

Daleside Nursing Home Limited

Daleside Nursing Home

Inspection report

136-138 Bebington Road
Rock Ferry
Birkenhead
Merseyside
CH42 4QB

Tel: 01516446773

Date of inspection visit:
20 September 2018
21 September 2018

Date of publication:
21 November 2018

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

We carried out this unannounced inspection on 20 and 21 September 2018.

Daleside Nursing Home is a three-storey building situated in Rock Ferry, Wirral. The home is registered to provide residential and nursing care for up to 43 people. This includes accommodating up to 22 people in receipt of transfer to assess care. Transfer to assess care enables people, once medically fit, to be discharged from hospital into a care home setting on a short-term basis. During this time a multidisciplinary team of health professionals assess people's ongoing care and support needs prior to them being discharged home or into another community care setting. At the time of our inspection there were 33 people living at the home, two of which were in hospital and an additional two people arrived at the home during our inspection.

The home had a registered manager who is also the registered provider. 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. The registered manager was unavailable at the time of our inspection, although we did speak with them over the phone. Therefore, the deputy manager assisted us with our inspection.

During our last inspection in April 2016 we found that the home was performing well and was rated good overall. During this inspection we found that there had been a significant deterioration in standards at the home. We identified breaches in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the home had failed to ensure the premises were safe as the maintenance and cleanliness at the home was poor and the home had failed to adequately monitor, assess and improve the quality and safety of the service provided.

Prior to our inspection we received concerns about hygiene and cleanliness at the home which had been identified by the local infection prevention and control (IPC) team during their visits to the home in August 2018. These concerns included poor basic cleaning standards, stained mattresses and linen and faeces marks on an en-suite bathroom wall. Following the IPC team's visit they provided some additional training for staff at the home.

We noted that the home had taken some steps to address the concerns raised, such as amending domestic working hours, shift patterns and cleaning schedules and replacing equipment and furniture that was no longer safe to use. However, during our inspection we found that standards of hygiene and cleanliness at the home were poor and had not improved despite input from the IPC team. We saw several examples of this throughout our inspection. However, the most concerning related to the home's clinical waste room. This room contained a macerator and commode pot washing machine, equipment used to dispose of incontinence pads and cleaning commodes. We found that both of these machines had broken several days before our inspection. During this time staff had continued to stack bags full of used incontinence pads in

this room. We saw several used commode pots stacked up, one of which was smeared with faeces. A clinical waste bin in this room was also smeared with faeces and there was an open bag in a bucket containing faecal matter.

Health and safety information and records of environmental checks carried out were not easily accessible. At the time of our inspection the home's maintenance person was on leave and staff at the home were unable to assist further. The records we were able to review were unspecific and not up-to-date.

We found that parts of the home had not been maintained properly. For example, in the yard area to the rear of the property there was a collection of disused chairs, shower chairs, a sofa and mattresses which had not been disposed of.

Overall, medication was correctly administered, stored and recorded. However, we found that some people living at the home required emollient creams to be applied by staff. We saw that staff had applied and recorded the application of these creams. However, there was no adequate risk assessment, and no policy or documentation in people's care plans describing risks associated with the use of paraffin based emollients or how to mitigate these risks.

We saw that there was a lack of evidence to show what food and drink people were supported to have outside of the regular mealtimes. We observed that food and drink was not easily accessible to people throughout the day.

We found that wound care and pressure area care at the home was good and well-managed. This included liaison with the tissue viability nurse (TVN) when necessary.

Staffing levels at the home were sufficient to meet the basic needs of the people living there. However, we saw that people sometimes had little or no interactions with staff for long periods of time. The range of activities and things for people to do was also limited.

Quality assurance and audits were in place but were not always effective, as the environmental concerns that we saw during our inspection had not been identified and addressed.

We also found that the home failed to store people's personal information securely. For example, we saw a pile of care records dating back several months in the unlocked staff room. This room also contained an unlocked cabinet full of care files for people who had previously lived at the home.

We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. All of the staff we spoke with were able to tell us who they would contact both internally and externally if they were concerned about a person living at the service.

