Care Quality Commission

Embrace (England) Limited

Rushyfield Care Centre

Inspection report

Inspection report
Brandon Lane
Brandon
County Durham
DH7 8SH
Tel: 0191 340 6442
Website: www.europeancare.co.uk

Date of inspection visit: 27 and 29 October, 3 November 2015
Date of publication: 31/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 27 and 29 October, 3 November 2015 and was unannounced. This meant the registered provider and the manager did not know we would be carrying out the inspection.

During our last inspection in November 2014 we found the registered provider had not met the requirements of three regulations. We found the registered provider did not at times have sufficient staff on duty to ensure people were safe; the registered provider had not maintained appropriate standards of cleanliness and hygiene and had not maintained accurate records in respect of each service user. The registered manager submitted an action plan to show how the service planned to improve. We found improvements had been carried out.

Rushyfield Care Centre is a purpose built facility that provides care for up to 41 people who require accommodation and have personal or nursing care needs.. People were accommodated on two units named Usher Moor and Langley Moor. At the time of our inspection there were 35 people living in the home.

Summary of findings

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. At the time or our inspection the manager in post had applied to become the registered manager. An error had been found by the CQC on their application and returned to the manager. During our inspection this was brought to the attention of the manager who re-submitted the correct application.

We found the registered provider had considered risks to people in the home and had in place risk assessments to identify and mitigate possible causes of accidents or injuries to people.

Arrangements were not in place to ensure people's topical medicines were administered appropriately.

The registered provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We saw that accidents and incidents were recorded and these were monitored by the manager to see if improvements could be made to reduce risks to people.

We found communication arrangements were established in the home to ensure staff were kept informed about people's needs.

Staff had received training pertinent to their role, for example they had completed training in moving and handling, health and safety and safeguarding people.

We observed meaningful contacts between people who used the service and the staff. Staff engaged people in conversation and gave them choices so they could be assisted with their needs.

We saw people's rooms were personalised with items they had brought from their own homes including ornaments and photographs. This meant people had familiar things around them to support them and make them feel at home.

We found people were supported to live the life they chose with full regard to their gender, age, race, religion or belief, and disability.

We observed staff in the home giving people hugs and kisses on the cheek and treating people with affection. People demonstrated these actions supported their well-being and responded with smiles and chatted to staff.

People were encouraged to be independent with eating and drinking.

The registered provider had on display a poster which said staff had been trained in 'OOMPH' which stood for 'Our Organisation Makes People Happy'. Staff led a movement to music session where we saw people participated to various levels and enjoyed the activity.

We found the registered provider carried out monthly auditing visits, and looked at ways the service needed to improve as well as setting deadlines by which the improvements had to take place.

We found people chose when they wanted to get up and staff provided the support they required. Staff gave people an early morning drink and a biscuit.

The manager had introduced an 'Employee of the Month Award' which was aimed at recognising good practice and fostering a positive culture in the home.

Professional partners involved in the care of people in the home without exception spoke positively about working in partnership with the staff.

We found the manager had in place regular meetings with staff to look at various aspects of the home including health and safety and catering.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

Summary of findings

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.

Arrangements were not in place to ensure people's topical medicines were administered appropriately.

We found the registered provider had considered risks to people in the home had in place risk assessments to identify and mitigate any possible causes of accidents or injuries to people.

The registered provider had put in place additional security so staff could see who was at the front door before allowing them access to the building.

Requires improvement

Is the service effective?
The service was effective.

We found communication arrangements were established in the home to ensure staff were kept informed about people's needs.

During our inspection we saw people were consistently offered fluids to maintain their hydration levels.

Staff had received training pertinent to their role. The training included moving and handling, health and safety and safeguarding vulnerable people.

Good

Is the service caring?
The service was caring.

We observed meaningful contacts between people who used the service and the staff. Staff engaged people in conversation and gave them choices so they could be assisted with their needs.

We saw people's rooms were personalised with items they had brought from their own homes including ornaments and photographs.

We found people were supported to live the life they chose with full regard to their gender, age, race, religion or belief, and disability.

Good

Is the service responsive?
The service was responsive.

