●

The home was effective.

People's needs had been holistically assessed prior to admission to ensure the home was able to meet people's needs. People and their families had been involved in this process.

Staff had received training to ensure they were able to support people properly. People living in the home were confident staff knew what they were doing and could help them in the right ways.

The staff understood the principles of the Mental Capacity Act 2005, in relation to people making decisions for themselves, and

also the importance of gaining consent before providing care and support. People told us staff always asked them before doing anything. We saw staff regularly asking people if they wanted help or a drink.

### Is the service caring?

Good ●

The home was caring.

People living in the home and their relatives praised the caring and polite attitude of the staff. We saw staff behaving with kindness and patience throughout the inspection.

Staff ensured they supported people to communicate, following the guidelines in their care plans and the knowledge they had built up over time. This ensured people were able to be involved in decisions about their day to day care and make their own choices.

People were supported to keep in touch with people who were important to them. Visitors were encouraged and welcomed. Some relatives described the home as being like a home from home.

### Is the service responsive?

Good ●

The home was responsive.

People received person centred care that was responsive to their needs.

People's needs were reviewed regularly and were referred to other professionals such as the doctor or dietician when needed. People were supported to maintain their health and wellbeing and to attend appointments.

People told us there were plenty of activities if they wanted to do anything. The home organised social activities and events including coffee mornings and visits from nurseries.

### Is the service well-led?

Requires Improvement ●

The home was not consistently well led.

Auditing systems had not identified the issues we found during this inspection. Not all notifications had been submitted to CQC. The registered manager had not understood fully which incidents needed to be reported.

People living in the home and their relatives felt confident in the management team. Staff working in the home felt there had been a lot of improvements since the last inspection.

The home continued to work with the quality team at Stockport and other organisations to improve the quality of the service.

# Rosemount Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 4 July 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. We contacted Stockport quality assurance team to establish if they had any information to share with us. This would indicate if there were any particular areas to focus on during the inspection.

During the inspection we spoke with; the registered manager, deputy manager, four people who lived at the home, three relatives of people living at the home, four members of care staff, a visiting GP and a Speech and Language Therapist (SALT).

We looked at a variety of records, including; six care plans, six medication administration records (MAR), four staff personnel files, training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

# Is the service safe?

## Our findings

At our last inspection in May 2017, this key question was rated as 'Requires Improvement'. This was because we had identified concerns in relation to the safe recruitment of staff, one person had been employed without the necessary checks. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. At this inspection we found DBS checks had been undertaken prior to staff starting employment. All other documentation including; references, proof of identification and application forms were in place.

People we spoke with said they felt safe. One person said, "I feel safe here because I have help and company." Another person said, "I feel safe here because when I was at home I kept falling, they help me here." Relatives of people we spoke with also said they thought people were safe. One person said, "They are keeping [name] safe." Another person said, "I know [name] is safe because the staff are there all the time, they bob in. If [name] needs anything they press the buzzer and the staff come quickly."

During this inspection we found different concerns in relation to safeguarding procedures, risk assessments, recording of incidents and the safe handling of medication.

The home had a clear safeguarding policy and procedure which is aligned with Stockport local authority safeguarding procedure. There was information about how to raise a safeguarding concern displayed in the office together with the whistleblowing policy. Where the safeguarding policy had been followed we could see this had been done properly. However, we found not all safeguarding concerns had been reported.

One person had been cut while receiving personal care, this had been recorded in their care record on an accident form but had not been reported as a safeguarding. Another person had fallen and broken a bone, this had been recorded in their care record as an accident but had not been investigated to establish the cause. We discussed these two incidents with the registered manager who had not recognised that these would need to be raised as safeguarding matters or notified to CQC. This has now been done. The registered manager has also devised a form to complete appropriate investigations. We were satisfied no lasting harm had occurred and that future incidents would be responded to appropriately.

