

Medincharm Limited

Bourne House

Inspection report

12 Taunton Road
Ashton Under Lyne
Lancashire
OL7 9DR

Tel: 01613307911

Date of inspection visit:
05 August 2019
06 August 2019
04 September 2019

Date of publication:
21 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bourne House is a residential care home providing personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

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

We found a breach of regulation 17 (good governance) as the home did not have sufficiently robust systems to ensure oversight of safe recruitment. The home took immediate steps to address this issue and further systems for checks had been implemented by the end of the inspection. People spoke positively about living at the home and management team. The home had an ongoing improvement plan in place and was committed to driving improvements and learning throughout the home.

People told us they felt safe living at the home and that staff knew how to support them safely. The home had appropriate assessments and maintenance checks in place to ensure a safe environment. We noted some areas for improvement in relations to recruitment and the management of people's medicines which are discussed further in the well led section of this report. The home was quick to address these concerns and by the end of the inspection had implemented appropriate measures.

Care plans were very detailed and provided guidance for staff to support people with their care and support needs. These records were fully maintained and updated as required. People felt able to raise any concerns and make complaints and these were always addressed by the registered manager. An activity co-ordinator was in place and a wide and varied range of activities were provided based on people's preferences and interests. People spoke extremely positively about the activities. People and their families received exceptional support as they reached the end of life and staff continued to support families following their loved one's death.

Staff worked closely with other healthcare professionals to ensure that people had the right type of support. Meal times were a calm and positive experience and staff provided all the support people needed with eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People told us staff were very kind and caring. People said they felt well-treated by staff and that they and their families were involved in developing and reviewing their care. Staff supported people to maintain their independence and their privacy and dignity was always respected.

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

Rating at last inspection.

The last rating for this service was good (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement.

We have identified a breach of Regulation 17 in relation to good governance as the home did not have sufficiently robust systems to ensure oversight and that all recruitment checks had been completed before a member of staff started working at the home. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Bourne House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bourne House 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

The first day of this inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams, and clinical commissioning group to obtain their views about the service. We contacted Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. All this information was used to identify key lines of enquiry as part of the inspection.

During the inspection

During the inspection we looked at four people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; four staff personnel files, staff training records, policies, procedures and quality assurance audits.

We spoke with 14 people who used the service and seven relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, team leader, care workers, the activity coordinator, laundry assistant and chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The home completed suitable checks of references and checks with the disclosure and barring service (DBS) when recruiting staff. However, these were not always completed in a timely manner and in line with the service policy and best practice. This is discussed further in the well led section of the report.
- The service had a dependency tool in place to ensure that staffing levels were sufficient to meet people's needs. Our observations during the inspection was that the home was well staffed, and people were quickly supported with their personal care needs.

Using medicines safely

- The home had a small medicines room and two locked medicine trolleys were used to securely store people's medication. On the first day of inspection we found that there was no clear system for ensuring medication was stored at correct temperature. This was immediately addressed by the deputy manager and a system was put in place to ensure a robust monitoring system was in place. This is discussed further in the well led section of this report.
- The home completed assessments with people to consider if they could safely take their medicine independently. When supporting people in this area consideration was given to people's capacity and preferences.
- We completed a check of the Medicine Administration Records (MARs) and stock counts and found that these were being completed appropriately and records were accurate.
- There were PRN protocols in place for 'as required' medication such as pain medication. We observed that staff would offer this type of medication if they felt a person might be in pain.
- The home actively worked with the local clinical commissioning groups and attended groups to develop a good understanding of best practice in administering medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt happy and safe at the home. They said, "I am safer here, when I am in my bedroom, staff check on me regularly." "The place is well monitored, everyone who comes in have to sign" and "It is the safest and the cleanest home we know."
- Staff knew how to raise concern in order to protect people from the risk of abuse and told us they felt confident that this would be addressed by the registered manager. There was information about safeguarding and whistleblowing displayed on notice boards throughout the home.

Assessing risk, safety monitoring and management

- People had a number of individual risk assessments which were relevant to their specific physical and

psychological needs. These cover areas such as nutrition, falls, pressure sores, dehydration, manual handling and individual environment assessments of the bedroom.

- The home had completed generic assessments of risk in the environment and undertook appropriate maintenance and checks of the environment and equipment. We spoke to the registered manager about ensuring these checks were completed systematically to ensure nothing was missed and this is discussed further in the well led section of the report.

Preventing and controlling infection

- Equipment to prevent the risk of infection, such as disposable gloves and aprons were securely stored and disposed of but accessible to staff when needed. We observed staff used appropriate personal protective equipment (PPE) when supporting people with personal care.