Staff were recruited safely and they were appropriately supported with an induction process at the start of their employment. We saw that staff had received suitable training to carry out their job role effectively. Staff had had supervision and appraisal meetings. The registered nurses had appropriate checks of their registration with the Nursing and Midwifery Council (NMC).

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the Local Authority and there was a clear system in place to closely monitor and renew them when needed.

People living at the service had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by staff and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Standards of hygiene and cleanliness at the home were poor and the environment was not properly maintained.

Health and safety records were not easily accessible and not up-to-date.

Safeguarding information was readily available at the service and staff were up-to-date with training on safeguarding vulnerable adults.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There was a lack of evidence to show what food and drink people were supported to have outside of the regular mealtimes.

We observed little interaction, prompting and encouragement between staff and people living at the home at lunchtime.

The service was acting in line with the Mental Capacity Act 2005 (MCA) and the associated DoLS.

Is the service caring?

Requires Improvement ●

The service was not always caring.

There were occasions when the atmosphere at the home was very busy and noisy which could potentially be unsettling for people living at the home.

We observed some caring and friendly interactions between staff and the people living at the home but we also saw that people sometimes had little or no interactions with staff for long periods of time.

On three occasions we saw the table linen being used in the dining room was visibly stained.

Is the service responsive?

The service was not always responsive.

The activities on offer at the home were limited and people sometimes had little or no interactions with staff for long periods of time.

People living at the service had personalised care plans and risk assessments.

Complaints were appropriately recorded and responded to in a timely manner.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Quality assurance and audits were in place but were not always effective.

The home had failed to take prompt and effective action to address concerns raised about infection prevention and control at the home and a culture of accepting low standards of hygiene and cleanliness had developed amongst staff.

The home did not always store people's confidential care records securely.

Requires Improvement ●

Daleside Nursing 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 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.'

We carried out this unannounced inspection on 20 and 21 September 2018. The inspection was carried out by one adult social care inspectors, a nurse 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.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained feedback from the local authority and the local infection prevention and control team. We used all this information to decide which areas to focus on during our inspection.

We looked around the premises, observed the interactions between people living at the home, care delivery and activities provided at the home. As some people were unable to give us their views 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 spoke with 10 people living at the home, three visitors and eight staff who held various roles at the home, including the deputy manager. We looked at a range of documentation including four people's care records, medication storage and records, four staff files, accident and incident records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

People told us they felt safe at the home. Comments included, "Yes I'm safe here and well looked after", "When we go to bed we know we're safe" and "I've always felt safe here, there's always lots of people around so we're never on our own."

Prior to our inspection we received concerns about hygiene and cleanliness at the home which had been identified by the local infection prevention and control (IPC) team during their visits to the home in August 2018. These concerns included poor basic cleaning standards, stained mattresses and linen and faeces marks on an en-suite bathroom wall. Following the IPC team's visit they provided some additional training for staff at the home.

We noted that the home had taken some steps to address the concerns raised, such as amending domestic working hours, shift patterns and cleaning schedules and replacing equipment and furniture that was no longer safe to use. However, during our inspection we found that standards of hygiene and cleanliness at the home were poor and had not improved despite input from the IPC team. We saw several examples of this throughout our inspection. However, the most concerning related to the home's clinical waste room. This room contained a macerator and commode pot washing machine, equipment used to dispose of incontinence pads and cleaning commodes. We found that both of these machines had broken several days before our inspection. During this time staff had continued to stack bags full of used incontinence pads in this room. We saw several used commode pots stacked up, one of which was smeared with faeces. A clinical waste bin in this room was also smeared with faeces and there was an open bag in a bucket containing faecal matter.

We discussed this with the deputy manager, who explained that they were not aware of the scale of this problem or the state of the room at the time of our inspection. The deputy manager arranged some alternative bin space outside the building and all clinical waste was removed from the room later that day. The machines were still awaiting repair at the end of our inspection but the home had suitable bin space to compensate for this. We acknowledged the steps taken to resolve this issue. However, the fact that staff had accepted and allowed such a situation to develop and senior staff had not identified and addressed this problem much sooner raised serious concerns about the culture and attitude towards hygiene and cleanliness standards at the home.

