Mrs Kim Crosskey

Pearson Park Care Home

Inspection report

Pearson Park Care Home
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Hull
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Tel: 01482440666

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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

Pearson Park Care Home is registered with the Care Quality Commission (CQC) to provide care and accommodation for 24 older people some of whom may be living with dementia. The accommodation is provided over two floors and a lift is available to access the first floor. There are communal areas for people to use and accommodation is provided in shared and single bedrooms.

This inspection took place on 31 May 2017 and was unannounced. The service was last inspected April 2016, recommendations were made about the safety of the garden area, the use of bed rails, environmental risk assessments, people's care plans and the quality monitoring of the service. This resulted in the service being rated as requires improvement.

At the time of the inspection 19 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not protected from potential hazards which posed a risk of harm. The garden area was still cordoned off, was in-accessible and contained items of plant machinery, for example, a metal work bench, sewer pipes and a cement mixer which posed a risk of harm to the people who used the service. One person had breached the cordon which the provider had erected and had sustained a fall in the garden area which had resulted in them sustaining a fractured femur.

Areas of the building still required refurbishment and redecoration. For example, bedrooms were in need of repainting and carpets replaced. Some of the rooms were dirty and bed linen was stained. Paper towels and soap were not available for staff or the people who used the service in some rooms and toilets. This exposed people and staff to the unnecessary risk of cross infection.

People's care plans did not describe the person or their actual needs, for example, one care plan indicated the person was mobile, could eat and drink independently and sometimes displayed behaviour which put themselves and others at risk. However, the provider told us the same person was on bed rest and receiving end of life care and had been since April 2017.

People were not always provided with the level of fluid required to keep them healthy and ensure their wellbeing. For example, one person should have been consuming 1950mls of fluid in a 24 hour period but records showed they only received 450mls. One person's care plan did not contain information which instructed the staff in how to manage their catheter or how to prevent the risk of cross infection when dealing with the catheter. There was no effective audit, monitoring or quality assurance systems in place which identified shortfall in the service and put in place time limited actions plans to address these. We

identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

People were cared for by staff who had received training in how to recognise abuse and how to report this to the investigating authorities. Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service. People's medicines were handled safely by the staff and their training was updated in this area.

People were provided with a wholesome and varied diet which was of their choosing. Staff received training which equipped them to meet the needs of the people who used the service, and were supported gain further qualifications and experience. People who needed help with make informed choices and decision were protected by the use of relevant legislation. People were supported by staff to access health care professionals when needed.

People were able to participate in a choice of activities and staff took the time to sit and talk to people and engage them in meaningful conversations. The provider had a complaints procedure which was accessible and all complaints were recorded and investigated.

People who used the service and other stakeholders were asked their views about how the service was run. Staff and people who used the service found the provider approachable and there was an open management style. All equipment was serviced and maintained as per manufactures recommendations.

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

Some areas of the service were not safe.

People were not protected from areas of potential harm and cross infection. Areas of the building still needed refurbishing and redecorating and the garden area posed a risk of harm and was unsafe.

Staff knew how to report abuse and had received training in this area.

People's medicines were handled safely.

Is the service effective?

Good

The service was effective.

Staff received training and support which equipped them to meet the needs of the people who used the service.

Systems were in place which supported people who had difficulty making an informed choice or decision.

People were provided with a wholesome and nutritious diet.

Staff supported people to access health care professionals when required.

Is the service caring?

Good

The service was caring.

People were cared for by staff who understood their needs.

People were involved with their planning of care and staff respected their dignity and privacy.

Staff maintained people's independence.

Is the service responsive?

Requires Improvement

Some areas of the service were not responsive.

Care plans did not reflect people's needs or instruct staff in how best to support the person.

Accurate records were not kept of the amount of fluids provided to keep people healthy and ensure their wellbeing.

Activities were provided and people were supported to access the local community.

A complaints procedure was in place and all complaints were investigated and recorded.

Is the service well-led?

Requires Improvement

Some areas of the service were not well-led.