- The home had recently received an infection control audit. Overall the home had demonstrated good infection control practices, but some areas for improvement had been identified. We spoke with the management team about this and made some suggestions for improvements to infection control, particularly around the laundry as there was no clear dirty to clean pathway in place. These suggestions were implemented by the final day of inspection.

Learning lessons when things go wrong

- The service had a system for oversight of accident and incidents and reviewed these to look for themes and trends so that improvements in the home could be made. We noted that as a result of this learning there had been a reduced number of accidents and falls within the home.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were detailed, and care and support was reviewed regularly and updated when required. Staff told us they felt the care plans were helpful and said, "These care plans are good. All the information is there."
- People's care records contained a details life history and background which included information about choices and preferences. Staff had a good understanding of this information and used this when supporting people.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction and had regular training. One staff member said, "Staff made me feel really welcome, it was lovely, when I first started. I did shadow shifts which gave me a chance to get to know the residents."
- The training matrix indicated that staff completed training in a variety of areas including moving and handling, fire safety, privacy and dignity. Staff told us they had received all the training they needed to undertake their role. We noted competency checks were not being completed to check staff practices were safe and raised this with the deputy manager. By the end of the inspection competency checks were in place and had been undertaken in relation to moving and handling and administering medications with the focus being on ensuring staff were safe in their practice and supporting improvement. This is discussed further in the well led section of this report.

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

- We observed several meal times throughout the inspection and saw that these were pleasant social activities. There were plenty of staff to support people who required this, and this was done in a calm and unrushed manner meaning that everyone could relax and enjoy meal times.
- People and relatives were positive about the food choices provided at the home. People told us, "They provide you with what you want." "Food is always delicious and there is plenty of choice." and "There is lots to eat and drink in between meals." Relatives told us, "[Family member] is eating better, they used to be fussy before. The food is well cooked." and "My [family member] has a swallowing problem and as a result has a specialist diet. I always check to see what they have been eating. Staff are doing a great job."

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

- The home had dementia friendly signs to help people orientate themselves within the home. Consideration had been given to making the home dementia friendly such as contrasting walls and

handrails. Communal areas were accessible for people with physical disabilities and staff were always available to support people as required in communal areas.

- People's bedrooms were clean and personalised. Each bedroom had a personalised picture on the door which reflected that person's preferences and interests and helped the person identify their own bedroom.

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

- People told us they accessed a range of health care services and staff would get them the support they needed if they became unwell. A relative told us, "Whenever my [family member] needs to be seen by the GP or has a hospital appointment, they always let us know." People told us of a range of appointments staff had supported them to attend.

- Care plans indicated that people were referred to appropriate services where concerns were identified. For example, when people were identified to be losing weight referrals to the dietician were made, and when people were experiencing swallowing difficulties they were referred to Speech and Language therapy (SALT).

- During the inspection we observed staff report a concern about a person who was unwell to senior staff. Immediate action was taken to arrange for a doctor to come and review this person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home had a system of oversight for the people who were subject to restrictions under DoLS and were taking action to request renewals as required. This information was available with people's care records and staff knew who had restrictions in place.

- Throughout the inspection we saw that staff support people to make choices about their daily life as much as possible and these choices were respected. Staff consistently obtained consent from people either verbally or non-verbally.

- Staff completed training in the MCA and during the inspection further training in this area was being delivered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received consistently positive feedback from people and relatives about the service. People told us, "Even though I sometimes miss being in my house, the care I get since I came here is second to none." "The standard of care is excellent." and, "Staff are always smiling. The atmosphere is relaxed." Comments from relatives included, "My [family member] is happier here, and we know that they are being looked after very well here." and, "Because this care home has been so good for my [family member], I can proudly recommend it to anyone who wants a good home, where caring and compassion is staff's priority." Professionals who supported the home were also very positive and told us, "I would have no hesitation in choosing Bourne House." "Their active participation in services is a true testament to their kindness, care, compassion and wanting the best for their residents." and, "Bourne accept patients with love and care; I feel comfortable when our patients go to Bourne House."
- Throughout the inspection we observed consistently positive and caring interactions between staff and the people living at Bourne House. Staff clearly knew people well and supported them discreetly and with compassion. Care plans contained detailed information about people's care needs and preferences for how these would be met.
- We saw that staff would take time to sit with people and have a chat or read the newspaper with them. Staff would dress up for special occasion such as Christmas and Easter and would support people to make decorations and decorate the home and equipment, such as Zimmer frames with people's agreement.
- People and their families were encouraged to attend a variety of social activities and fundraising events which had included afternoon teas and cheese and wine evenings.
- Consideration was given to people's diverse needs and how the service would meet these needs. For example, staff attempted to learn relevant words and phrases for people where English was not their first language, and specific food items from people's culture had been sourced. People felt supported to engage with the cultural and religious preferences that were important to them.
- Professionals told us that Bourne House would go the extra mile to support people with complex needs. They said, "Bourne house have accepted many patients that other care homes have declined... I feel the patients are really cared for there and haven't heard a bad word about it." and, "They often take complex discharges which other homes have refused which helps reduce the number stranded patients on our wards. They are a very caring and responsive home."

