Rosemary Lodge Rest Home Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 22 and 23 March 2017 and was unannounced. At the last inspection in January 2016 we found that the provider was meeting all of the regulations but improvements were needed to the systems for audits and quality assurance. This inspection found a breach of Regulation 17 of the Health and Social Care Act as the provider did not have robust systems in place to monitor the quality of the service.

The home provides care and accommodation for up to 29 older people, some of who were living with dementia or have additional mental health needs. Nursing care is not provided. The accommodation is provided in both single and shared bedrooms. On the day of our inspection there were 23 people living at the home.

The service has a registered manager. 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.

We found that whilst there were some systems in place to monitor and improve the quality and safety of the service provided, these were not always effective and did not identify if the service was consistently compliant with the regulations and meeting people's needs. The checks undertaken had failed to identify concerns raised in our inspection. You can see what action we told the provider to take at the back of the full version of this report.

We saw that risks to individual people were not always well managed so that people were protected from harm. One person had a significant trip hazard in their bedroom that posed a significant risk to them and staff on a daily basis. Admission procedures needed to be improved to determine if a person's needs could be fully met before they moved in to the home.

People using this service told us that they felt safe. There were systems for making sure that staff knew how to report any allegation or suspicion of poor practice.

There were sufficient numbers of staff to meet people's needs. The registered manager checked staff's suitability to deliver care and support during the recruitment process. People's medicines were managed, stored and administered safely.

Staff were appropriately trained and skilled to provide care and support to people. The staff had completed relevant training to make sure they knew how to provide care to people that was safe and effective to meet their needs. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. People's human rights and liberty was being maintained.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People had access to healthcare professionals when this was required. Staff were aware of people's needs arising from their medical conditions.

Staff showed kindness and compassion to people who used the service. People told us that staff treated them with dignity and respect. Staff working in this service understood the needs of the people for whom they provided care and support.

Some people told us that activities of particular interest to them were provided. However the activities offered on occasions may not be engaging for all people in the home.
People knew how to make complaints and the registered provider had arrangements in place so that people were listened to.

Throughout our day we saw the registered manager interacted with people who used the service, they were responsive, friendly and supportive in meeting people's needs. Discussion with the registered manager showed that they knew people's needs well. All of the staff we spoke with told us that the registered manager was approachable.

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.

Risks to individual people were not always well managed so that people were protected from harm.

People indicated that they felt safe in this home and they trusted the staff. There were enough members of suitably recruited staff to meet people's needs.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff were aware of the Mental Capacity Act 2005 and knew how to protect people's human rights.

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

Is the service caring?

Good

The service was caring.

We saw good and kind interactions from staff towards people who lived in the home.

Staff knew people well and could tell us in detail about people's likes, dislikes and individual routines.

Is the service responsive?

Requires Improvement

The service was not consistently responsive to people's needs.

Admission procedures needed to be improved to determine if a person's needs could be fully met before they moved in to the home.

People living at the home told us they were confident to raise any concerns or complaints directly with the registered manager.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not reliably identified and resolved shortfalls in the quality and safety of the service provided.

People and their relative's opinions were sought by the provider to help develop and improve the service provided to people.

All of the staff we spoke with told us that the registered manager was approachable.

Rosemary Lodge Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 23 March 2017 and was unannounced. The visits were undertaken by two inspectors and an expert by experience on the first day and one inspector on the second. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. We also checked with a local authority who commissioned services from the provider and with the local Health Watch to check if they had any feedback about the service.

During our inspection we spoke with eight people who lived at the home and with the relatives of three people. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations 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 three health and social care professionals, the provider, the registered manager, three care staff and the cook. We looked at the care records of three people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We saw that risks to individual people were not always well managed so that people were protected from harm. One person had a significant trip hazard in their bedroom that posed a significant risk to them and staff on a daily basis. Our discussions with the registered manager indicated the hazard had been on-going for nearly 12 months. We were very concerned about the hazard and so the registered manager contacted the provider on the first day of our inspection visit to make them aware of our concerns. The provider took immediate action to make arrangements for the hazard to be removed and an apology was issued to the person concerned. Whilst the risk was removed we were concerned it would have remained for the person had we not carried out our inspection visit. The hazard was obvious to anyone entering the bedroom yet no action had been taken to make this safe.