Effective systems and audits were not in place which ensured the smooth running of the service and the safety of the service users.

Notices sent to the CQC did not accurately or clearly reflect what had happened and where.

Action plans were not in place which identified the actions and set goals and time scales for improvements.

The manager was accessible to the people who used the service and the staff.

Pearson Park Care 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 was 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 31 May 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we looked at information we had received about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality teams were contacted as part of the inspection, to ask them for their views on the service. We also looked at the information we hold about the provider.

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 six people who used the service and two of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with five staff including care staff and ancillary staff; we also spoke with the provider.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and 12 medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These

included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. One person said, "The staff here are brilliant they make sure we are all safe." Another said, "There always seems to be plenty of staff around to keep us safe." People we spoke with told us they received their medicines on time and as prescribed by their GP. Comments included, "They bring me my tablets at the same time every day, never miss" and "I get my pills on time every day."

Visitors we spoke with told us they thought their relatives were safe at the service. Comments included, "The staff here are really vigilant they make sure no-one comes in unless they let them in" and "They [the staff] always make sure [relative's name] is safe; there are staff on duty round the clock."

Following the last inspection a recommendation was made about the condition of the garden area and how this could impact on people's ability to use this area safely as there were lots of potential trip hazards and plant machinery around. At this inspection we found the garden area continued to be inaccessible to people who used the service. We saw the garden was still uneven and not safe there was a metal work bench on one of the paths and a cement mixer which would pose a potential danger to people. The provider was in the process of erecting a shed in the garden to store machinery. There were also large bore sewer pipes stored at the side of the garden area and piles of wood. Irrigation pipes were still sticking out from the ground and other potential trip hazards were noted.

During the inspection the provider told us one of the people who used the service had sustained a fall in the garden area as they had breached the barriers. Staff had found them on the floor at 5.45 am on the 26 December 2016, they had called the emergency services and a fractured femur was diagnosed by the hospital. A notification was sent to the CQC in line with Regulation 18 of the Registration Regulations; this stated the person had been found in the garden but did not make it clear they had breached the barrier and entered the area we had identified as being a potential risk. At the last inspection it had been noted there was no risk assessments which took into account the potential dangers the garden posed. At this inspection we found a risk assessment had been put in place but it did not identify the risk and was a tick box showing the garden had been checked but no instruction as to how staff should support people while in the garden, what the hazards were and how to lessen the risk to people while accessing the garden area.

Some areas of the building were not clean, for example we found stained bed linen and a brown coloured mark on the wall next to the bed in one of the bedrooms. This was pointed out to the provider but was not cleaned or rectified before the end of the inspection. Some of the paper towel and soap dispensers were empty in bedrooms and toilets. This meant staff and people who used the service could not maintain good hygiene standards and increased the risk of cross infection.

A failure to ensure the safety of the people who use the service from potential hazards and a failure to ensure systems are in place to maintain the cleanliness of the building so as not to expose people to unnecessary risk of cross infection is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be

found at the end of this report.

Staff told us they were aware the provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the provider and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the CQC. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on ground of race, culture, sexuality or age.

At the last inspection it was noted people's care plans lacked a risk assessment around the use of bedrails we found this had been addressed and those people's care plans now contained a risk assessment. People's care plans contained assessments of areas of daily living which might pose a risk to the person; this included mobility, skin integrity, falls, nutrition and behaviours which might put the person or others at risk. The assessment described how staff were to support people to eliminate, as far as possible, these risks. For example, staff assisting with mobility by using lifting equipment or monitoring behaviour and redirecting people. The risk assessments were updated on a regular basis. Each person had their own specific evacuation plan and this described how staff were to support the person to leave the premises in an emergency, taking into account their level of understanding and mobility.

