

Bupa Care Homes (BNH) Limited

Clare House Care Home

Inspection report

Harefield Road
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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

About the service

Clare House Care Home is a nursing home providing personal and nursing care to 38 older people at the time of the inspection. The service can support up to 40 people. The home was divided into two units and people were cared for by qualified nurses and care assistants. Some people had complex nursing needs.

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

During the inspection we found there were systems in place to identify and manage risks but these were not always suitable as risk management plans were not always effective for people at risk of falls. Incidents and accidents were not investigated and recorded consistently and did not always demonstrate learning outcomes to prevent future incidents. We also saw examples of medicines not being managed safely which included instructions that were not clear and opening dates not recorded. Care plans did not always fully reflect people's needs and end of life wishes had not been adequately addressed in a personalised way.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people but these were not always effective and had not identified issues we found at the inspection around risks to people's safety and wellbeing.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were in place and there were enough staff on duty to meet people's needs. Staff followed appropriate infection control practices to help prevent cross infection.

Supervisions and competency testing provided staff with the support they required to undertake their job safely. People were supported to maintain their health and access healthcare services appropriately. People were also supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff provided support in a kind and respectful manner. People were involved in day to day decisions about their care. Staff respected people's dignity and promoted their independence.

Families were welcomed to the service. People had the opportunity to engage in activities in the home. There was a complaints procedure in place and the provider knew how to respond to complaints appropriately. People and staff reported the registered manager was approachable.

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

Rating at last inspection

The last rating for this service was good (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Clare House 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.

Inspection team

The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clare House Care Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the last inspection report and notifications received from the provider. 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. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, nurses, care staff and

kitchen staff.

We reviewed a range of records. This included people's care records and medicines records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Two healthcare professionals emailed us feedback about their experience of the service.

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 good. At this inspection this key question has deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management; Using medicines safely

- People had a range of risk assessments to address the risk they faced while living in the home and receiving care. We found that the arrangements to mitigate the risk of falling where people were at risk, were not always effective.
- The provider had processes to monitor falls and to analyse these so appropriate action could be taken to help reduce the risk of falls. However, when people had falls, these were not always recorded accurately and falls risk assessments were not always amended to reflect the falls. In two cases we saw that the falls diary was not being completed accurately.
- In one case a person's care plan to prevent falls had not been updated to show they now walked with a frame rather than with a stick. Care records which are not clear could put the person at risk of receiving unsafe care. There was a sensor to monitor the person's movement so staff could attend to the person to reduce the risk of falling. However, this was partially blocked by a piece of furniture, reducing the effectiveness of the sensor. Staff had not noted this until we pointed this out to them. We discussed this with the manager and they advised a family member had moved furniture two days previously and had not informed staff. The provider remedied this immediately when it was brought to their attention. However, at the time of the inspection, the furniture was reducing the effectiveness of the sensor.
- Where the medicines were creams or ointments to be applied on the skin, the instructions were not always clear, so staff did not have all the necessary information to administer these medicines safely.
- Some people were prescribed eye drops. There was not always a date of opening to monitor the expiry dates so that people did not receive medicines that had expired. Staff told us all the medicines were opened at the beginning of the month cycle and older medicines were disposed of. We noted that one of the medicines was dispensed in August 2019 and there was therefore a risk that a person might have received an eye medicine that had expired.
- There were protocols in place where people were prescribed medicines to be given when required (PRN). These were detailed and well completed, except in one case where it was not clear from the records when staff would administer the medicine. The provider acted to remedy this after it was brought to their attention. However at the time of the inspection, there was a PRN protocol missing which meant the person may not have been receiving their medicine as prescribed. □

We found no evidence that people had been harmed. However, the lack of effective risk management and areas of poor medicines management, placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff had processes in place to assess risks to people's safety and wellbeing. Most of these were

updated each month or when needed and when required, appropriate referrals were made, for example to the Speech and Language Team (SALT).

- The provider had checks to help ensure the environment was safe and well maintained. These included environmental risk assessments, equipment checks, and a personal emergency evacuation plan (PEEP) for each person. Maintenance and cleaning checks were up to date
- Staff who administered medicines had undergone competency testing within the last 18 months. When we discussed the time frame with the provider, they agreed to complete competency testing annually.
- The provider had a medicines policy and procedure in place. All people had medicines administration records (MAR) that were signed when medicines were administered. There were clear instructions on the MAR sheets about how to administer oral medicines. Medicines protocols included medicines to use where people might have end of life care needs. These were clear and were reviewed quarterly.
- Medicines were appropriately recorded when received in the home. They were stored safely and appropriately. The temperature of the medicines rooms and of the medicines fridges were monitored to help ensure medicines were stored at the right temperatures. Controlled medicines were also stored securely and random checks on the stock of medicines showed these were managed appropriately