Some people at the home were at risk of falls and we saw staff supported people to walk when they needed this help to reduce the risk. One health care professional told us that staff monitored risks to people to include low weight and risk of falls, and that where necessary people were referred to the falls clinic. Some people had received input from health professionals regarding their mobility and a routine of daily exercises had been recommended. We saw staff supporting one person to do these and records showed other people were offered the opportunity to complete these. Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. These included assessments for manual handling and falls. Records and discussion with the registered manager showed that where people had a fall their risk assessment and care plan were reviewed to check they were still appropriate. We saw that for one person who was at risk of falls that their care plan and risk assessment was vague in regard to how the risk was reduced and managed. We brought this to the attention of the registered manager who told us they would update these.

People who lived in the home told us that they felt safe living there. Comments from people included, "Yes, I feel very safe here. I haven't got a bad word to say about it." Another person told us, "I feel safe here. The staff are very good with me." Relatives of people told us they had no concerns about people's safety. One relative gave an example of how staff had repositioned their family member's bed to help reduce the risk of falls occurring.

The registered manager and staff told us that all care staff received training in recognising the possible signs of abuse and how to report any suspicions. The home had policies and procedures in relation to safeguarding people and whistleblowing and all staff were made aware of these. Care staff confirmed they had received recent training in safeguarding vulnerable adults and records confirmed this. Staff were able to tell us how they would respond to allegations or incidents of abuse.

The atmosphere in the home throughout our inspection was generally calm but there was one occasion, as people waited for lunch, when one person actions caused another person to shout out and threaten them. Staff were very quick to respond to the noise, were calm and provided distraction and diversion and the situation was quickly calmed without any sense that anyone had done anything wrong or that a negative event had taken place.

We looked at some of the fire safety arrangements that were in place. Staff had received recent fire safety training and records for testing the fire alarms showed this was done weekly. This helped to make sure people were protected from the risk of a fire occurring in the home.

Staff turnover was low and most of the staff had been with the service for several years. We saw that there were enough staff to provide people with assistance. People who lived at the home told us there were enough staff to meet their needs. One person told us, "They're very good. I can call with the buzzer and they come quickly. I think there's enough staff." Another person told us, "There's always somebody to help me and make sure I'm ok." The relatives we spoke with told us there were sufficient staff when they had visited the home. We saw staff in communal areas at all times, either reassuring people or engaged in activities with them. Health care professionals we spoke with told us there were sufficient staff to meet people's needs.

We spoke to the registered manager about how the numbers of staff were determined. We were informed that staffing levels were based on the needs of people at the home. Staff we spoke with felt the staffing levels were safe. One member of staff told us, "The staffing levels are fine, I have no concerns."

The registered manager told us that staff were appointed through a robust process. This included obtaining references and checks through the Disclosure and Barring Service (DBS), before staff started work, to ensure that they were suitable for their role. The DBS is a national agency that keeps records of criminal convictions. A recently recruited member of staff confirmed they had not started working with people until all their checks had been received. We looked at the recruitment records of two members of staff and these showed that a robust process had been followed.

We looked at the way medicines were stored, administered and recorded. People told us they got their medications on time: One person told us, "I always get my tablets one time. I haven't missed any." Another person told us, "Before I came here, I wasn't taking my medications and found it difficult to be on my own. I take four tablets and I get them in the evening at about the same time [every day]." The registered manager and care staff told us that medicines were only administered by staff who were trained to do so. Records confirmed that staff had been trained and been observed administering medicines to ensure they were competent to do this.

We observed staff supporting people with their medicines. They spoke to people about their medicines, offered appropriate drinks and ensured that the medicine was taken. Some people were prescribed medication on an 'as required' basis and we saw that guidance was in place for staff about when this medication was needed. Most medication was in blister packs. The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care provided. One person told us, "They're all good workers here and they definitely know what they're doing."

We looked at the induction arrangements for staff who were new to the home. Staff told us that they had received induction training when they first started working at this home and records supported this. One member of staff told us, "The induction was good. I was not thrown in at the deep end." The registered manager was aware of the Care Certificate and had access to this for new staff if needed. The Care Certificate is a nationally approved set of induction standards to equip staff new to the care sector with the knowledge they need to provide safe and compassionate care.

Staff told us that they had on-going training and regular supervision. We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had the skills and knowledge to provide care which met people's specific needs. Staff were due refresher training in moving and handling and this was arranged for May 2017.