Health and safety information and records of environmental checks carried out were not easily accessible. At the time of our inspection the home's maintenance person was on leave and staff at the home were unable to assist further. The records we were able to review were unspecific and not up-to-date. Examples included, water temperature checks being carried out but no record of where had been checked and the records indicated that the fire alarm and emergency lighting had not been tested since July and June 2018 respectively.

Staff were unable to locate all of the home's safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. Similarly, there was no evidence of legionella

checks being carried out. Legionella is a water-borne bacteria often found in poorly maintained water systems.

We found that parts of the home had not been maintained properly. For example, in the yard area to the rear of the property there was a collection of disused chairs, shower chairs, a sofa and mattresses which had not been disposed of. This included mattresses that were no longer safe to use and required incinerating. Elsewhere in the home we found a storage room that had been filled to above head height with bedrails, bedrail covers and cushions.

Overall, medication was correctly administered, stored and recorded. The medication administration records (MARs) and medication stocks we looked at had been appropriately completed and medication stocks were accurately accounted for. We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support staff. However, we found that some residents required emollient creams to be applied by staff. We saw that staff had applied and recorded the application of these creams. However, there was no adequate risk assessment, and no policy or documentation in residents' care plans describing risks associated with the use of paraffin based emollients or how to mitigate these risks.

These issues meant that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as it had failed to ensure the premises were safe and well-maintained and the home had not ensured the risks to people's health, safety and welfare were appropriately assessed and managed.

We found that wound care and pressure area care at the home was good and well-managed. This included liaison with the tissue viability nurse (TVN) when necessary.

Staff had received fire safety training. A fire risk assessment of the premises had been carried out and this was regularly reviewed. We saw that firefighting equipment at the home had been regularly checked and maintained. However, as we have explained above, the records indicated that checks of other fire safety equipment at the home were not up-to-date. There were Personal Emergency Evacuation Plans (PEEPs) for each person living at the home giving clear information about what assistance they would need to evacuate in an emergency. These were easily accessible so could be referred to quickly in the event of an emergency and were regularly reviewed and updated. We also saw records to show that the home carried out regular fire drills. This meant that the people living at the home and the staff knew what to do in an emergency.

We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. All of the staff we spoke with were able to tell us who they would contact both internally and externally if they were concerned about a person living at the service. We reviewed the home's safeguarding records and found that appropriate actions had been taken when concerns were raised. We also noted that the home was meeting its obligation to notify CQC of incidents or concerns of this nature.

Staffing levels at the home were sufficient to meet the needs of the people living there. We noted that the call bell system was working and was responded to promptly throughout our inspection.

Staff were safely recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files.

We saw that accident and incident policies and procedures were in place and there was a system to record

any accidents and incidents that had occurred. Appropriate action had been taken in response to those incidents that had occurred. We also noted that this information was reviewed to help identify any emerging patterns or trends that needed addressing.

We noted that environmental health had inspected the kitchen in May 2018 and awarded it a rating of four out of five.

Is the service effective?

Our findings

Most of the people told us they were happy with the food on offer at the home. Comments included, "Its excellent, I'm diabetic and they make sure I get the right food", "You can have anything you like" and "There's nothing wrong with the food but I'm picky and get some meals from M&S and they cook it for me." However, one person told us, "The food is atrocious and the cutlery is not washed."

We saw that people were given a choice about what they ate and drank and they were offered a balanced diet. People with special dietary requirements had their needs met. For example, we saw that one person had been supported to have a soft diet and thickened fluids as planned. However, we saw that there was a lack of evidence to show what food and drink people were supported to have outside of the regular mealtimes. We observed that food and drink was not easily accessible to people throughout the day. This was particularly relevant to people at risk of malnutrition, as this gap in the records meant that staff could not be assured people were receiving sufficient amounts of food and drink to maintain their health and wellbeing.

During our observation of lunchtime in the dining room we found there were no condiments or sauces on the tables. Salt and pepper was provided after it was asked for. People told us that there were never condiments or sauces on offer. Cold drinks were served in very scratched coloured plastic breakers and it was difficult to see if the beakers were clean or not as they were so worn. We saw very little interaction between staff and the people living at the home nor did staff encourage or prompt people with their meals and drinks.

