Park Lane Healthcare (The Manor House) Limited

The Manor House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 6, 7 and 9 February 2018. The first day was unannounced and we told the registered manager we would be returning on the second and third days.

The Manor House 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 accommodation and care for up to 38 people and is part of Park Lane Healthcare. At the time of our inspection there were 28 people living at the home. The accommodation was on two floors with a passenger lift to connect all areas of the home.

The service is required to have a registered manager in post. A registered manager is a person who has registered with CQC 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 the time of the inspection there was a manager in place who had commenced the registration process with CQC.

At the last inspection on the 31 July 2017 we found that care and treatment was not provided in a safe way. This related to the cleanliness of the premises. This was a breach of Regulation 12. Following that inspection the provider sent us an action plan detailing the improvements they would make in relation to the cleanliness of the service.

During this inspection we reviewed actions the provider told us they had taken to become compliant with the breach identified in July 2017. We also looked to see if improvements had been made in respect of the breach. We found the breach of Regulation 12 had not been fully met. In addition we found a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to the overall oversight and governance of the service.

Measures which were required to reduce the risk of harm were not always in place when people's needs had changed.

The provider had not ensured new staff received the support, supervision and induction they required to deliver effective care.

Staff were caring and aimed to deliver a good standard of care that was compassionate. It was clear that staff knew people well and this helped them to provide person-centred care. However, some people's care plans and related documents were inconsistent. This meant there was no guarantee that people were receiving care that met their current assessed needs.

Care plans demonstrated that the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of

Liberty Safeguards (DoLS) had been applied, however this was not consistent and we found some decisions had not been made in line with MCA and DoLS best practice. We have made a recommendation about seeking best practice guidance on the application of MCA and DoLS.

The registered manager and registered provider used a variety of methods to assess and monitor the quality of care. These checks included a daily walk around to check infection control, care records and care delivery. However these governance systems had not picked up the shortfalls and inconsistencies of information in people's care plans, risk assessments, infection control, medication practices and capacity assessments. These areas need to be strengthened to ensure people receive a safe and consistent service. We have made a recommendation about staff training in a number of areas.

Medicines were managed safely and staff had good knowledge of the medicine systems and procedures in place to support this.

Staff understood how to safeguard people from abuse; staff had training in this area and were able to put this into practice.

People's nutrition and hydration needs were catered for. A choice of meals was available and snacks and drinks were made readily available throughout the day.

People were enabled to engage in activities within the service. The activities coordinators kept a record of activities undertaken on a daily basis which included an evaluation of the activity and whether it met that person's needs.

People at the service, their relatives and visiting professionals gave positive feedback about the manager.

You can see what action we told the provider to take at the back of the full version of the report.

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 service was not consistently safe.

Some areas of the service posed a risk of infection.

When people's needs had changed the risks of harm were not always assessed, managed and reduced through the effective use of risk assessments.

People told us they felt safe living at the service.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not been provided with regular supervision or a thorough induction to support them to understand their role.

Staff sought consent from people before providing support. However, people's capacity to make decisions had not been consistently assessed.

People were supported to eat and drink enough to maintain their health.

People had access to health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make decisions about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had care plans in place that described their individual support needs but some information was conflicting and out of date.

A variety of activities were provided that met the wider needs of people.

There was a complaints policy and procedure in place.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Governance systems for assessing and monitoring the quality of the service were in place. However, those systems and processes were not robust enough and had not identified the concerns we found with infection control, assessing risk, care planning and support for staff.

There was a manager in post who had commenced the registration process with CQC.

People, their relatives and professionals spoke positively about the manager in place.

The Manor House

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 checked 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 was a comprehensive inspection that took place on 6, 7 and 9 February 2018. The first day was unannounced and we told the registered provider that we would be returning to conclude the inspection on the remaining days.

The inspection was prompted in part by information of concern that we had received. This inspection examined those areas of concern which included infection control, safeguarding, management and delivery of care. Day one of the inspection began at 10pm and was carried out by two inspectors. Day two was carried out by one inspector and one 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. Day three was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service.

During the inspection we spoke with four people who lived at the service, six care staff, one activities coordinator, two domestic staff, five family members/visitors, the manager, the regional manager who is also the nominated individual and the director of the organisation. 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 looked around communal areas of the service and some bedrooms. We also spent time looking at records, which included the care records for two people who lived at the service, and specific parts of a

further 12 people's care records relating to concerns we found. We reviewed the recruitment and induction records for three members of staff and other records relating to the management of the service, such as quality assurance, staff training, health and safety and medication.