All accidents which occurred at the service were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department following a fall. The provider audited all the accidents and incidents which occurred at the service to establish any trends or patterns, or to identify if someone's needs were changing and they needed a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed. Referrals were made to specialist health care professionals, for example, falls teams or the district nursing services.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We looked at the recruitment files of recently recruited staff. We saw these contained references, an application form which covered gaps in employment and experience, a record of the interview and a check with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. These checks help employers make safer recruiting decisions and help to minimise the risk of unsuitable people working with children and vulnerable adults. The recruitment files also contained a job description and terms and conditions of employment.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacist. The supplying pharmacist undertook audits of the medicines system as did the provider. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities to ensure medicines were stored at the correct temperature.

Good

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food, comments included, "The food here is really good, the cook gives us good, home cooked food", "The meals are very good and we get plenty of choice" and "My favourite day is Friday, we have fish and chips." They also told us they were supported to access health care professionals when needed, comments included, "They [the staff] call the doctor if I need him" and "They take me to the doctors when I'm a bit poorly."

Visitors told us they thought the food was of a good quality. One visitor told us "[Relative's name] has put weight on since coming here, they are really good with him" and "You can always smell the food cooking, it smells lovely."

The provider had systems in place to ensure staff received the training they needed to effectively meet the needs of the people who used the service. They monitored staff training and ensured this was updated when required. The provider had identified training which they considered mandatory for staff to complete. This mandatory training included, fire, safeguarding vulnerable adults from abuse, health and safety, moving and handling, first aid and dementia. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided, this included, diabetes and how to support people whose behaviours may challenge the service or put themselves and others at risk. Staff told us they found the training was adequate to equip them to meet people's needs, they said, "The training here is the best I've had, it was very thorough" and "Our training is updated when it needs to be and we can go on other courses if we want."

Newly recruited staff underwent a period of induction and this was based on good practise guidelines. Their competency was continually assessed and any areas which they were struggling with the provider ensured they got the support they needed to achieve this.

All staff received regular supervision, this afforded them the time to discuss any work related issues or practise issues. The staff received annual appraisals where their training needs were discussed and any opportunities for further training explored.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The provider told us they had made applications to the authorising body and were awaiting the outcome of their decisions.

Throughout the inspection we saw staff gaining people's consent before care and support was provided, this was done both verbally and none verbally with use of gestures and signs, for example thumbs up or nodding. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare.

For a few of the people who used the service English was not their first language, however, we saw staff communicating with them in an effective way by using their own language or none-verbal communication using signs and gestures.

People who used the service were provided with a wholesome and nutritional diet. The cook was knowledgeable about people's likes and dislikes and how to provide a nutritionally balanced diet for older people. They understood the importance of providing a high calorie diet to those who had a poor appetite and provided fortified meals, drinks and snack for them and others to eat. We saw people's food preferences were recorded in their care plans along with their likes and dislikes.

Food had been prepared to accommodate people's needs and pureed diets were provided where needed. People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing.

The food on the day of the inspection looked wholesome, nutritious and well presented. The majority of the people who used the service sat in the dining room to eat their meal and this was seen to be a social occasion with lots of chatting between themselves and the staff. More food was offered if people wanted it and some took the cook up on this offer. People were offered a cold drink with their meal and then a hot drink to follow. Staff discreetly assisted those people who needed help to eat their meal and various aids and adaptations were used to assist people to remain independent.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. Care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what action had been taken, for example, contacting their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these.

Good

Is the service caring?

Our findings

People we spoke with told us they found the staff kind and caring. Comments included, "The staff are wonderful, they help me lot and make sure I have whatever I need" and "You cannot fault the staff they are so kind and caring, all of them."

Visitors told us they thought the staff were caring. One visitor told us "You cannot find a better group of staff; they are always happy and they have a laugh and joke with the residents." Another said "The staff are very kind; they go out of their way to make sure [relative's name] is cared for, he can be bit awkward sometimes but they just get on with it."