The registered provider had on display a poster which said staff had been trained in 'OOMPH' which stood for 'Our Organisation Makes People Happy'. Staff had been trained to lead a movement to music session where we saw people participated to various levels and enjoyed the activity.

Good

Summary of findings

We found people were able to get up in the morning when they wanted to. Staff provided them with a drink of their choice and a biscuit.

The home had care plans in place which reflected their people's needs and preferences. Staff were able to tell us about people's individual needs.

Is the service well-led?

Good

The service was well led.

We found the registered provider carried out monthly auditing visits, and looked at ways the service needed to improve as well as setting deadlines by which the improvements had to take place.

The manager had introduced an 'Employee of the Month Award' which was aimed at recognising good practice and fostering a positive culture in the home.

During this inspection we found records had improved, notably people's fluid chart records had been improved, these were totalled and actions identified when people's fluid intake was recorded as poor. Continued improvement of these records was reinforced by the regional manager.

Rushyfield Care Centre

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 registered 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.

The inspection took place on 27 and 29 October, 3 November 2015 and was unannounced.

The inspection team consisted of one adult social care inspector. Prior to the inspection we reviewed all of the information we had on the service. This included notifications made by the registered provider to CQC and safeguarding information.

Before we visited the home we checked the information we held about this location and the service registered provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised with us about the service from Healthwatch, commissioners of services or Local Authority safeguarding staff.

During the inspection we carried out observations of people who could not speak for themselves. We spoke with three people who used the service and eight relatives and visitors to the home, as well as five professionals who were visiting the home. We reviewed care files for five people and looked at other records including people's medicines and weights. We looked at four staff recruitment records and the staff training and supervision records.

We also spoke with 16 staff including the regional manager, the manager, nurses, senior staff, care staff and catering and other support staff.

Before the inspection we did not ask the registered provider to complete a Registered provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we spoke with people, their relatives, staff and the manager about what was good in the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe in the home. One relative said, "Yes my mum is safe here." One person told us they were happy in the home but due to their memory loss could not always remember what had happened. We observed people who could not speak for themselves and found their behaviour indicated they felt safe in the company of the staff; for example people approached staff if they needed anything and engaged them in their support needs.

We found the registered provider had considered risks to people in the home and had in place risk assessments to identify and mitigate any possible causes of accidents or injuries to people. These included for example transmission of infection diseases, risks when using disposable gloves, bedrails and scalding. Each person also had their own risk assessments in place including 'Keeping Safe' plans whereby risks were identified for each person and action put in place to minimise each risk.

In our last inspection we found the home required further cleaning to reduce the risks associated with the spread of infections. During this inspection we saw improvements had been made to the cleanliness of the home. Night care staff told us about the cleaning they carried out. We found the manager had brought in new furniture which was easily cleaned. The home had been inspected by the Infection and Prevention Control Team in September 2015 and the manager had taken the actions identified by the team. However we told the manager we found used incontinence pads which had not been appropriately disposed of. This meant that whilst improvements had been made there was still scope for further work to reduce the risk of infections spreading.

The registered provider had in place a fire risk assessment which was carried out in August 2015 by an independent company who recommended the boiler required servicing. We found this had been actioned by the registered provider. People had in place Personal Emergency Evacuation Plans (PEEPs) which were located by the front door in an emergency bag and easily accessible by the emergency services. During our inspection the fire alarm sounded; this was not anticipated. Staff gathered at the appropriate point and waited for guidance from the manager. This meant staff knew what to do in an emergency.

We looked at the maintenance records for the building and found staff reported for example the need for a new light bulb in a bathroom. We saw that maintenance requests had been promptly attended to. We also saw there were water temperature checks in place along with checks on window restrictors and nurse call button. Since our last inspection a front door security system had been installed. This allowed staff to monitor who was entering the building. Staff on shift during out of office hours could permit access to the building from each of the units after seeing the person waiting outside using a camera installed at the front door. Staff, therefore did not have to leave the unit to admit people to the building.

We saw that accidents and incidents were recorded and these were monitored by the manager to see if improvements could be made to reduce risks to people.