Some risk assessments had been developed in people's care plans to support them to manage the risks inherent in their daily lives. These included; mobility, skin, personal care, medication and nutrition including speech and language therapist (SALT) reports which consider swallowing and choking risks. We found risks to people who had chosen not to accept advice from SALT had not always been assessed. We raised this with the registered manager who completed the risk assessment during the inspection. We were confident no harm had occurred and appropriate support had been provided.

The home had not kept a separate accident and incident log. This meant it was difficult to look at accidents and incidents to assess whether they had been responded to fully. Accidents had been recorded on accident forms and stored in the persons care file.



The home had a medication policy which provided clear guidance about the administration and recording of medicines. The home worked closely with the local clinical commissioning group (CCG) to improve the safe use of medicines. There was a pre-dispensed system in place, medicines were delivered in blister packs. Medicines that could not be kept in blister packs, including, liquids and inhalers, were stored in the locked medication cabinet with the date of opening recorded on them. Medication administration record charts (MAR) provided clear information about when and how to administer people's regular medicines. Where people needed to take medicines 'when required', such as pain relief or support with managing anxiety, we found not everyone had a protocol in place to advise when to provide this medication. Some people had them in the medication file kept with the MAR charts, some people had them in their care files in the office and some people did not appear to have one. One person, who could not reliably communicate pain, had been having 'when required' pain relief but this had not been given since the MAR chart was completed and removed without being replaced. We discussed this with the registered manager who ensured the information was in place. We checked the person and found they were content and did not appear to be in pain.

Topical medications such as creams had been stored safely but there was a lack of clarity about how some creams should be used. We discussed this with the registered manager who advised the pharmacy labels were not always clear. They have begun to address this and we will review this at the next inspection. Body maps had been completed to identify where creams needed to be used. There were MAR charts for signing when creams had been applied. We found some gaps in the signing for creams. We discussed this with the registered manager who addressed this immediately with a more reliable method. We were satisfied with this as there was no evidence of harm. We saw pressure relieving equipment was being used, including air flow mattresses which we observed were set correctly.

We looked at the rota's and talked with the registered manager about how they ensure they have the right number of staff to ensure people are safe. The registered manager said they had been working with another home on this. The staffing is currently two staff on at night, three staff on during the day. In addition there were domestic and management staff. We saw that staff had time to support people and respond to their requests. We spoke with staff to check whether they felt there were enough people on duty to keep people safe. One person said, "Yes, we have three on in the day plus the manager." Another person said, "Yes, on nights, there are enough of us to be safe."

The premises and equipment had been well maintained and we saw certificates and relevant documentation of any work that had been completed. These included checks of electrical installation, fire alarms, legionella, gas safety, hoists/slides and the stair lift. There had been significant improvements made to increase access to the garden and garden furniture installed. During the inspection we saw a few people outside enjoying the garden.

The fire evacuation procedure was detailed. We talked with some staff who were able to describe what action they would take if the fire alarms sounded. One person told us about a recent evacuation due to a false alarm which they reported went well. People living in the home had personal evacuation plans (PEEPS) in their care plans to identify the support they would need to evacuate in an emergency.

We looked around the home including the communal areas, bathrooms, kitchen and some bedrooms. We found the home was clean and free from malodours. A cleaning schedule identified all tasks and checks were in place to ensure they were completed. Cleaning materials were stored securely to ensure people were not at risk of harm from accidental exposure.

We checked how the home managed infection control. There was a clear policy in place and the home

attended infection control meetings with the local authority to maintain and improve practice. We saw there was personal protective equipment (PPE) available for staff including, aprons, gloves and hand gel. We observed staff using this when providing personal care and at meal times.

# Is the service effective?

## Our findings

Assessments in people's care plans were detailed and provided clear information about their needs and how they preferred to be supported. Information had been included from the person, their family and other involved professionals. One relative told us, "The home made sure they knew about [name] needs before they moved in and learned about their medical conditions." This showed the home had a robust initial assessment process in place to ensure they could meet people's needs prior to admission.