After the inspection, we contacted two healthcare professionals to seek their views and opinions, both provided feedback.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on the 31 July 2017, we rated this key question as 'requires improvement'. We found that care and treatment was not provided in a safe way by assessing the risk of, and preventing, detecting and controlling the spread of infections. As a result of our concerns a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was made. At this inspection we found that although some improvements had been made, the breach remained.

On the first day of inspection we walked around the premises and looked at communal areas of the service including bedrooms, bathrooms and toilets. We observed a number of infection control and environmental concerns. For example, we saw that although 'clean' and 'dirty' areas had been introduced in the laundry, the possibility of cross contamination was high. We found washing baskets without lids, the flooring was dirty and hand washing facilities were marked with lime scale. One toilet was dirty and two toilet floors had rips in them which meant that they could not be effectively cleaned. We found a bath seat that was dirty underneath. These areas of concern meant that the service was not able to effectively manage the risk of spread of infection. The provider had taken steps to address these concerns by the end of day two of the inspection.

We noted an unpleasant odour upstairs where laundry baskets had been left outside of people's bedrooms. We passed on this concern to the provider on the second day of the inspection. On the third day we saw the laundry baskets was being stored in the same place, producing the same odour. A bathroom which should not have been accessible to people due to its condition awaiting refurbishment, was left unlocked and was identified with dementia friendly signs as a bathroom. One radiator cover was detached from a wall and another was broken. A door leading from a communal lounge to outside of the premises was discovered ajar late at night. Staff were unable to locate the key which meant the door was unsecure for the evening. The provider advised that a new lock was fitted and confirmed that action had been taken to address the infection control concerns identified.

We saw that disposable gloves were easily accessible by people which posed a potential risk of ingestion to people who used the service. When we returned on the third day we noted disposable gloves were stored safely.

Risk assessments were in place for people which included guidance for staff to follow to reduce the possibility of harm. For example, where people were at risk of self-neglect, information was recorded about how this could be prevented which included guidance on how to approach this with the person. However, we found that not all risk assessments were up to date. One person's change in mobility had not been reflected which led to unsafe practices. Staff were observed using equipment with this person that had not been assessed. Four members of staff informed us that they used a handling belt to support moving this person however this was not reflected in the care plan or risk assessed. A senior member of staff said, "I would never assess this person for a handling belt, it would be dangerous." Records showed that the person was unwell and staff confirmed that they had been unable to mobilise for "Quite some time" with one staff member telling us, "[Name]'s mobility is really bad and there is nothing in place for them." This meant that

this person was subject to unsafe moving and handling practices which could have resulted in injury to the person and the staff involved. Following our feedback the provider updated the care plan and assessed the person for a full hoist.

Where people had been identified as at risk of pressure damage we saw air mattresses were in use for them. However, there were no audit checks to ensure that these mattresses were set at the correct levels of air to ensure effective pressure relief.

We saw that seven people had bed rails in place to keep them safe. Three people did not have a risk assessment to ensure that the risks were managed safely. There were no audit checks in place to record routine checks on bed rails and associated equipment. The provider responded promptly to concerns raised at the time of inspection and implemented the required checks on bed rails.

We looked at the systems in place to manage people's medicines. We saw each person had a medication administration record (MAR) with instructions for staff on each medicine prescribed. Staff signed this document each time they administered a medicine to a person. Two items of liquid medicine had not been dated when they were first opened so that staff could be sure they were disposed of within best practice guidelines. Medication practices had not been audited by the manager since October 2017.

A lack of robust actions to reduce risk is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the recruitment records for three members of staff. These evidenced that a Disclosure and Barring Service (DBS) check was in place prior to them commencing work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. One staff file contained only one reference. The manager quickly responded to this by obtaining a second reference over the phone. The provider needed to ensure that all recruitment checks were robust and recorded.

People told us they felt safe living at the service. One person said, "I feel safe just sat here." Another person told us, "Yes, there is a good security system" and a third person said, "Yes I feel safe, they (staff) come when I press my call button."

Safeguarding and whistleblowing (telling someone) policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. This meant the people who used the service were protected from potential abuse and neglect. Records showed us that safeguarding training had been provided however, six of the newest staff members had not yet completed this.

The registered provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

Maintenance records showed safety checks and servicing had been completed on the gas, hoists and slings, the passenger lift and the electrical installation. There was a fire risk assessment in place and the fire alarm system and fire extinguishers had been serviced. Emergency lighting and emergency call system checks were just out of date however the provider assured us that these were booked for completion. Weekly fire safety checks were carried out by staff but documents covering five months (non-consecutive) out of the last 12 months were not available. The director told us these documents had been misplaced.