We reviewed the recruitment records for four new staff members and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and written references were obtained by the registered provider, including one where possible from the staff member's previous employer. Proof of identity had been obtained from each member of staff for example passports and driving licences. Each prospective staff member had been required to complete an application form including details of their previous employment as well as their skills and personal attributes. This meant the registered provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We looked at the staffing levels in the home and found there was sufficient staff on duty during our inspection to meet people's needs. The rotas demonstrated how the service managed staffing levels for sickness and holidays. We saw the service had a bank team of staff who could be called upon. One person told us they occasionally pop into the service and thought the home, "Could do with more staff." Other relatives felt that usually there was enough staff on duty but on some days staff, "Were pushed." A visiting professional also told us on some days, particularly if a staff member was off sick, staff were kept, "Very busy."

Staff confirmed to us they had received training in safeguarding people and would report anything which concerned them to the manager. Staff had intervened where there had been altercations between people who

Requires improvement

Is the service safe?

used the service. We saw notifications had been made to CQC regarding safeguarding incidents which had been reported to the manager by the staff on duty at the time of the incidents. This meant staff had utilised their training to keep people safe.

In the staff room we saw the whistle-blowing policy was displayed on the wall for all staff to access. Staff again told us if they had concerns about the behaviours of their colleagues they would report them to the manager. The manager told us there were no on-going whistle blowing investigations.

During the inspection we looked at the management of people's medicines. We discussed with the staff on duty methods for safeguarding people regarding the correct administration of medicines, discarding spoilt meds and covert medication and found they had knowledge of all these methods. The Controlled Drug safe and any extra drugs were in a locked cupboard. The controlled drugs were correct and a record showed these were regularly checked by the nurse on duty. A controlled drug requires additional secure storage as they are open to misuse. People who required their medicines in a covert manner had in place mental capacity assessments and the reasons for giving people their medicines covertly were clearly documented.

We observed people's medicines were administered in a caring and patient manner. We randomly sampled people's medicines and found the amounts to be correct. In July 2015 we saw the service had carried out a medicines audit and there were 31 missing signatures on people's Medication Administration Records (MARs). This was attributed by the nursing staff to the use of agency nurses whilst at the same time the audited stock levels were correct. This meant people had been given their medicines. We found subsequent audits demonstrated these gaps had significantly reduced. In the medicines cycle at the time of our inspection we found there were four signature gaps in MAR. This meant whilst improvements had been made further actions could be taken to improve practices.

We found in people's rooms prescribed creams for topical application. There was no record of the date of opening. A topical administration chart was not available for creams and there were no body maps in place to guide staff where to apply people's topical medicines. One family we spoke with had provided staff with an over the counter topical remedy; this had not been incorporated into the person's medicines arrangements. We spoke with the manager who discussed with us what needed to happen to support people who needed topical medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Good

Is the service effective?

Our findings

One visiting professional said, “Everything is good.” Another visiting professional told us that people who lived in the home had stable diabetes and attributed this to, “The good diet people received.” A relative told us, “[person] is very well cared for and they are happy here.”

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered provider was compliant with the requirements of the MCA and DoLS. We found people had been subject to mental capacity assessments on specific issues and where appropriate applications had been made to the relevant authority to deprive people of their liberty and keep them safe. We spoke with the manager and asked them if any applications had been approved, the manager told us one application had been approved. The CQC had been notified of the authorisation. We saw in the staff training matrix staff had been trained in the MCA and DoLS. This meant the registered provider had met the required standard in this area.

We found communication arrangements were established in the home to ensure staff were kept informed about people’s needs. Staff told us they felt communication in the home had improved. The manager told us they carried out a daily meeting with staff at 10am. We found staff completed a daily manager’s report and saw they included reminders to complete a DoLS application for a new person in the home, a visit by an advocate as well as information about someone not being well and their GP had been called. Arrangements were in place for staff to complete handover notes. The notes included pertinent information about each person and any significant daily events. This meant people were assured more consistently informed care than previously through comprehensive note taking and information sharing regarding their needs.