People had been supported to personalise their rooms with their own items, furniture and pictures. However, very few dementia-friendly adaptations had been made at the home to help people to orientate themselves of the time, date and easily move about their home. For example, there were very few illustrated signs around the home and some of the signs that were in place were peeling off the doors.

Staff were supported with an induction process at the start of their employment. We saw that staff had received training to carry out their job role effectively. Staff had completed training the provider considered to be essential to meet people's assessed needs. Training including health and safety, fire safety, dementia care, personal care, food hygiene and infection control and was provided throughout the year. However, taking into account the concerns we identified regarding infection prevention and control, we were not assured that training at the home was always robust and effective. We noted that the local infection prevention and control (IPC) team had also provided staff at the home with some additional training prior our inspection but still the standards of hygiene and cleanliness at the home were poor.

People's care and support needs were assessed before they began using the service. The pre-admission assessment was used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.

Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists speech and language therapists (SALT) and social workers. Access was also provided to more specialist services, such as opticians and podiatrists as required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the Local Authority and there was a clear system in place to monitor and renew them when needed.

Regular supervisions and annual appraisals had been carried out with staff. This provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and to address any training needs.

Is the service caring?

Our findings

People told us that they were fond of the staff and they were caring. They told us, "The girls are so kind to us" and "Nothing's too much trouble for them."

During our inspection there were occasions when the atmosphere at the home was very busy and noisy. This was partly unavoidable and due to the nature of the transfer to assess care service the home provides, as there were many multidisciplinary professionals in the home and there were new people arriving at the home via ambulance. However, this was also contributed to by staff talking loudly to each other and at times shouting to one another down the corridor and from different rooms. This had a negative effect on how homely the home felt and could potentially be unsettling for older people or people living with dementia.

We observed some caring and friendly interactions between staff and the people living at the home. However, we also saw that people sometimes had little or no interactions with staff for long periods of time. For example, we observed lunchtime in the dining room during our inspection. We saw staff supported one person to sit at a table on their own. During the 30 minutes that we observed staff interacted with this person twice, both of which were task-orientated first putting some protective clothing on and later taking their plate away.

During the morning of the first day of our inspection the deputy manager gave us a tour around the premises. When we arrived at the dining room all of the people who lived at the home had finished breakfast and left the room. The tables had since been re-laid by staff for lunch. On closer inspection we saw that the table linen on all of the tables was stained on both top and bottom tablecloths and in some places there were food marks on them. The deputy manager acknowledged this problem and requested that staff immediately re-laid the tables with clean table linen. We checked the table linen again at around the same time on the second day of our inspection. We found that the table linen being used at that time was also visibly stained. We discussed this with the deputy manager who requested staff re-lay the tables. We checked the table linen in the dining room for a final time at around 4pm on the second day of our inspection. This was after the tables had been re-laid after lunch and before people were due to have their dinner. Once again the table linen in use was visibly stained. We discussed this with the deputy manager, highlighting that this was a repeated acceptance of a poor standard of cleanliness and did not constitute treating people who lived at the home with dignity and respect.

All of the people living at the home appeared clean and well-dressed with suitable footwear on. People we spoke with told us staff were caring and respectful when they helped them to get washed and dressed. None of the people we spoke with raised concerns about how often staff supported them to have a shower or bath. However, we saw some records which indicated that some people had not been supported to have a bath or shower in the past few weeks. It was not possible to determine if these were simply gaps in the record keeping or indeed people had not had a wash for some time.

We found that the home failed to store people's personal information securely. For example, we saw a pile

of care records dating back several months in the unlocked staff room. This room also contained an unlocked cabinet full care files for people who had previously lived at the home.

We found that people's religious and spiritual needs were considered and supported. For example, a nun visited weekly to give communion to those who wanted it and would visit and chat to residents irrespective of their religion.

Staff were able to give examples of how they protected and maintained people's dignity and privacy. These included ensuring people's curtains were closed when they were dressing and always knocking on people's doors before entering. We also saw that people who preferred to spend time alone were supported to do so.

Is the service responsive?

