

Park Homes (UK) Limited

Winsford Grange Care Home

Inspection report

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12 April 2022

22 April 2022

06 May 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Winsford Grange is a purpose-built care home for up to 60 people across four separate units. The service provides nursing care for frail older people and people with dementia. At the time of our inspection there were 27 people being supported across two units as the two others units had been temporarily closed.

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

A continued lack of management oversight, support and governance meant that the people who lived at the home remained at risk of their needs not being met. Fire extinguishers were out of service, fire doors were being wedged open because their automatic closing devices had broken and not been repaired, and the fire risk assessment, and other documentation was out of date. The provider was unable to demonstrate that staff had been recruited safely. Several vitally important checks had not been completed and important documents, such as references, had either been misplaced or never received.

Staffing numbers had been increased since our inspection in January 2022 and this had had a positive impact on the standard of care provided. The assessment tool used to determine correct staffing levels did appear to produce an accurate assessment. . We have recommended that the provider reviews this to ensure it can accurately determine correct staffing levels.

People were safe and protected from abuse. All people spoken with told us they were safe and well cared for and visiting relatives praised the staff for the standard of care they provided. Medicines were stored and administered safely so people received their medicine as their doctor had prescribed it.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. Not all staff had the right skills, training, or experience to meet people's needs and some needed their basic training refreshing. We have recommended that the provider seeks to improve induction training for new staff.

People told us that the care was good. They said they were treated with respect and we could see they were generally involved in decisions about their care. A visiting doctor told us that there is a core group of staff who have worked at Winsford Grange many years. They said: "the staff are caring and courteous, respectful, and kind to patients and to family members". Throughout this inspection we observed staff treating people with kindness, respect, promoting choice, seeking consent, and offering sensitive emotional support when needed. The atmosphere in the home was warm and welcoming and arrange of activities was on offer.

People told us that they received care that met their needs but some of their care plans lacked detail. We have recommended that care plans are audited to ensure they comprehensively address people's needs.

The provider's quality systems were not sufficiently robust to identify the concerns we identified on this inspection. The management team were open and transparent throughout the inspection and responded

to any requests positively.

Rating at last inspection

The last rating for this service was requires improvement (published 22 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found that improvements had be made and the provider was no longer in breach or regulations on staffing and safe care and treatment. The provider remained in breach of regulations on staff recruitment and governance.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified four breaches of regulations in relation to safe care and treatment, fit and proper persons employed, staffing and Governance and records at this inspection. Please see the action we have told the provider to take at the end of this report.

Prompt action was taken by the registered provider during the inspection to mitigate risk and improve the quality of care in response to the concerns we found during our inspection.

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 program. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our Caring findings below

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well led.
Details are in our Well-led findings below

Requires Improvement ●

Winsford Grange Care Home

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an adult social care inspector and a pharmacy inspector.

Service and service type

Winsford Grange 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 is required to have 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.

There was no registered manager at the time of the inspection.

Notice of inspection

The inspection was unannounced. Inspection activity started on 7 April and ended on 19 May 2022. We

visited the service on 07, 12, 22 April and 06 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority, and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke with five people who lived at the home and five visiting relatives to gain their views about the care and support provided. We also spoke with 19 staff members including the recently appointed manager, the regional director, the quality lead, three nurses, an advanced care worker, five support workers, two agency support workers, a cook, two housekeepers, a maintenance operative and an activities coordinator. We also spoke with a Technical Fire Safety Officer from Cheshire Fire and Rescue Service.

We looked at the care records for five people who lived at the home. We watched people being given their lunchtime medicines. We looked at thirteen people's medicine charts. We also looked at the home's medicine policy and other medicine records. We looked at the recruitment files for two permanent staff and four agency staff deployed in the home since our last inspection. A variety of records, relating to the management of the service were also reviewed.

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested that some records and documentation be sent to us and reviewed these off site and continued dialogue with the manager by telephone.

After the inspection

We continued to seek clarification from the new manager, quality assurance lead and regional director.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection in January 2022 the provider was unable to demonstrate that safe recruitment procedures had been followed resulting in a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Safe recruitment processes were not always followed.
- We found that essential recruitment checks including references and DBS (Disclosure and Barring Service) checks had not been carried out or were inadequately recorded.