We spoke with staff about two people who presented challenging behaviours to the service. They demonstrated to us they were knew about the behaviours but told us it was just the behaviours of the people involved and the staff having recognised the behaviours had developed coping strategies. On looking at people’s records we found there were clear descriptions of the behaviours but in one person’s case whilst the behaviours were described there were further actions which could have been put in place to reduce the risk of avoidable harm to others. We observed scenarios where there were potential risks to others involving one person.

We checked to see if staff had received an induction to the service and found records showed staff had an induction period. Staff confirmed to us they had received an induction including an agency nurse on duty for the first time in the home. Staff survey questionnaires also asked if staff had received an induction; all the staff who responded to the survey confirmed they had.

We looked at staff training records and found staff were required to undertake prescribed mandatory training as defined by the registered provider. The manager showed us an e-learning matrix which defined what training was required by job role. For example a housekeeper required training in infection control but not in medicines and end of life care. Staff confirmed to us they had undertaken learning in safeguarding, health and safety, moving and handling and infection control. This meant staff had received training pertinent to their role.

At the start of inspection we found supervision records which demonstrated the registered provider was not meeting their required standards of staff supervision. We saw the registered provider had in place a supervision policy. A supervision meeting takes place between a staff member and their manager to look at their progress, discuss any concerns and consider their training needs. The manager explained to us that supervision notes from the previous manager may have gone missing. During this inspection the manager met with staff and increased the level of supervision and appraisals with staff. This meant that whilst the manager had recognised the supervision deficits and made efforts to correct them further work was needed to ensure staff received consistent supervision in keeping with the registered provider’s own policy.

We looked at five people’s weight information and saw where people had lost weight staff had referred them to a dietician and people had food supplements in place to augment their diet. These were recorded in their care plans and documented.

During our inspection we saw people were consistently offered fluids. We observed a meal time where people were supported to eat in the lounge. The home operates a protected meal time system where everyone is required to

Good

Is the service effective?

support people to eat. One family member told us they had to wait until their relative had been fed before they could be with them; we spoke with the manager about involving relatives in protected meal times. We observed catering staff supporting people to eat; they required information and support on people's thickened fluids. A member of the care staff then got up from feeding a person to support the catering staff before returning to feed the person. In between the actions they removed a plate from in front of a person who was about to throw it on the floor whilst the catering staff offered the person an alternative. Other staff continued to support people to eat. One member of the catering staff told us they would not feel confident in supporting people to eat as they had not had any training. We found further work to ensure people's experiences of a protected meal time could be carried out.

Good

Is the service caring?

Our findings

One staff member said they would put their own relatives in the home, "Because of the level of care." A visiting professional described the staff as, "Genuinely caring" and told us the staff will do as they are asked and follow instructions. One person told us they were, "Well looked after." A relative said, "The staff are lovely." Another relative told us, "The staff are great" and, "You can't fault the staff."

Staff knew people well and were able to describe to us people's behaviours and how to support them. When we spoke to staff about particular behaviours they engaged with us and spoke about their approach to people. They described seeing the person first before addressing behaviours and demonstrated patience towards people in the home. When staff spoke to us they spoke quietly and looked around before speaking which demonstrated they were aware of confidentiality issues. When we had finished reading people's files staff immediately returned the files to confidential storage which demonstrated staff were aware of the need to keep records safe.

We observed staff in the home giving people hugs and kisses on the cheek and treating people with affection. People demonstrated these actions supported their wellbeing and responded with smiles and chatted to staff. We observed meaningful contacts between people who used the service and staff were not just functional for example did they require a drink. Staff engaged people in conversation and gave them choices so they could be assisted with their needs. For example the staff told us one person did not like being in the lounge and we observed the person entering the lounge. Staff tried to make the person feel welcome and supported them to stay in the lounge for as long as they wished.

As people were supported to the dining room we heard staff give them encouragement to walk and providing explanations about how far they needed to go. People were encouraged to be independent with eating and drinking.

When one person was admitted to hospital during our inspection with their relatives in attendance the home provided a packed lunch just in case the person was unable to eat in hospital. On return from the hospital the relative reported they had valued the packed lunch. This meant staff had used their knowledge, anticipated a scenario and put in place a tailored approach to ensure the person was supported.