From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care Certificate is a national set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We looked at the home's training records. We found new staff had received an induction over 13 weeks, staff were working towards achieving the care certificate, with five staff due to enrol in September this year. All staff had up to date training in; safeguarding, moving and handling, health and safety, infection control and mental capacity. There had been additional training in relation to long term conditions including, dementia and diabetes.

Staff we spoke with said they had received a lot of training and had found it helpful.

People who lived in the home said they felt the staff knew what their needs were and how to support them. One person said, "I am confident the staff know how to help me they are very good." Another person said, "Staff here know what they are doing, we get what we need." Relatives we spoke with were similarly confident in the abilities of the staff. One person said, "They know how to help [name], I am amazed how [name] has come on."

People's health care needs were identified in their care plans and details of any appointments and the outcome of these had been recorded. There was a professionals record sheet to ensure visiting professionals could record the reason and outcome of their visits.

We looked at how the home supported people to maintain good nutrition. We found people's preferences had been recorded. Information about dietary needs included; details of foods to avoid due to a health condition and details for people needing soft foods or thickened fluids had been recorded. We found for one person the records were not clear in relation to the consistency of their food. We have addressed earlier in this report. People had been weighed regularly to ensure their weight remained healthy. Advice from the dietician had been sought when required for people who had lost weight. At the time of our inspection one person had some nutritional supplements and we could see from the records they had received these regularly.

People said they enjoyed the food provided at the home. One person said, "I like the food here, they just ask me what I want and they say you can have it." Another person said, "The food is quite reasonable, sometimes you have a choice sometimes you don't." Another person said, "The food is pretty good, there is a set meal but if you don't want it you can have something else." We discussed people's comments about choice with the registered manager who told us though they had a set menu everyone had a choice and

could have an alternative if they wished.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found they were. There were six people subject to DoLS authorisation at the time of our inspection. The home had a system to apply for renewals when needed. Care plans included assessments of people's capacity to make decisions for themselves.

Staff we spoke with understood the importance of getting consent from people to receive personal care. One person said, "I always ask, if people are happy they usually say so, if they decline, I will try to encourage them." Another person said, "I always ask people first, if they are unable to reply, I make sure I talk to them and reassure them, if they decline I may come back again later." We observed staff throughout the inspection and saw them asking people before offering support. When we needed to look in people's bedrooms to check their pressure relieving mattresses staff ensured they asked the person's permission before we went in to their rooms.

The home together with support from the Alzheimer's society had changed the environment to improve the experience for people living with dementia. Flooring had been changed to plain coverings throughout the ground floor. People with dementia can find patterns or changes in the shade of flooring difficult to walk over. Photographs had been placed on bedroom doors to help people find their rooms. The home has appointed a dementia champion and has been looking at how to support people with dementia to engage in daily tasks. This showed the home had committed to improving their knowledge and skills to better support people.

## Is the service caring?

### Our findings

People who lived in the home told us they were well cared for. One person said, "I get well looked after here, you can't wish for anything better." Another person said, "It is very nice here and the people are very good." A third person said, "It is very pleasant here, the staff are very nice and welcoming." Relatives we spoke with said the staff were very caring. One said, "The staff are very caring, it is a home from home here." Another said, "The staff are lovely, very nice and caring." A third person said, "Staff are nice and kindly in the way they speak to everyone, they are very approachable." We observed staff behaving in kind and caring ways throughout the inspection.

Staff understood the importance of supporting people to maintain their respect and uphold their dignity. People who lived in the home felt they were respected. One person said, "The care staff are always polite with me, it is important that I feel respected." A relative told us, "I visit most days, staff always knock on the door and ask if it is alright to do something." We saw in one care plan clear guidelines to support a person who may become challenging to others, the guidelines were factual and respectful of the person and advised how to reassure the person. A relative told us, "They are really good reassuring [name] if there are new staff they make sure they don't go in without getting to know [name] first."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. Communication guides in people's care plans included details about the most effective way to support someone to communicate. How people preferred to be addressed was included. Improved signage around the home provided clear information to people who needed this.