Learning lessons when things go wrong

- Incidents and accidents we viewed were recorded manually and then on line, with a record of the actions taken. However, it was not always clear on the forms what learning had taken place to mitigate future risks.
- More serious incidents had an appropriate investigation into the cause of the incident, but minor incidents were not always investigated consistently. During our discussion of this, the registered manager assured us that all incidents were appropriately investigated but acknowledged the requirement to have a clear written record of this as part of the incident forms.
- A monthly report identified incidents, but it was not clear that the monthly reports had been used to identify patterns and trends as a means of providing an overview of the service.
- We discussed with the provider the need to be consistent and ensure all learning outcomes were clearly recorded on the incident and accident forms and followed through at manager level.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from the risk of abuse.
- Where there had been potential safeguarding incidents, the provider completed an internal investigation and raised alerts appropriately with the local authority where necessary and inform the CQC by sending statutory notifications. We discussed with the provider about ensuring the consistency of any investigations and being explicit on the investigation and incident reports what lessons were learned.
- Staff received safeguarding training and knew how to respond to safeguarding concerns. People told us they felt safe. One person said, "Yes perfectly safe, place is locked up. They take precautions."

Staffing and recruitment

- Staff records we viewed showed safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training so staff had the required knowledge to care for people.
- Appropriate checks were also carried out for agency staff and regular staff familiar with people's needs were employed.
- Comments from people using the service included, "Sometimes there are not enough staff, you can wait from half a minute to ten minutes for them to answer the bell" and "I don't think there are enough. They are always short staffed. They do the best they can." A relative said, "At one time a lot of agency but now there are permanent staff and they are all very good. They are so caring. They have the right training."
- The registered manager told us they had recently recruited to have a full complement of staff. During the inspection we observed there were enough staff to meet people's needs.

Preventing and controlling infection

- The provider had an infection control policy and checks were taken to ensure a clean and safe environment.
- Staff had attended training on infection control and used personal protective equipment such as gloves and aprons to help prevent cross infection.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's records contained a pre-admission assessment which was detailed in relation to people's needs, wishes and preferences. These included an assessment of people's oral hygiene and condition of their mouth and teeth. We saw that people's relatives had been involved in collecting the necessary information, where possible. This helped to ensure that staff had the information to plan the care people needed to meet their needs.
- The preadmission assessments were completed by the home's senior staff prior to people being admitted, so the provider had all the necessary information to decide if people's needs could be met in the home. The home catered mostly for people needing nursing care and the assessments completed helped to ensure that only people with these needs were admitted to the home.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported to develop their professional practice and knowledge through training, supervisions, and competency testing to ensure they had the appropriate skills to care for people. However, although supervisions were being undertaken, they were often in response to a specific issue rather than an overview of staff performance and training needs. The registered manager had already identified this and in the future planned to complete more holistic supervisions. Appraisals were not all up to date but the registered manager assured us this was being addressed.
- Staff took part in daily handovers, so they had up to date information on people's current needs and the support they required.
- The provider had team meetings for staff which provided an opportunity for staff to reflect on their practice and raise any issues.
- Staff said they felt supported by the manager and could approach them whenever they needed support.

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

- People were supported to maintain good nutrition and care plans recorded any specific needs such as a gluten free diet. People's dietary care plans had recently been reviewed and a copy was kept in the kitchen as well as the person's file.
- We noted the menu plan that recorded people's requested meals for that day did not consistently record special dietary needs against their name. Although the chef was aware of people's dietary needs and had access to their care plan, the provider said they would keep the request form updated.
- We observed lunch being served to people. People were asked about their meal preferences the day before so that there was a list of what people wanted to eat. In addition, there were menus on each table. One person told us that staff asked them about their choices and they respected these.

- The dining area was prepared in a convivial way and people sat at tables and engaged with each other. People had a choice of drinks including sherry and wine. Meals were served by a hostess and by staff. People told us they liked the food and relatives could join them for lunch. One relative said, "I can have lunch with [person]. I had not planned to stay today, and I can. They have special days once a month. [For example] Indian, Chinese, and Greek food. You can have wine and bring in the [family]. I am very happy with it all."
- Where people needed support, staff sat at the tables and supported them appropriately. Appropriate cutlery and crockery were provided to people so they could eat and drink independently. Many people also ate in their rooms and their meals were served to them appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence in people's records of working together to provide effective care through referrals and input from other professionals including the GP, the tissue viability nurse, dentist and diabetic nurse.

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

- The building was old but had been suitable adapted to meet people's needs. The home was over two floors with a lift servicing the first floor. Communal rooms were bright and clean and there was a garden with different areas for people to enjoy. Some bedrooms had doors that opened into the garden.
- Bedrooms were personalised to people's individual tastes, so they had familiar things around them.
- Display boards with information such as what staff were working was displayed in communal areas.