We observed the relationships between staff and people who used the service. We saw staff consistently treated people with dignity and respect. Staff respected people's privacy and we observed they knocked on people's doors before entering. When people wanted to speak staff waited patiently before responding. They spoke with people respectfully and addressed them by their preferred name. Irrespective of their role we found staff demonstrated a caring approach, for example we observed a member of domestic staff find a person who appeared to be cold, they asked them if they wanted a blanket and immediately sourced a blanket and put it over their knees.

We saw people's rooms were personalised with items they had brought from their own homes including ornaments and photographs. This meant people had familiar things around them to support them and make them feel at home.

The service had worked with people's advocates including an Independent Mental Capacity Advocate. We also found family members had spoken up for the relatives and acted as natural advocates for people who lived in the home. Staff had responded to individual requests and accepted the family members as acting in the best interests of their relatives; however the manager pointed out to us in a recent episode they had to balance the wishes of a family member with the wishes of the person and discuss a compromise with the family. This meant the home listened to and respected people's wishes.

We found people were supported to live the life they chose with full regard to their gender, age, race, religion or belief, and disability. The manager discussed with us one person's behaviours and how they balance the needs of one person rights with others in a group living situation. This meant the person was not discriminated against but actions put in place to protect others who may be offended by the person's behaviour.

Good

Is the service responsive?

Our findings

One visiting professional said, “The girls respond very well. They always help with a patient.” One relative told us they were, “Happy with the care.” Another relative felt confident in approaching staff and said, “They always respond to what you are saying.” We observed staff being responsive to people’s needs who were unable to communicate.

During our inspection two people had accidents which required a visit to the hospital by ambulance. The staff provided first aid, and monitored each person before the ambulances arrived. We observed people being treated with care and attention, particularly during the two hours it took for an emergency ambulance to arrive for one person who had a fall. The paramedics decided hospital treatment was not required and the person stood up and walked around. We observed staff took extra care with the person and monitored their mobility.

The registered provider had carried out a pre-admission assessment for each person to assess if they could meet each person’s needs and establish a basis on which their care plans could be drawn up. We saw that the pre-admission assessment was comprehensive and enabled staff to be aware of the person’s needs before meeting them.

We reviewed five people’s care files and found people had in place a comprehensive set of care plans which were person centred for example one person was described as liking their jewellery and perfume. During our inspection we found the same person was not wearing jewellery but were unable to establish with them if this was their choice for the day. People’s care files contained information under the heading, ‘All about me’. People’s care plans were evaluated on a monthly basis to check if they were still relevant to the person.

Since the last inspection we found that people’s records had been updated. We saw the people’s care plans were current and provided detail on people’s needs. We spoke with staff about people’s needs and they knew about the contents of people’s care plans. One person’s care plan identified that if they were in their room they required regular checks. Staff told us how they carried out the checks.

A healthcare professional told us about the frequency of their visits to the home and said the staff work with them

We observed staff approach the professional with their concerns who took immediate action and the visiting professional together with the senior carer checked on the person concerned.

During our inspection we carried out a visit at 6am to check on the care given to people at that time in the morning. Staff told us about the people who liked to get up early. We observed staff responding to people’s needs and supporting them into the dining room or lounge for an early morning hot drink and a biscuit. We did not observe that people were rushed into getting up before the day shift came on duty. One member of staff told us people have the choice to get up when they want and, “It is the way it should be.”

The registered provider had on display a poster which said staff had been trained in ‘OOMPH’. The activities coordinator explained this stood for ‘Our Organisation Makes People Happy’. The manager told us two people from each home had been trained to deliver activities to music. We observed an OOMPH session, people were given the choice to participate and if they wanted pompoms to wave in time to the music. Staff then led an exercise to music session where we saw people participated to various levels and enjoyed the activity. People were offered drinks in between the activities. Although the staff told us one relative had reportedly described OOMPH as childish, we found people were supported to be involved and appeared energised and alert during the activity. This prevented people from being socially isolated.