The registered provider was unable to demonstrate that safe recruitment procedures had been followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was very responsive in taking actions to address the issues we found on inspection, however we can not fully assess the impact of these actions until they are fully embedded.

At our last inspection in January 2022 there were insufficient suitably experienced and competent staff deployed to ensure the safety and wellbeing of the people who lived at the home. This resulted in a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff employed to meet the needs of the people who lived at the home.
- Staffing levels and skill mix were determined based on people's assessed needs and dependency levels.
- The dependency rating scale used indicated that a significantly fewer staff were required than the needs of people, good judgement and experience would suggest.

We recommend that the provider reviews the dependency rating scale used for accuracy and indication of

realistic staffing levels going forward.

Preventing and controlling infection

At our last inspection in January 2022 the provider's systems were not always robust enough to demonstrate risks to people's health presented by COVID-19 were effectively identified and mitigated. This resulted in a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Further improvement was required because several staff had not received training on infection prevention and control or were overdue refresher training.
 - We were somewhat assured that the provider's infection prevention and control policy was up in place and up to date. New policies had been introduced but had not been read and understood by senior staff. For example, senior staff were unaware that the recently introduced 'Outbreak Management and Barrier Nursing policy and procedure' required the manager to nominate a COVID-19 coordinator on every shift. The new manager undertook to address this.
 - We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were conversant with donning, doffing and disposal of PPE safely, but the impact of PPE on people with communication difficulties had not always been assessed. We signposted the use of alternative PPE such as clear face masks.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
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- Each person had visiting care plan which was designed to enable and welcome safe visiting even in the event of an outbreak. Visiting relatives told us that they were made to feel welcome and were happy to comply with wearing PPE and testing prior to visiting to ensure safety and wellbeing of all concerned.

Assessing risk, safety monitoring and management

- In January 2022 the fire service had visited and identified concerns regarding general fire precautions, fire risk assessment and fire training. When we started the inspection, we found that satisfactory action had not been taken to address the fire services recommendations and requirements.
- Fire extinguishers were out of service and fire doors leading to the lounges were being wedged open because their automatic closing devices had broken down. Automatic closing devices to two bedroom doors had also failed.
- The "nominal role" which is a list of people in the home to be used in the event of a fire and handed to the fire service was not up to date.
- Staff informed us that they had reported the broken closing devices on the lounge and bedroom doors months previously but, because of a lack of management oversight, no action had been taken to fix them.
- The provider's representative acknowledged a break down in management oversight and indicated commitment to address the above in liaison with the Cheshire Fire and Rescue Service.

- The provider was very responsive in taking action to address the issues we found on inspection however, we could not fully assess the impact of these actions until they were fully embedded.

Systems and records were not always robust enough to demonstrate risks relating to the health, safety and welfare of service users were mitigated. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Records of accidents and incidents were maintained but were not routinely analysed to identify trends. For example, there was an increase in the number of recorded falls in February 2022 but there was no evidence of management overview or analysis to identify any possible cause and minimise risk.
- The new manager who started work at the home during the inspection gave assurances that all accidents and incidences would be analysed to identify opportunities for learning and minimising risk, going forward.

Using medicines safely

- With one exception staff signed the medication administration record (MAR) after observing a person take their medicine.
- Records showed that people's skin was cared for properly.
- Medicines were stored safely.
- Medicines that are controlled drugs were handled safely.
- Guidelines for staff about the administration of medicines prescribed 'when required' (prn protocols) were good and up to date. However, one person's records indicated that medicine prescribed when required for agitation was given for a reason that would not justify its use. We raised this with the new manager who took action to ensure when required medicines were only used for their stated purpose.

Systems and processes to safeguard people from the risk of abuse

- All people spoken with told us they were safe and well cared for.
- Staff had received training, understood their responsibilities, and felt able to report abuse should the need arise.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff described two isolated incidences where a person who lacked capacity was subject to unauthorised and inappropriate restraint. We reported this matter to the local safeguarding authority, as did the new manager. Action was taken by the new manager to ensure these practices ceased and were not repeated. The safeguarding authority were satisfied with the action taken by the new manager to ensure vulnerable people were safeguarded.
- In all other respects the provider was compliant with the MCA and DoLS.