Our findings

The people we spoke with and their relatives told us that the staff supported people as and when they needed support and in the ways they needed it. Most of the people we spoke with told us they were aware of their care plans and they had been involved in the care planning process, as far as they were able and willing to be.

We saw that the home employed an activities coordinator for 4 hours-a-day Monday to Friday. We found that this member of staff was very passionate and enthusiastic about their role at the home. We were told that people were able to take part in a variety of 1-1 and group activities, such as reminiscence, art and crafts, films, bingo and board games. However, during our inspection we saw that people sometimes had little or no interactions with staff for long periods of time. The range of activities and things for people to do was limited. We observed a small group of people who were enjoying doing some drawing on the first day of our inspection but aside from this people were largely limited to watching daytime television in the communal lounges.

We saw that there was a whiteboard on the wall by the front door of the home, which was a weekly planner of activities on offer. We noted that Saturday and Sunday was left blank, which suggested that people living at the home were not supported to take part in any activities on these days. This whiteboard was relatively small and had small writing so it would have been difficult for people living at the home to read.

We saw that the activity on a Friday was called 'fruity Friday'. The second day of our inspection was a Friday so we were able to see what this activity involved. We found that it involved a member of staff transporting a trolley full of plates of prepared fruit around the home offering it to anyone who wanted some. We were concerned to find that supporting people to have a balanced diet was being considered an activity and the only activity for that day.

People living at the service had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by staff and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information.

We saw that people's care plans gave staff the information they needed about people's communication needs and how to communicate with them effectively. Staff confirmed they were aware of people's communication needs and told us how they adapted their approach to sharing information with some people with communication difficulties. For example, by making sure people wore their hearing aids and spectacles. One of the care plans we checked stated that the person needed staff to support them to wear glasses. We checked on this person and found that they had been supported to wear their glasses as planned.

People and their relatives confirmed people had call bells they could use to alert staff when they needed help and that these were usually responded to promptly. Throughout our inspection we saw that people had access to their call bells and the call bell was responded to promptly.

The home had a complaints policy and process in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible. People told us that they felt comfortable raising a complaint if needed. One person commented, "I made a complaint and it was sorted." We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

None of the people living at the home were receiving end of life care at the time of our inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. We also saw people's wishes on whether Cardiopulmonary Resuscitation (CPR) should be commenced in the event of them becoming unresponsive had been sought and documented appropriately on a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form.

Is the service well-led?

Our findings

People told us that the management staff at the home were friendly and approachable and we observed this during our inspection. For example, when the deputy manager introduced us to people who lived at the home we saw there was caring and familiar rapport between them. However, one person told us, "[The staff] are very kind and helpful but they're disorganised." One relative also commented, "The girls are lovely but there's a lack of communication between them and the management."

Quality assurance and audits were in place but were not always effective, as the environmental concerns that we saw during our inspection had not been identified and addressed.

The home had also failed to take prompt and effective action to address concerns raised about infection prevention and control at the home by external health professionals. The significant problems we found in the home's clinical waste room and the repeated use of stained table linen in the dining room also demonstrated that a culture of accepting low standards of hygiene and cleanliness had developed amongst staff.

Communication between staff and senior staff had clearly broken down. For example, the situation in the clinical waste room had been allowed to develop over several days and was only recognised as a problem on the first day of our inspection. This demonstrated that staff were not working together to effectively identify and resolve issues at the home.

We also found that the home failed to store people's personal information securely. For example, we saw a pile of care records dating back several months in the unlocked staff room. This room also contained an unlocked cabinet full care files for people who had previously lived at the home.

These issues meant that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the home had failed to adequately monitor, assess and improve the quality and safety of the service provided.

The home had a registered manager who is also the registered provider. 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. The registered manager was unavailable at the time of our inspection, although we did speak with them over the phone. Therefore, the deputy manager assisted us with our inspection.

Records showed that the registered manager held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. We saw that the service had notified the CQC of all significant events

which had occurred in line with their legal obligations. The home was also meeting its legal obligation to clearly display its most recent CQC rating at the home.

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
Treatment of disease, disorder or injury	The home had failed to ensure the premises were safe and well-maintained and it had not ensured the risks to people's health, safety and welfare were appropriately assessed and managed.

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