The staff we spoke with confirmed they felt supported in their roles. We looked at the supervision arrangements for staff. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff told us they received supervision and they could approach the registered manager at any time.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager demonstrated that she knew about the requirements to take into account people's mental capacity when there were decisions to make. The registered manager had recognised that the way the home was operating may impose restrictions on people's liberty and had made applications to the relevant authorities.

During our inspection visit we saw staff checking with people that they consented or were happy for staff to assist them with everyday tasks. One person had previously refused consent in regards to prescribed treatment for a health condition. Staff had respected this decision but had also contacted relevant health care professionals due to the implications for the person's health. An alternative medicine had been prescribed. Staff continued to liaise with health professionals to ensure the best possible health outcome for

the person.

We checked to see whether people were supported to eat and drink enough and maintain a balanced diet. People who used the service told us they liked the food choices and everyone told us that they had plenty to eat and drink. People told us that in addition to a late afternoon tea, they were also provided with supper at about 8.30 p.m. One person told us, "The food's excellent. Sometimes it's too much. At tea time we have egg on toast, something like that. Then we have supper. I like to go up to my room at about 6 or 7 [p.m.]. If I fancy a snack, they bring sandwiches up." Another person told us, "The food is nice. I love the chicken curry and spaghetti bolognaise. You can have seconds if you want and if you don't like it, you can have something else. Tea time we have sandwiches and soup and a piece of cake."

We observed a mealtime in the dining room. Staff serving lunches were cheerful and were really encouraging to people. Staff appropriately supported people who needed assistance to cut up their food, or who needed assistance to eat their meal. Condiments were not routinely available for people to help themselves to, but most people were asked if they would like any salt or pepper with their meal. People were offered extra portions and were offered a choice of drinks with their meal. People were offered regular drinks throughout our inspection and there were jugs of juice available for people to help themselves. One person told us, "We have plenty to drink. I have a jug of cordial in my room."

In the kitchen we saw a four week rolling menu plan and a list of each person's nutritional needs and meal preferences. A daily menu board had been introduced to help people know what meals were planned and we saw staff asking people about their meal choices for the day. Staff had completed nutritional risk assessments and people had been weighed regularly as required. Where people were at risk of poor health due to being under or over weight appropriate action was taken by staff to promote good nutrition. One person told us, "We talked about my weight as I've put a lot of weight on since coming here. We're doing a diet with things like yoghurt for pudding and no cream cakes!"

We looked at how people's health needs were met. People told us that their health was very well supported. One person told us, "I've had my feet done last week and I'm waiting for the dentist to come with a new set of teeth [dentures]. They don't leave anything out. When I'm poorly, the Doctor comes." Another person told us, "I was ill [before I came here]. But the staff are so nice. The GP is only next door. The moment you say you need something, they make an appointment. The staff are organising for me to visit the optician and my hearing has already been tested." Relatives of people told us that staff supported people to stay healthy. One relative told us, "Health needs are responded to quickly."

Health care professionals told us that staff supported people to maintain their health and took on board any advice given. The staff we spoke with had very detailed knowledge of people's needs and how to support people to stay well. Records we sampled supported that staff had taken action when there were concerns about the health of any of the people who used the service. People could be confident they would be supported to maintain and achieve good health.

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. People who lived at the home told us that staff were caring. One person told us, "They're always respectful and very caring. They know what I like and don't like." Another person told us, "The staff are very nice and they're really good. Anything you want done, they do it for you." Relatives and health care professionals confirmed that staff were kind and caring in their approach to people.

People confirmed that family relationships and friendships were supported and encouraged by the service and that visiting was not restricted in any way. Relatives of people told us they were made welcome by staff when they visited. We saw people being supported with kindness and consideration. Staff spoke with people in a kind manner and knew them well. A District Nurse attended to support one person with a health procedure. The care staff supported the person promptly and reassured them with hugs None of these interactions felt rushed and the wellbeing of the person was given priority.

Staff made sure they acknowledged people by name and we saw staff squatting down or lowering their bodies in order that eye contact was made. Staff used terms of endearment and the occasional gentle reassuring touch of a knee, arm or hand, especially when people showed any sign of anxiety.
We saw at lunchtime that staff helped people to eat at a pace that was suitable for them. We saw that staff asked people what they wanted for their meals that day. For some people, staff had to take time to verbally explain what the meal choices were. Since our last inspection photographs of food choices had been introduced which may have assisted some people to make their preferred choice. However we did not see these being used during our visit. Most people moved to a dining table for their lunch. Tables were laid with dark place mats which provided a good contrast with the white plates which is helpful for people with visual perceptive difficulties. We saw that people were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery which enabled them to be as independent as possible. Some people were given glasses to drink from; others had yellow plastic beakers. Although people did not appear to mind, yellow beakers highlighted peoples' perceived difficulties and did not therefore contribute positively to peoples' sense of dignity.