Staff support: induction, training, skills and experience

- Not all staff had the right skills, training or experience to meet people's needs.
- Records showed significant gaps in staff training specific to people's needs, including management of violence and aggression. Several staff were overdue refresher training in moving and handling, food hygiene, safeguarding vulnerable people, MCA and DoLS, first aid and health and safety at work.
- At the start of our inspection staff told us that morale was low, some felt unsupported, and records showed that some staff had not been offered supervision in over six months. During the inspection the new manager instigated a series of staff meetings, including supervision meetings and plans were being drawn up to address staff training needs.
- New staff benefited from induction training which addressed basic training needs, but there were no

arrangements in place to provide previously inexperienced staff with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

We recommend that the provider offers and supports new staff previously inexperienced in care to gain the Care Certificate.

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

- The provider was unable to demonstrate that people were offered sufficient to eat and drink because staff had not always kept consistent contemporaneous records. For example, the records for three people who were assessed as being at risk of malnutrition contained gaps of more than 15 hours when they had not been offered food or fluids.
- The new manager took action during the inspection to ensure that appropriate records were maintained.
- People's dietary needs, preferences and risks associated with poor food and drink intake were recorded in their care plans, and both nursing staff and support staff were aware of them.
- Menus showed that a varied and nutritious diet was on offer. People told us they enjoyed the food, for example one person said, "The food very good, can't complain about anything, get choice they know what we want, at lunch and at tea time very good choice."

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

- Assessments of people's care needs, and personal preferences had been carried out with the person or their representative. These were reviewed and revised periodically or when the person's needs had changed.
- All the people we spoke with had something positive to say about the staff and the standard of care provided. For example, one person said, "Health care very good. I had temperature and they got the Doctor to see me , put me on antibiotics sorted it out." A visiting relative said, "The care is excellent, all of the staff are friendly welcoming and professional, from the cleaners, admin staff managers and care staff all of them. (Relative) is in good care, his needs are met , they know him well and know how to meet his needs."

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

- A visiting doctor spoke highly of the nursing and support staff teams and the standard of care provided.
- Two visiting relatives felt that communication needed to improve, but all were confident that their relative's health care needs were met.
- People were supported to maintain good oral health care, as detailed in their care plans.
- The new manager introduced daily meetings at which people's changing health needs were discussed with nursing and support staff. This will help to ensure good communication is made and maintained.

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

- The design and layout met the physical needs of people living at the home.
- Technology and equipment was available to meet people's care and support needs.
- The home was suitably decorated and well-furnished throughout.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence Ensuring people are well treated and supported; respecting equality and diversity.

- A visiting doctor told us there is a core group of staff who have worked at Winsford Grange many years. They said, "The staff are caring and courteous, respectful, and kind to patients and to family members."
- Throughout this inspection we observed staff treating people with kindness, respect, promoting choice, seeking consent and offering sensitive emotional support when needed.
- The atmosphere in the home was warm and welcoming. We could see that staff had developed good relationships with people. One of the people who lived at the home said, "I can't look after myself but count myself very lucky that I am well looked after." Another person said staff are "Very good with privacy they always knock."
- All visiting relatives spoken with made positive comments about the staff and the standard of care provided. One relative said, "The staff are excellent. They talk to (relative) and all the residents with respect. I can't fault them."
- People's needs were assessed and identified prior to moving into the home. Protected characteristics, such as age, gender, disability, cultural and religious support needs were identified.
- People's information was kept confidentially in locked cupboards and staff took care to ensure privacy was maintained when providing personal care.

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

- People were supported to be involved in planning their care. Whilst some care plans needed development, in general they reflected each person's needs, personal preferences, and characteristics and outcomes were good.
- Relatives told us they had been involved in planning all aspects of their loved one's care, where appropriate. One relative told said, "They keep me informed and involve me in decision making such as (relative's) change to a new room which was bigger for the hoist. They consulted me and sought my agreement before they moved them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, but complaints were not always recorded, acted upon, or followed up to ensure care practice improved.
- A relative told us that they had tried to raise a complaint some months ago regarding poor communication, but had not received an acknowledgment or response to their email.
- Staff meeting records showed that another relative had raised a complaint regarding their loved one not being supported to wear their hearing aids. There was no record of this complaint in the home's complaints records systems. We observed that staff did not attempt to assist this person to wear their hearing aids throughout the day.
- We brought the above complaint to the new managers attention who took action to ensure it was recorded, acted upon, and responded to.