We saw and heard staff treating people who used the service with dignity and respect. They seemed to have a good rapport with people and there was a lot of laughter and good humoured banter around the service. Staff discreetly asked people if they needed any personal assistance. Staff understood the importance of respecting people's dignity and their right to privacy, they told us, "I always knock on resident's doors before I go into their rooms its only right, I would hate it if someone just barged in on me", "I always make sure the residents are covered over if I'm undertaking any personal cares, I wouldn't like to think my mum or grandmother was laid there all exposed" and "We have all had training about respecting dignity and privacy and I always try and put it into practise."

Staff told us they understood the importance of maintaining and encouraging people to stay independent and maintain life skills, they told us, "We really try and encourage the residents to stay mobile and keep the skills they have, even if it's just washing their hands and face, it just keeps a bit of self-respect" and "There are those residents who we need to do everything for but we do try and help them to stay independent with whatever they can, like choices and things."

Staff understood the importance of respecting people's cultural background or religious beliefs, they told us, "It's not up to us to judge people they are all different and we have to respect that" and "I never judge anyone we are all different and that's how we are."

People's care plans showed they or their representative had been involved with its formulation. People who used the service had signed to agree its contents and had attended reviews where their views had been recorded. It was recorded in people's care plans if they could make decisions for themselves and if they couldn't who had been appointed to do this on their behalf.

Throughout the inspection we saw staff gently encouraging people to walk, eat and generally move around the building. They also discreetly undertook tasks with people describing what was happening and how they should assist the staff.

The provider told us the service could access advocacy support if needed but none were being used at the present time. People were provided with information and explanations about the care and treatment they required in a way that met their individual needs. Information regarding Independent Mental Capacity

Advocates as well as other advocacy services were displayed throughout the service. This helped to ensure people understood how and could access support when required.

Staff understood the importance of keeping personal information confidential, they told us "I would only share information with people who had the right to see it" and "I know we mustn't tell anyone anything private about the residents, in fact I don't discuss work with anyone, I wouldn't like it if someone was gossiping about me." The provider had a policy about the use of mobile phones in the work place and staff conduct on social media.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the nine protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they knew they had a right to raise concerns and complaints and knew who these should be directed to. Comments included, "I don't really have any complaints but I would speak to [provider's name] if I did" and "I would speak to [provider's name] if I have any complaints, she's very nice." They told us staff gave them to opportunity to undertake activities and lead a life style of their own choosing. One person said, "I like the amount of activities we do. We sometime go out to the shops and there is always something going on. I like singing for the other residents." Another said, "The staff are really good they don't pester you to get up or go to bed, you can do as you please really."

Visitors told us they knew how to make complaint and had received a copy of the provider's complaint procedure. One visitor said, "I have raised some concerns in the past and these were dealt with professionally and thoroughly."

We saw that before people were offered a place within the service an assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as mobility, nutrition, tissue viability and personal care. The staff told us they could access the care plans and were happy with the content, one member of staff said, "I find the care plans contain all the information I need."

Following the last inspection a recommendation was made with regard to information which was recorded in people's care plans and how these should be more person centred. At this inspection we found some of the care plans we looked at described the person and their needs. One care plan we looked at still described the person as mobile, and able to eat and drink independently. The provider told us the person's needs had changed but the care plan did not reflect these as the person had suffered a stroke in April 2017 and none of the information in the care plan related to the person's current needs as they were cared for in bed and on end of life care. The staff were completing a fluid chart for the person and this showed on the 26 may 2017 they had consumed 450 mls of fluid over a 24 hours period. For someone of their age and weight they should have been consuming 1950mls of fluid daily to maintain health and wellbeing. The amount of fluids provided was not adequate to ensure the person wellbeing or lessen the risk of developing other associated physical problems, for example, a deterioration of tissue viability or severe dehydration. The person had also an indwelling catheter; however, we could not find a care plans which instructed the staff in how best to care for the catheter to lessen the risk of the person developing urine infection or cross infection. We ask the provider to show us a copy of the care plan and they told us they had forgotten to complete one. We also observed the person's urine to be very dark in colour which would indicate dehydration. This was brought to the provider's attention but no medical support was sought. Not ensure people's needs are fully recorded in their care plans and they are provided with the support and care they need to keep them well is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff undertaking activities with people who used the service on an ad-hoc basis. In the morning there was a karaoke style sing-along session and some the people got up and sang, this was enjoyed by everyone. We also observed the staff undertaking one to one activities with people reading books and

reminiscing using old photographs of Hull. We heard staff talking and laughing with people around the building and interaction was respectful and good humoured. One of the people who used the service attended day care service outside of the service.