We found there were plans in place to respond to any emergencies that might arise. The provider had devised a continuity plan and each person had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to evacuate the premises.

Requires Improvement

Is the service effective?

Our findings

Care plans we reviewed clearly identified people's capacity to make decisions under the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records we examined showed that capacity assessments were decision specific and involved people who mattered. Where assessments had taken place the restrictions were deemed to be in the person's best interests and the least restrictive option. Best interests meeting records evidenced that the decisions were made in consultation with staff and relatives.

There were some areas where the provider had failed to gain consent i.e. for the use of bed rails. Six people who had a bed rail in place to keep them safe had not had their capacity assessed to consent to this. Two people had not had their capacity assessed for practices in place on an evening for example two people had a cushion under their mattress. This practice was based on a staff member's judgement and not on any professional's guidance or advice.

We recommend that the service seek advice and guidance from a reputable source, about current best practice in relation to the application of MCA.

Not all staff received sufficient support in their role and during their induction. New staff were supported to understand their role through an induction checklist. However, the three induction checklists we looked at were incomplete. This may have impacted on staff's understanding of their role and their knowledge of care planning as staff told us they did not read care plans and learnt their job from people showing them what to do.

Records showed that staff supervision meetings had not been held regularly. Supervision meetings give staff the opportunity to discuss any concerns they might have, as well as their development needs. In the three staff files we looked at, staff had received only one group supervision.

We received mixed opinions from staff as to whether they felt supported in their roles. Staff members said, "I haven't had any one to ones or appraisals. We pass on concerns to the seniors but nothing happens or changes" and "I don't feel I can go to manager with problems." Others told us, "If I have any problems I can approach [Name of manager], they have an open door and it's an open culture here" and "[Name of manager] is lovely. They have done the job themselves so they know how hard it is."

Staff received training which provided them with the skills to meet the needs of the people. Staff confirmed

that they completed the service's training and found it informative. This included moving and handling, infection control, fire safety, MCA, dementia, and health and safety. The provider employed someone who could deliver positive behaviour support training and they told us this was to be booked to enable staff to meet the changing needs of people.

Most people required some assistance with locating areas of the service. We saw that bedroom doors were painted in different colours and had room numbers on them, and directional signage was in place. This helped people to find key areas of the service such as toilets, bathrooms and dining areas. The manager told us they were having the hallway and lounge carpets replaced in line with the dementia framework and good practice guidance in respect of colour contrasts to support people who were living with dementia. A bathroom and two toilets upstairs were also planned for refurbishment.

People's nutritional needs were being met. People who used the service gave positive feedback about the food they received. Their comments included, "Food is okay, it is hot, there are choices and the Sunday dinner is nice" and "On the whole very good, I don't like pasta and they know. There are always two choices." Relatives we spoke to felt the food was good and had improved. They said, "The food looks a lot better than it was a few years ago. There has been another taster menu recently. The food looks nice" and "The food always looks nice, my relative has never complained about it."

The dining room experience was on the whole observed to be pleasant occasion. People were able to choose were they ate their meal, for example at dining tables in two dining areas and also in their own bedrooms. Where people required assistance from staff to eat and drink, this was provided in a dignified manner. We observed staff encouraging people to eat independently after being given cutlery. The staff regularly supported people to ensure that their plates were easily accessible and to offer further encouragement. The staff were aware of people with specialist diets and this information was clearly displayed in the kitchen.

Care plans we sampled during the inspection showed that people's needs were assessed and reviewed on an on-going basis. Care professionals were named within people's care plans and information from healthcare professionals such as GPs and district nurses were recorded which meant that communications around people's health was easy to access.

Good

Is the service caring?

Our findings

During our observations, including our SOFI observation, we noted staff respected people's individual choices and preferences in a compassionate and caring way. Appropriate humour and touch was used and people seemed to be familiar and trusting of those caring for them.

Relatives told us that staff were kind and caring. Comments included, "Staff are always kind and caring, I haven't had any issues, they are really good with my relative" and "Staff change a lot but they are definitely kind and caring, they treat my relative with dignity and respect."

People felt staff were caring but had a lack of time to spend with them. Comments included, "They [staff] have got that gift, they look after me, but they are busy" and "The staff are kind and helpful but too busy to spend time with me." One person expressed some dissatisfaction and this was shared with the provider.

People's friends and relatives were welcome to visit, there were no restrictions to the amount of time they could spend at the service. Relatives we spoke with said, "I am always made to feel welcome. I can visit at any time" and "Staff always speak as they go past the room and say hello to us."