During our inspection we found staff also had set up other activities. A cinema morning was arranged and staff supported people to sing along to the film, ‘Dirty Dancing’. The activities coordinator brought into the home her two small dogs for people who liked animals. People also made their own choices regarding activities. We saw staff anticipated a person’s needs when they wanted to go outside to smoke. One person was given the opportunity to colour in which they were able to focus on. This meant staff tried to engage and support people in activities which they enjoyed.

The registered provider had in place a complaints policy. When we spoke with people, they told us they knew how the complaints process worked and told us they would speak to the manager if they had any concerns. One person

Good

Is the service responsive?

said, “I have no complaints”, another person said, “I’ve not needed to make a complaint.” We saw complaints had been investigated and an outcome had been provided to the complainant.

Each person had a transition plan in place which documented their personal details and health conditions. A nurse on duty told us the plan would be photocopied and where there were any gaps for current information for example about people’s medicines these would be updated and sent with the person to hospital. This meant the registered provider had in place arrangements to support other services that needed to be involved in people’s care.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a manager in post who had submitted an application to register with the CQC. Their application had been accepted by CQC.

One staff member said, "The management has made a massive improvement to the home. It is a pleasure to come to work now." Another staff member said, "The atmosphere is good about the home." A visiting professional told us, "[The manager] cares and is always available and accessible." One relative told us they found the manager, "Approachable."

We found the registered provider carried out monthly auditing visits. The last visit was on 21 October 2015 when the regional manager identified a list of actions to be taken to improve the service. The regional manager had set a target for the completion of e-learning and a deadline for the completion of appraisals. This meant the home had been given parameters where improvements were required.

During the monthly auditing visits we saw the registered provider carried out care file audits. We found the home staff had not carried out these audits since April 2015. In the presence of the manager we asked the regional manager how many care files would they expect a manager to review. They told us they would expect two per week. The manager agreed to progress further file audits.

We found the manager had set up monthly meetings with groups of staff to provide support and guidance, for example they had chaired meetings with the catering staff. The manager also had in place a Health and Safety meeting. The minutes of the meeting showed staff were involved in the home and the manager listened to staff before making decisions. The manager also gave guidance to staff on people's care; for example the minutes stated, '[Manager] asked staff to ensure residents have appropriate footwear. Any residents not tolerating/able to wear footwear should have a care plan to reflect how this is being managed'.

We found recorded in the team meetings the manager had given praise to staff for their levels of care. The manager explained their approach to us; they felt if staff felt they were cared for they provided better care to service users and staff deserved credit for their hard work.

We saw the manager had attempted to involve relatives in the running of the home and had set up a relatives meeting, which no one had attended. A further relatives meeting was to be set up.

We saw the manager had recently conducted a survey using questionnaires to assess the quality of the home. Only two relatives had returned their questionnaire which made it difficult for the manager to assess the quality of the service. Questionnaires had also been sent out by the manager to the staff and questions were asked about their work role, the management, environmental issues, the ethos of the home and safe working practices. We saw the responses to these questionnaires were largely positive.

The manager showed us they had put in place an 'Employee of the Month' award. We spoke with one recipient who was modest about their achievement and told us they had done nothing they would not normally do. Their colleague told us why they had voted for them and praised their work. We found by introducing such a scheme the manager was developing a positive culture in the home.

We found the manager and the regional manager carried out checks to see if the maintenance of the building had been carried out. They had documented their checks in the maintenance log.

During our last inspection we found the registered provider had not maintained accurate records in respect of each service user. During this inspection we found records had improved, notably people's fluid chart records had been improved. These were totalled and actions identified when people's fluid intake was recorded as poor. We saw the regional manager had reviewed these in their monthly visits and had reinforced the need for completion. The manager promptly made available any documents we requested. Policies and procedures were accessible. In line with regulatory requirements the rating for the home was displayed in the main entrance area.

Professional partners involved in the care of people in the home without exception spoke positively about working with the staff in partnership. We saw the home had involved GP's, district nurses, SALT, dieticians and hairdressers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider did not have in place suitable arrangements to manage people's topical medicines.**