Some work had been undertaken to make the environment more friendly to people living with dementia. This included people's bedrooms having pictures of something personal to the person on the bedroom door. This helped people to identify which was their bedroom. Large clocks on display in the lounge helped people to orientate to the month, day, date and time. Since our last inspection a photographic board showing staff and their names had been introduced. This helped people new to the home and visitors to identify staff by name.

People were helped into and out of chairs calmly and with dignity. We saw that staff did not enter people's rooms without knocking first. One person told us, "They knock the door before they come in and cover me up when I'm having my bath. It feels okay and I'm safe." Another person told us, "They are very caring. They always knock on the door and they say 'good morning'. They respect me…. I feel respected."

Some people at the home shared a bedroom. This may sometimes make it difficult for people to have the level of privacy they may prefer. However, we saw that in all but one bedroom a partition wall had been installed to provide some privacy. The registered manager told us they intended to install some additional screening in the remaining double bedroom. Portable screening was available but this was not located in the bedroom or close by and a person using the room told us this was not always used.

It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. One person gave us an example of staff knowing which toiletries they preferred due to having an allergy. People had been supported with their personal care and wore clothes that fitted them and were clean. Some ladies wore trousers and others wore skirts, indicating that individual choice was respected. Similarly, some gentleman had smart casual clothes and others were more casual. Some were clean shaven and others had facial hair. People's individual preferences were respected and people had been supported to dress and maintain their personal appearance in the way the preferred.

Requires Improvement

Is the service responsive?

Our findings

We looked at the admission process that had been followed for two people. For one person, we saw that the admission assessment was quite brief, given that the person's main needs were outside of those usually catered for by the home. No detailed assessment had been made about how the home would be able to meet the person's mobility needs in relation to the design of the premises. Account had also not been taken that their social and recreational interests may be different to other people due to their younger age. The registered manager told us they had not completed the initial assessment and that the provider had made the decision to admit the person on a temporary basis to the home. The admission procedure had not ensured the person's needs were fully assessed before they had moved into the home.

Where people were able, they had been involved in their care plan. One person told us, "I know what the care plan is. I went through it with X [Manager] the other day. I have choices. It's up to me what I do." Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes and what was important to them. We saw these had been subject to frequent review when people's needs had changed.

We spoke with people who lived at the home about the opportunities they had to participate in leisure interests and hobbies. Previously the home did not have a dedicated activity co-ordinator and the deputy manager was responsible for activities. Whilst this was still the case, on a temporary basis a member of staff was being employed for three afternoons a week to assist with activities for people. The majority of people who were able to talk with us were satisfied with the activities on offer. One person told us, "We were doing a jigsaw the other day. It varies. We had a theatre group come in and sometimes a singer." Another person told us, "We have an exercise man come in and we play ball." However one person commented, "It's not too bad. It can be a long day though. They only do dominoes and jigsaws." A couple of people indicated they would like more opportunities to go out. One person told us, "Sometimes they're too busy but most of the time I can go out [shopping] when I want to." Another person told us, "I'd like to go out more. I need support to go out. I hope we can sort something out but we haven't yet."

During the morning, there was little happening apart from the television and many people were just dozing. One or two people had magazines or newspapers and one person who was living with dementia was given a 'memory box' containing old photographs of their family members to look through which seemed to engage the person. In the afternoon there was more activity on offer to people.

After lunch, one of the care staff began a session with a light ball which involved throwing the ball to residents. They could either catch the ball and throw it back, head it or tap it back. The care staff leading the session was enthusiastic, encouraging and engaging which resulted in a positive atmosphere with everyone joining in and people being applauded for their achievements. It was a simple activity but one which people appeared to greatly enjoy. Care staff offered some of the ladies the opportunity to have their nails painted and gave them the option to choose from a wide range of colours and some people also took part in decorating cupcakes.

We saw that information in people's care plans about their activities and interests was basic. One person may have had very different interests and social needs to other people at the home but no detailed assessment of these had been completed to determine if the current activities on offer were of interest to the person. Improvement was needed to make sure all of the people at the home were offered activities of interest to them.