People's cultural and religious needs were considered when care plans were being developed. We observed how the service completed an 'initial assessment' which included information about people's likes and dislikes, religious beliefs and food preferences.

Staff were able to describe how they interacted with people who were unable to communicate verbally. This included reading people's facial expressions and body language. Staff described close relationships with people which enabled them to understand their communication methods.

There was no information regarding advocacy services displayed around the building. The provider told us that if someone asked about advocacy services, they would offer them a leaflet and they had previously purchased the services of a private advocate for a person. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves.

People's independence, privacy and dignity was respected and promoted. Staff training records confirmed some staff had attended dignity training. Staff were able to give us examples of how they respected people's dignity including knocking on doors, asking permission and covering people whilst providing personal care. One member of staff told us, "[Name] likes to be independent, they get themselves washed and dressed and do their own make up. When they make their bed, if it's not done correctly, I don't change it then, I wait and pop back later to make sure it is made okay for them."

Written information about people who lived at the service and staff was stored securely in locked cupboards to protect people's confidentiality.

Requires Improvement

Is the service responsive?

Our findings

A care plan had been developed from the person's initial assessment, information gained from relatives and with the involvement of healthcare professionals (when needed).

Assessments included the use of recognised assessment tools for pressure area care and nutrition. Care plans included social activity, mental health and wellbeing, nutrition and hydration, mobility support, elimination and continence and skin integrity. Information about people's day and night routines and their preferences for care were recorded. In addition, there was a care plan summary which was kept together with daily records of people's care.

We found anomalies in care plans and summaries in relation to continence care. Care plans did not consistently identify whether people were assessed and had access to continence aids. We found examples where care plan summaries contradicted the information in plans of care. For example, one care plan stated that they were continent and did not require the use of incontinence aids. However the summary stated that this person required the use of continence aids at night. There was no clarification within the care plan and summaries whether people had been referred to the continence nurse, been assessed, allocated aids or if aids were provided by family. There were inconsistencies in support provided to people due to these anomalies and a lack of communication between the manager and the night staff team. This meant that up to 16 people did not receive care and support that either reflected their care plan or their needs. This had impacted on people's dignity as inconsistent access to continence aids had led to frequent changes of bedding and clothing which could have been avoided. This posed a potential risk to people's skin integrity. However, we found no evidence of impact on people's skin integrity as a result of a lack of continence aids.

We recommend that the service seek support and training about continence care, skin integrity and dignity.

We found that although care plans were person centred and reflected people's choices, some staff had little or no knowledge of what was contained in people's care plans. This meant that people were not receiving person centred care at all times. For example, each person had a 'night profile' which contained their personal preferences for their night-time routine. Three of the staff we spoke with had no knowledge of this document or the details contained within it. When we discussed the preferences people had recorded they did not agree, based on their knowledge of the person that all of the information was accurate. This meant staff were not always consulted about people's care and support needs, which resulted in paperwork that was not fully reflective of people's needs and choices.

Improvements were required to ensure daily care needs were met and recorded. On the second day of the inspection we found that some monitoring charts associated with care plans were not being completed in a timely manner. For example, one person required half hourly checks; however this hadn't been completed for four hours. Another person required positional changes every two hours to reduce the risk of pressure sores developing. This also had not been completed for four hours. On speaking to the manager it seemed likely these gaps were due to a lack of recording by the staff.

We received extremely positive comments from family members of residents who were receiving end of life care. One relative told us, "They [staff] have made this unbearable situation possible to get through, their communication and knowledge has been excellent. The manager has gone the extra mile on different occasions to meet my relative's needs and keep us informed." Another relative said, "They [staff] should have wings, they are angels."

People's wider needs were being met through the provision of a full and person centred activities programme. Throughout the inspection we saw engagement between people who lived at the service and staff. There were two activities coordinators employed at the service that planned and provided a varied activities programme. Activities included bingo, quizzes, arts & crafts, mixing/baking and manicures. People from the local community visited the service on a regular basis to provide activities including weekly music sessions and quizzes, fortnightly church visits and a knit & natter group. There was close links with the local school who visited the service to perform plays. On Remembrance Day the school visited the service and pupils and people made poppies together. Records showed a commitment to ensuring everyone could attend activities, with people who were unable to leave their room receiving regular visits from the coordinator for one to one activities.

People told us they enjoyed the activities provided. They said, "We play bingo, we don't do so bad for activities" and "I do arts and crafts and bingo, it is enough for me." A relative told us, "My family member has done activities here. The activity coordinator gets them all going and they had good activities at Christmas."