People had been encouraged to maintain their independence, descriptions in care plans identified what people could do and how to encourage people to maintain their skills.

People's cultural needs and backgrounds had been recorded in their care files to ensure they had the support they needed to maintain them. Staff were knowledgeable about the different needs people had. A vicar visited every week and provided communion for those who wanted it. One person told us how important their church had been to them and felt they had been supported by the home to keep their faith.

People were supported to maintain important relationships. Details of who was important to the person and how to contact them was recorded in care files. People were able to receive visitors at any time. During the inspection we saw several people visiting and noticed they were made to feel welcome. One visiting relative told us, "We feel like we are at home when we visit, they always make us feel welcome."

Advocacy services were not currently being used by anyone in the home. The registered manager explained that most people had family members or other representatives. The home ensured they understood people's wishes as far as possible and respected them.

We observed meal times during the inspection. There was no dining room, though there was a dining table

in the corner of the lounge area there were lounge chairs around it which would not have been suitable for dining. People ate from hospital style over bed tables while sitting in their chairs. No one living in the home raised any concerns about this when we spoke with them. One relative felt this had limited the amount of times people mobilised. We discussed the lack of dining facilities with the registered manager who advised that people had chosen the current system and could eat at the table if they wished.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, the service was rated as 'Requires improvement' in this domain. This was because people's care plans had not always contained enough detail about how to meet their individual needs and preferences. At this inspection we found there had been significant improvements.

We looked at the care records for six people. We found people were receiving person centred care. Care plans included sections relating to all aspects of health and personal care needs. Clear instructions in the care plans ensured people received support as they preferred. In one person's care plan we saw a mobility plan that included details of how to talk with and reassure the person and not to rush them. In another care plan there were detailed guidelines about how to provide direct personal care to ensure the person felt comfortable.

Staff we spoke with understood what person-centred care was and why it was important. One member of staff said, "I try to do what people want when they want to do it, not when I do." We saw staff interacting with people in personal and friendly ways. Personal histories were included in people's care plans, some people had scrap books including photographs. Staff used these to prompt discussions.

Care plans had been reviewed and updated regularly to ensure they were up to date. We found some conflicting information in one person's care plan in relation to their diet, we raised this with the registered manager who addressed this immediately.

People had been referred to health professionals when required. We saw people had been referred to the dietician when their weight had fallen. Advice received had been recorded and followed. We spoke with a SALT who had visited people in the home and they said the home were good at referring people if they thought they were having difficulty swallowing.

We spoke with a GP who visited the home every week, they said the home were good at keeping them informed of any changes but also would make urgent appointments when needed. They were working together to provide proactive care for people with chronic conditions to improve their overall health and wellbeing.

We asked people living in the home about the activities available. One person said, "There's plenty to do if you want it." Another person said, "I can fill my time and there are always visitors coming." A third person said, "I like to watch TV and that has to be enough now I can't get about." There were regular activities including chair exercises, craft sessions, visits from a nursery and games. People also had access to the garden. The home also encouraged community groups to come into the home through open days, coffee mornings and similar events. There are also trips to the local community and some fundraising ventures.

The home had a complaints policy and we could see information about how to complain was displayed in the communal areas. We looked at the complaints log, we could see the home had responded to complaints fully but had not received any for some time. We discussed this with the registered manager who

told us most people would raise a concern directly when it happened and they would respond straight away. This meant people did not feel the need to formally complain. We spoke to people living in the home about how they raised any concerns. One person said, "I was not happy with something and I told [registered manager] they dealt with it straight away." Another person said, "If I was not happy I could tell them, I know they would help me, but I have not had any need to complain." We spoke with some relatives who also said they did not feel any cause to complain because whenever they wanted to raise a concern they could do and it was always responded to.