Meeting people's communication needs Planning personalised care to ensure people have choice and control and to meet their needs and preferences

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.

- People's communication needs were considered as part of the assessment process. However, information was not always clear for staff to follow to ensure people's needs were met.
- Some information regarding people's communication needs was inconsistent. For example, one person's communication care plan stated English was not their first language but did not say what their first language was. When asked staff were unable to say what the person's first language was because the country from which they originated had several different languages.
- Another person relied on lip reading, which was hampered by the wearing of face masks. There was no evidence that consideration had been given to the use of clear face masks. Some, but not all staff used a note pad to facilitate communication with this person. Although successful, this effective method of communication was not detailed in their care plan.
- The Statement of purpose and Service users Guide could be made available in braille other languages and formats in accordance Accessible Information Standard. However, there was no mention of this in these documents to signpost the reader.
- The new manager was very responsive in taking action to address the issues we found on inspection.

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

- People told us that they felt involved with decision making and received care that met their needs.
- We could see that each person likes, dislikes and personal preferences were recorded in their care plans which were reviewed regularly.
- Some care plans had gaps in information and there was room for improvement. For example, staff told us that one person was at high risk of falls and required supervision but there was no care plan that addressed falls prevention.

We recommend that care plan audits are implemented to ensure that they comprehensively address people's needs.

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 atmosphere in the home throughout the inspection was welcoming and sociable.
- People told us how they were supported to attend activities of their choice and there was always something on offer.
- People were supported to maintain relationships inside and outside the home and safe visiting was supported and enabled.

End of life care and support

- End of life care needs were considered as part of the assessment and care planning process and people's wishes and preferences were recorded.
- A visiting doctor praised nursing and support staff for their skill, sensitivity and empathy when supporting people and their relatives at end of life.

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 Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

At our last inspection in January 2022 the provider was unable to demonstrate systems and records were robust enough to demonstrate risks to people's health were effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service was registered under a new provider in October 2021. The transfer had not been well planned and new systems policies and procedures had not always been effectively integrated.
- There had been several changes of manager since the new provider took over the home. During our last inspection in January 2022 the person who was managing the home resigned, reporting a lack of support from the provider. Another manager and a regional manager appointed after our last inspection had also both resigned at short notice.
- Governance and monitoring systems had not effectively identified the issues we found during the inspection. Some audits had been carried out but had not been effective.
- There were significant gaps in some people's personal care records including food and fluid records.
- Failure to identify, assess and mitigate shortfalls in fire precautions, staff training, staff recruitment, record keeping, and care practice had meant people were at increased risk of harm.
- The provider had a range of policies and procedures, but these had not been shared with all staff and were not available for staff to read on each unit.

Systems and records were not always robust enough to demonstrate risks to people's health were effectively monitored. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager commenced work at the home during our inspection. They immediately started to address the shortfalls we identified. However, we could not fully assess the impact of these actions until they were fully embedded.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Nursing staff, support workers and other staff spoken with reported low morale, as they had done at the last inspection. However, towards the end of our inspection we could see that staff support systems were starting to improve.
- General staff meetings had been held and staff had been encouraged to share their views. The new manager conducted daily meetings with support and nursing staff and, because of this, communication had also improved.
- Despite the low morale and lack of managerial oversight, staff understood the provider's values and beliefs in caring for people and providing person centred care. This was reflected in the way staff responded to and involved people in all aspects of their care.
- All people spoke highly of the staff and the standard of care provided. We could see that staff, and the people who lived at the home, enjoyed good relationships with evidence of warm, caring and positive interactions.
- Nurses and care workers had received training in equality and diversity and had a good understanding of protected characteristics.

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; Working in partnership with others

- The provider understood their responsibility to comply with the duty of candour and met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The Commission had been notified of all notifiable incidents that had occurred in the home.
- Managers and staff worked cooperatively with us, and in the best interests of the people who lived at the home.
- A visiting Doctor reported that they enjoyed excellent working relationships with the established staff team who worked in partnership with them in the best interest of the people who lived 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 17 HSCA RA Regulations 2014 Good governance Systems and records were not always robust enough to demonstrate risks to people's health were effectively monitored.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider was unable to demonstrate that safe recruitment procedures had been followed.