People were supported to maintain relationships that were important to them. Some people's pets were brought in to visit them. One relative told us "We bring the dog to visit, my relative loves that dog and it means so much to be able to bring it in."

The provider had a complaints policy and procedure in place. There was no record of any complaints received since our last inspection. A relative we spoke to told us, "There has never been anything that I felt I needed to raise as a complaint."

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on the 31 July 2017, we rated this key question as 'requires improvement.' We found that quality audits needed to be more effective in identifying shortfalls and poor practice. At this inspection we found there had been some improvements in this area. However, further improvement was needed to governance procedures and practice to ensure people consistently received quality care.

The provider continued to have no registered manager. However, an application to register the current manager had been submitted to the Care Quality Commission. The regional manager provided support to the manager and was visiting the service regularly.

We found systems, processes and communication was not always effective or applied consistently, to ensure people received good quality care. For example, we were informed following our last inspection that the manager had introduced a daily walk around audit to identify and act upon service issues including infection control measures. From records we looked at we saw audits had been completed and actions taken, however they had not identified some concerns we found in respect of infection control, security and environmental risks to people.

The manager and provider did not have oversight of the medication procedures currently in place. Although some daily audits of medicines were completed by senior staff, the manager had not completed their audit on medicines since October 2017.

Safety checks of bed rails and mattress were not in place and the provider lacked knowledge of best practice in this area. This meant that the risk to people was not being managed safely.

Care plans were not updated in a timely manner to reflect changes in people's needs and risks. Reviews had not identified people's changes in need, or the inconsistencies between care plan documentation that we identified during this inspection.

We found that support was not offered consistently to the staff team. Some new staff lacked support through supervision and their inductions were not thoroughly completed to ensure that they had full knowledge and understanding of their role. This had impacted on their knowledge of people's care plans and on the delivery of person centred care. A lack of communication with the manager left some staff feeling isolated and not part of an open culture.

The provider completed an annual 'director's audit' which included consent, mental capacity, dignity, duty of candour, training, premises and equipment. However, it had failed to highlight any of the concerns we found during this inspection.

Relatives we spoke with had mixed opinions of whether they were invited to meetings. One told us, "Yes we are invited to a relatives meeting annually." Another said, "I have never been invited to a relatives meeting and feel this is needed to improve communication between the service and relatives."

One relative told us that they felt communication between relatives and the service needed to improve. They said, "Unless you go in on a regular basis and speak to staff, you don't really know what's going on. It would be good if they could think of other ways of communicating with relatives such as a newsletter or a social media page."

People we spoke with were unaware of any resident meetings they had attended. We were provided evidence of one residents meeting held in January 2018 with 14 people attending. This meeting was held as part of the food taster session arranged by the catering provider. Minutes reflected discussions about the food and activities.

The provider advised us that they were planning the next staff team meeting, however records demonstrated that only one team meeting had taken place since our last inspection.

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

Despite the concerns raised regarding oversight of the service, it was clear that the manager had forged good relationships with people and their relatives. People spoke very highly of the manager and comments included, "The manager is very nice" and "Yes they manage it well." Relatives told us, "[Name of manager] is fabulous she is doing a marvellous job" , "The management has changed a few times recently but with the new manager, I have absolutely no concerns" and "[Name of manager] is lovely, they are always there when I visit, I know them well."

Staff at the service had positive relationships with visiting professionals. Visiting professionals we spoke with confirmed this. Comments included, "Staff at that service are very proactive, they are soon on the phone to us if they need advice. Since the new manager has come into post it is quite positive" and "I have no concerns about that service, they take advice and they act on it."

Professionals from Healthwatch provided positive feedback from their visit to the service. They spent the day observing practice and speaking with people, their relatives and staff. The only recommendations they made was that relative and staff questionnaires required completing as documentation had been sent to the director and not distributed prior to the visit. Healthwatch confirmed, 'All relatives and residents spoke highly of the home.'

Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. We found that notifications had been submitted by the manager when required. The previous CQC inspection ratings were displayed. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities.

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 The risk of harm to people was not always assessed, managed and reduced through effective use of risk assessments. Environmental checks of the service required further development in order to promote people's safety at all times and improvements were required to ensure that appropriate infection control practices were applied and followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems had not picked up the shortfalls and inconsistencies of information in people's care plans, risk assessments, infection control and environmental hazards therefore they were ineffective at driving improvements forward. A lack of audits for bed rails, mattresses and medication meant there was no oversight of the potential risks.