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

- People told us they had choice and were supported to make decisions. Comments included, "Staff always ask how things are going and have a chat." "What I want to do, I will do, I go to bed at 10pm and get up at

6am, no one tells me off." and, "I get reasonable options when it comes to food, and it is my choice what I want to do for the day."

- We observed that staff consistently provided choice to people regarding daily decisions such as where they wanted to sit, what they wanted to eat and what they wanted to do.
- Activities were developed and based upon people's interests and preferences. We saw that people enjoyed and engaged in a variety of activities including trips out, gardening, music and had frequent visitors to the home.

Respecting and promoting people's privacy, dignity and independence

- People told us, and we observed, that staff treated people with dignity and respected their privacy. People said, "Staff are ok, they knock at your door ask you if its ok to come in." and, "I have got no problem. Staff show nothing but respect."
- People told us they were supported to be as independent as possible. For example they told us, "Staff do most things for me, but they still encourage me to wash myself." and, "I have bad eye sight, I do some things for myself, staff are very patient with me." Care plans clearly reflected this and with information about what people could do for themselves and what they need staff to support them with. Staff focused on maintaining people's independence in all areas including with continence and supporting people to remain independent mobile.
- Dignity in care was a priority for the home and they were accredited with the Daisy dignity in care scheme. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done. They had recently received a certificate for good practice for going the extra mile to ensure people's dignity was maintained during meal times. This meant that there were sufficient staff available to support people during this time, meal times were a positive and social experience and dignity was fully considering. This was also observed to be the case during the inspection.
- The home prioritised dignity and care when delivering end of life care and had received the platinum award for caring for people in the final years of life from the Gold Standard framework. The Gold Standard Framework is a systematic, evidence-based approach to optimizing care for all patients approaching the end of life, delivered by frontline care providers.
- The home engaged in a number of health initiatives to develop training and good practice. For example, the home was one of the first to trial and develop pathways for the digital health scheme in the local area to enable people to receive timely medical interventions within their home and reduce hospital admissions. The home was also involved in developing education sessions for care home staff on how to deal with Chronic Obstructive Pulmonary Disease (COPD) exacerbations and inhaler techniques.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- There were numerous thank you cards from relatives whose family member had died whilst at Bourne House which indicated outstanding end of life care. These included comments such as, "In our opinion [family member] was looked after and cared for with the upmost care, kindness and dignity during their stay and indeed afterwards." "We were able to meet at Bourne House on the day of [family member's] funeral and everyone there gave them a lovely send-off", "I believe that everything possible was done to ensure [family member] was comfortable and pain free throughout. All staff were continually attentive and constantly checked on her condition throughout." and, "The registered manager and their team were outstanding and couldn't do enough. They explained what would happen to [family member] as they neared the end of their life." This reflected the numerous compliments in relation to this aspect of care that had been shared via the CQC Share your experience portal over the past 12 months. The share your experience portal allows people to share their experience of both positive and negative care with the CQC
- The home was part of the Gold Standard Framework for end of life care and staff we spoke with had an excellent understanding of how to support people and families during this time. Families were encouraged to attend an annual service to remember those who had died at Bourne House.
- Care plans contained very detailed information about end of life care for people and relatives who wished to have these discussions. These were in place for all the care plans we reviewed.

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

- Care plans were very detailed and personalised to the individual. They reflected the individual care needs and preferences clearly. Detailed life stories were completed with people and staff used this information to build excellent rapport and relationships with people. We observed that staff would talk to people about their life experiences as part a natural conversation and discuss things such as how the local areas had changed. In one case, a staff member had travelled to the street a person had lived, which was outside the local area, to take photographs which they then shared with the person.
- People received a holistic approach and personalised care. This included how people chose to have their bedrooms decorated, how and where people shopped for clothing and other items and meal options. The registered manager told us that they had created a variety of different seating areas, including quieter spaces and spaces where people could watch television or listen to music.
- People and relatives told us they had been highly involved in developing plans of care. People said, "I've been to a meeting with my social worker, my daughter and staff. They asked me how I feel about my care and I said I am happy with what's going on." and, "Staff always find time to ask how we feel about the way things are going." Relatives told us, "They tell us in advance if there is going to be a meetings, when I am free from work, I attend." and, "We have been to various meetings, some of them have been to review [family