We asked people how they would complain about the care if they needed to. People we spoke with told us they did not have any complaints but were aware they could tell staff if they were unhappy. One person told us, "I'm not worried about anything but I'd talk to X [Manager]." Another person told us, 'I'd talk to X [Senior carer] or X[manager] but I don't really have any worries. I trust them. That means a lot. Trust." Relatives of people told us they would be confident to raise any concerns with the registered manager. One relative told us they had raised some minor concerns in the past and that these had been responded to.

Records showed that at monthly group meetings people who lived at the home were sometimes asked if they had any concerns or complaints they wanted to raise. People's responses indicated they did not have any concerns. The registered provider had a formal procedure for receiving and handling complaints. A copy of the complaints procedure was clearly displayed in the home for people and their relatives to access.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2016 we found that the provider was meeting all of the regulations but improvements were needed to the systems for audits and quality assurance. This inspection found that whilst there had been some areas of improvement there were some issues of concern that had either not been identified by the provider or where action had not been taken to ensure the quality and safety of the service provided.

Our inspection identified a serious hazard in relation to one person's bedroom. This had been on-going for many months and we saw evidence that the registered manager had previously raised the issue with the provider. No action was taken to remove the hazard until we visited to carry out our inspection.

For one person, we saw that the admission procedures followed were not robust and that their needs were outside of the service user bands that were included in the home's Statement of Purpose (SOP). Prior to admitting the person, the provider had not updated the SOP or made any approach to the commission about admitting a person outside of their usual service user bands. They had also not ensured they could meet the person's needs.

At our last inspection we questioned the accuracy of the infection control audits with the registered manager as the last three audits recorded that equipment had been checked which in fact was not available in the home. This had been resolved but we found that the infection control audits had not identified some of the improvements needed. Whilst the provider had employed staff specifically for cleaning in some areas the service was superficially clean, floors were mopped and surfaces wiped but skirting tops and pictures were dusty. In one of the lounges a weed was growing through the patio door frame that was approximately 30cm long and so had been there some time without being removed. In one of the bathrooms we noted that the bath plug was tied on with string and this would have soaked up any dirty bathwater prior to the next person using the bath. Audits needed to be improved to make sure people had a cleaner environment.

The registered manager had completed a 'Forward Planning' document for 2016 about planned improvements at the home. This was on display for people and visitors to the home. Whilst some of the planned improvements had taken place others had passed their completion date. For example the document recorded that new chairs to replace the old chairs in one lounge would be purchased by April 2016 and curtain divider in the shared room would be completed by June 2016. These had not been completed nor had the document been updated to inform people about the reason for the delay. The registered manager told us they were reliant on the provider making these purchases and they had no control over the delay.

We spoke with the provider about the findings of our inspection visit and asked about how they ensured the service was providing safe and good quality care. They told us they spoke frequently with the registered manager and sometimes visited but acknowledged they had not completed any formal monitoring.

These issues regarding governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

Following our inspection visit the provider provided us with a plan to address some of the environmental concerns. They told us they would be completing monitoring reports of their formal visits to the home as well spending half a day a week at the home working alongside the registered manager.

People we spoke with told us that they were happy with the care they received. People told us that they liked the registered manager and knew them by name. Throughout our inspection we saw the registered manager interacted with people who used the service, they were responsive, friendly and supportive in meeting people's needs. Discussion with the registered manager showed that they knew people's needs well.

The provider had developed opportunities to enable people that used the service and relatives to share any issues or concerns. Meetings were held with people and their relatives and the registered manager had issued survey forms in 2016 to seek people's views. This showed that overall; people were satisfied with the service they received.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. All of the staff we spoke with told us that the manager was approachable. One member of staff told us, "I feel able to raise any issues with her [manager]."

The registered manager had kept up to date with developments, requirements and regulations in the care sector, and understood their legal responsibilities. They sent us statutory notifications about important events at the home, in accordance with their legal obligations. It is a requirement that providers display the rating we have given them in a conspicuous place. We saw the home's rating was on display in the home.

Records were kept of complaints, accidents and incidents that occurred. A system of analysis to identify any patterns or trends was in place. Identification of patterns or trends helps to give the provider information about whether processes or procedures needed to be changed, or care plans needed to be updated to reduce the risk of a reoccurrence of events occurring.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a)