The home sent out a satisfaction survey to relatives and people living the home. The survey addressed, food, cleanliness, staff attitudes, home comfort, quality of care and management. We reviewed their findings and found there was a high rate of satisfaction recorded. We could see where people had made suggestions that action had been taken. This showed the home were listening to people and responding to their ideas.

People had been supported at the end of their life in ways that upheld their comfort and dignity. People's preferences about this aspect of their care were considered and recorded in their care plans. The GP regularly reviewed peoples wishes in relation to resuscitation. The home continued to improve their knowledge and skills. There had been further training in end of life care and one member of the team is now an end of life champion. The home recently received very positive feedback from district nurses and family members in relation to the end of life care provided to a person. A relative told us about a recent time when their relative had been very poorly, "The staff were brilliant with [name] they spent hours with them in the home and made sure they weren't alone."



## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection, the service was rated as 'Requires Improvement' in this domain. This was because auditing systems had identified errors with record keeping in relation to medication but the problems had continued, therefore the issues had not been addressed. There had also been a lack of contemporaneous records in relation to how people's needs had been met. At this inspection we found though there had been improvements in the record keeping identified at the previous inspection there had been other concerns with records, in relation to medication, accurate nutritional advice, incident investigation and notifications to CQC.

Protocols to describe when to give people medicines prescribed as 'when required' were not present for all people. Some were missing and some were stored in their care plans in the office. Some of the information was ambiguous and it was not clear whether it was to be given all the time or only when required. These had not been identified by audits of medication records.

Information in relation to the nutritional needs of one person was conflicting. It was not clear whether they should or should not have thickened fluids and a softer diet. This had not been identified by audits of the care plans.

This meant we could not be confident governance systems had been effective in assessing and monitoring the quality of the service.

The above examples demonstrate a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The registered manager or registered provider have a responsibility to report accidents and incidents to CQC. We checked our records before the inspection. We found some incidents during the inspection which had not been reported to CQC. This included; a person who fell and broke a bone, we discussed this with the registered manager who had been unaware this was a reportable incident. Another person had been injured when receiving personal care, we have received a notification of this since the inspection. We are currently considering our options in relation to enforcement in response to this matter.

People living in the home were happy with how it was managed. One person told us, "[name] is very approachable, very lovely and nice." Another said, "I like the manager, they listen when I say something and do something about it." Relatives told us, "Management is really good, we get regular updates and can talk to them anytime." Another said, "I feel the manager is good and the staff have a professional attitude."

Staff we spoke with felt confident with the management of the home. One told us, "It is well managed and it is improving a lot." Another said, 'The home is well led, the registered manager is willing to look at problems and the management team are effective.' A third said, "I think everything is looking a lot better here." Another person praised the positive feedback and encouragement they had received from the management team.

The home had clear values to underpin their aim to provide high quality care. Staff we spoke with said they were clear about what was expected of them. People living in the home praised the manners and professionalism of the staff. This showed that the home's values were evident in the way care had been provided. Relatives told us how happy they were with the atmosphere in the home and the care provided.

Following the last inspection the registered manager had developed an action plan to address the issues raised in it. One action had been to ensure there was an accessible policy and procedure file in place. At this inspection we found the policy and procedure file included all relevant policies and procedures and staff had access to these. The home also had a business continuity plan which included contingency action plans to respond to specific events including; floods and power cuts. They had displayed the last inspection report and ratings in the entrance area.

The home held regular staff meetings to ensure staff were up to date and share information and ideas. It was not possible to review the minutes as not all were there at the time of our inspection. We received a copy following the inspection. The registered manager recognised it was important for everyone to have access to staff meeting minutes.

The home had built more links with the local community to increase the experience for people living in the home. The home had links with a local care home forum, managers from different homes met and shared their knowledge. The registered manager was also working closely with the local authority quality improvement team. This showed that the home continued to develop partnership working to improve the quality of the service.

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  Governance systems had failed to identify issues we had found during the inspection.