Staff told us they knew they had a duty to respect people's choices, they told us, "I always give the residents choice, even if it just what to wear, it's important" and "Some of the residents can't make important choices but they can make day to day choices about what they want to eat, what they want to wear, what they want to do and when they want to go to bed, and we have to respect those choices."

The provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The provider told us they could supply the complaint procedure in other formats which were appropriate for people's needs, such as in another language or large print. They told us they would read and explain the procedure to those people who had difficulty understanding it.

Requires Improvement

Is the service well-led?

Our findings

People who used the service told us they found the provider approachable and accessible, one person said "[Name of provider] is lovely they will always take the time to talk to you and sort anything out" another said, "The owner is really nice she asks me how I'm doing and if there anything I need, and she listens which is important."

Following the last inspection a recommendation was made advising the refurbishment of areas of the environment which included the replacement of furniture and the redecorating of rooms, notifying the CQC of incidents which affected the people who used the service and had an impact on their lives, the completion of the rear garden area, effective audits of care plans to make sure these contained up to date and relevant information and the formulation of action plans which identified the shortfalls from the surveys and audits, what measures were required to address them, whose responsibility it was and timescales for completion.

Information received from the provider following the last inspection indicated their priorities were to convert one room into two en-suite rooms, the refurbishment of a walk in shower room and the completion of the rear garden area. These were still outstanding and not completed. For example, the walk-in shower room still needed refurbishing, the bedrooms identified as being changed into en-suite facilities had not been completed and the rear garden was still cordoned off and inaccessible to people who used the service and contained areas and machinery which posed a risk of harm.

At this inspection we found some of the bed rooms had not been refurbished and still looked in need of redecoration as did carpets and furniture, the rear garden area was still cordoned off and had not been completed, effective audits of care plans had not been carried out and these still contained inaccurate information, there was no formulation of action plans resulting from the finding of audits and surveys which showed shortfalls in the service and how these were to be addressed.

The provider had sent notifications to the CQC about events which affected the people who used the service; however the notification sent to the CQC about the accident whereby the person was found in the garden in the early hours of the morning in December 2016 and sustained a fractured femur was not factual and omitted information about the person breaching the barriers to the rear garden area which had been identified as risk.

All of the above constitutes a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be found at the end of this report.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They had sent the CQC notifications of any events which affected

the well-being of the people and the smooth running of the service. This is so we can assess the ongoing management of the service and how they are dealing with indecent.

The staff told us they found the provider approachable, they also found them supportive. One member of staff told us, "[Provider's name] is always here they are very supportive and help us on the floor to care of the residents." Another said, "I get on well the owner they are really nice and you can go to them for advice and guidance."

Staff meetings had been held and we saw minutes of these. The views of the people who used the service had been sought, as had other stakeholders who had an interest their care and welfare, for example, relative and visiting health care professionals. The comments from visiting health care professional were positive; one had written, "This is the best care home I visit in the Hull area" another commented, "The staff are very professional and are always on hand to assist me."

Staff under stood they had a duty to report any problems to the senior staff on shift who would then inform the provider. They told us, "The owner is very accessible and we could go straight to them if we wanted to" and "I always pass on any information to the senior on duty."

Maintenance certificates were up to date and all equipment used was serviced at the intervals recommended by the manufacturer. Fire drills and fire equipment test were carried regularly and a legionella test had been carried out.

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 9 HSCA RA Regulations 2014 Person-centred care People's care plans did not fully describe their needs and were not person centred.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not live a safe environment and were not protected from the risk of cross infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to ensure people lived in a service which was safe, responsive and well-led.