member's] care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home could provide information in a variety of formats to meet people's individual needs. Staff gave us examples of how they had learnt key words and phrases in order to better support people when English had not been their first language and translators would be used. They explained that in one case, as the person's dementia had progressed they spoke in their native language. Staff felt it was important that the person had contact with others using their first language and had used the internet to develop these skills.
- Care plans contained exceptionally clear and detailed information about communication and people's communication preference. We observed staff had an excellent understanding of people's communication preferences and how to support people when providing information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity coordinator in place was passionate and energetic about providing a wide range of activities which had been identified with the involvement of the people living at Bourne House. Throughout the inspection we observed a wide variety of activities being offered to people including quizzes and sing a longs, entertainment and animal therapy. The home had close working relationships with local schools and nurseries and had ran joint projects with these agencies. We saw craft projects that people had completed with local pupils displayed within the home and saw photographs of these activities being completed.
- People were exceptionally positive about the range of activities available. Their feedback included, "There is lots of things happening, if I am in the mood, I join in." "There is only so much I can do, but the activity coordinator encourages me to just join even though I don't play, I enjoy hearing people playing games" "I like to read a paper, after breakfast staff usually give me a newspaper." "I love to exercise with a ball or balloon, throwing it about, it's a lot fun." and, "We were doing baking yesterday." During the inspection we observed that the range of activities had a positive impact for the people living at Bourne house and people were activate, stimulate and positive about their lives.
- People were supported to engage with their faith. Staff told us they supported people to attend their local faith service as much as possible. Services were also regularly arranged within the home and local clergy would visit people in line with the person's preferences.

Improving care quality in response to complaints or concerns

- The complaints procedure was clearly displayed within the home and people and relatives told us they knew how to make and complaint and felt very confident to do so. They told us, "I've never needed to complain.", "I've no complaints at all." and, "If I need to talk to the manager. They are always available."
- The service maintained a record of complaints, compliments and comments. We could see that in the rare event of a concern being raised, immediate action was taken to address the issues and prevent future recurrence. Comments and suggestions were responded to and implemented as much possible such as in relation to activities, menu and the décor of the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found that the home did not have sufficiently robust systems for ensuring oversight and good governance of the home. For example, supervision, competency observations, audits, checks and meetings had not always been completed in line with the home's policy and there was no structure system for planning these throughout the year. We raised this with the deputy manager and immediate action was taken. By the end of the inspection we saw that a schedule for the year regarding all aspects of the service had been put in place and all supervisions and checks of competency were in place. The home engaged well with external support to address these issues and ensure what was being implemented was in line with local authority requirements and best practice.
- We reviewed recruitment records and found that the home was not following their recruitment policy as not all checks were in place prior to the staff member commencing employment at the home. We raised this with the deputy manager and a full investigation was undertaken. The home identified it had been an oversight and put in further checks by senior staff prior to new employees being placed on the rota to ensure this did not occur in future.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They reviewed systems and made changes to ensure recruitment checks were in place prior to a staff member beginning employment, completed checks of competency for staff by the end of the inspection and developed a structured system to ensure all checks took place in a timely manner.

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

- The registered manager had an open-door policy and people could quickly discuss anything they wished. A senior member of staff was always available.
- Staff told us they felt well supported by the registered manager. One staff member told us "The registered manager is fantastic. All the senior team are. They will be here at any time of the day or night if they are

needed, you can approach them with any issues." and another said, "They are brilliant (senior staff and managers), I've not had any problems with any of them. I think it's really well run and it's a lovely home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required. Relatives were kept informed of any issues that affected their family member.
- The home worked closely with the local authority safeguarding team and would undertake safeguarding investigations as required.

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

- The service had resident and relatives' meetings in place. We looked at minutes from meetings and saw people had engaged in discussions in relation to service delivery and improvement and these ideas had been implemented.
- Satisfaction surveys were in place for people to complete on an annual basis. This information was used to make improvements to the service and we could see the changes the home had made as a consequence.

Continuous learning and improving care

- The home engaged with a wide variety of initiatives running in the local area including provider meetings. We received feedback the home engaged well and was committed to improvement. This included sharing good practice and learning from various forums and training across the local authority borough.
- A continuous improvement plan was in place and we were able to see improvements were ongoing within the home. The registered manager and deputy manager were very responsive to any issues we identified and took immediate action to address these and prevent future reoccurrences.

Working in partnership with others

- Records evidenced the home had close working relationships with a variety of agencies including local doctors, the district nurse team, local pharmacists and specialist community mental health team.
- The home had good links with local commissioners including the local authority and clinical commission groups (CCG).

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was not a sufficiently robust system of oversight to ensure recruitment checks, competency assessments and audits were being completed in a timely manner.</p>