Supporting people to live healthier lives, access healthcare services and support

- People's care records showed that they were supported with their healthcare needs as required. Staff made referrals to a range of professionals according to people's needs and they visited the home to see people and to advise on their healthcare needs. For example, we saw that people were seen by the optician, dentist, tissue viability nurse and speech and language therapist.
- Healthcare professionals were encouraged to record the outcome of their visits and the instructions to staff so they could follow these and support people accordingly. Feedback from staff was that they were appropriately supported and they always tried to maintain a good working relationship with all healthcare professionals.
- A healthcare professional told us that over the last two years, there had been no avoidable pressure ulcers at Clare House and noted, "They always follow our wound care plan and inform us promptly of any changes or deterioration."

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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records showed that people had signed these where they were able to give consent to their care.

Where they were not able to give consent appropriate mental capacity assessments had been completed and best interests decisions were recorded. In cases where relatives had consented to people's care, appropriate records were maintained to show that they had the legal right to make decisions on behalf of their family member.

- People's capacity to give consent to specific decisions was reviewed in case this deteriorated or improved. In one case a person's mental capacity had improved and their care records reflected this and the restrictions that the person was subjected to were lifted as a result.
- Where there were restrictions on people's liberty such as with the use of bed rails, appropriate assessments were in place to either show that the person had consented to these or that relatives have been involved in making a decision in the best interests of the person.
- Where there were restrictions on people that could have amounted to a deprivation of liberty appropriate applications were made for DoLS authorisations. Any authorisations that were granted by the local authority were kept on record to evidence these and were part of the care planning so people received the care they needed.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we observed staff interactions with people were kind and respectful. People told us, "The staff are very kind. I have settled in well here. I am satisfied so far. Very good as it is" and "I am quite happy here. If we need to, we tell the staff and then they sort it out for us."
- Care plans recorded people's cultural and religious needs and provided staff with guidance about how to support people in this area. Staff were aware of people's diverse needs and how to support these, for example speaking with people in their own language.

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

- We observed people were involved in day to day decisions about planning their care. For example, during mealtimes we saw people being offered a choice of what they would like to eat and drink. One person said they liked to have a drink at 5am and that was never a problem.
- Staff had a good understanding of people's needs and their interests which meant they could provide care that was person centred. A relative told us, "[Person] has a room where they can do what they want. [Person] has their own furniture and their own pictures. It's kept clean. [Person] has a few (objects specific to their interests). They take pride in their room. There is an attitude here of understanding people's individual needs and discussing it. It's not a problem."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. One family member said that when staff were supporting their relative with personal care or at mealtimes, "...they do it in a nice way. When they are doing either, it is not silent, they are talking and taking [person's] mind off it. They are respectful. Nothing is rushed." Another relative commented, "They treat [person] as my [relative] and accept that they are a person who is older. They don't talk down to anybody. They are very inclusive."
- People's independence was promoted and encouraged according to their abilities. One staff member said independence was about knowing people and their capabilities. For example, when possible, they encouraged people to walk and provided guidance and encouragement.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans were mostly up to date and reflected their needs and the action staff should take to meet their identified needs. We found that in few cases these did not fully reflect people's needs or had not always been kept up to date.
- Some people's care records showed they had wounds or ulcers. Their care plans did not always make clear what dressings to use on the wound to help ensure that the wounds were treated in a consistent way.
- One person did not have a clear care plan about the management of pain. We did not see how staff would assess and monitor the person's pain, although it was identified in their care records that they were unable to express their needs. There was a pain chart, but this was for people who could communicate their pain and it was not used consistently to monitor the person's pain. This meant staff may not always identify when the person was in pain.

Therefore, people's care plans did not always support their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- We looked at five care plans and noted that one person had good information about their preferences and wishes about end of life care. One did not have information and three had little information.
- Staff said the format of the form did not lend itself to have an appropriate discussion with people about end of life care. We noted that not all staff had received end of life care training so they had the skills and knowledge to support people in a sensitive way to think and to talk about how they would like to be supported at the end of their lives.

Not having adequate details in people's end of life care plans meant their wishes and particular preferences for care at the end of their lives were not known to staff providing care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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 assessed, for example if they required glasses or a hearing aid, and

this was recorded in their care plans.

- There were staff who could communicate with people in their own language.
- The provider had an easy read complaints procedure.

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

- People were supported to practice their faith and to attend their places of worship. Their care records confirmed this.
- People were supported to take part in activities in and out of the home. One person confirmed, "The home will arrange transport for us. I go to church, hospital appointments and funerals if I choose to." In the case of one person who was bed bound, they were able to play bingo with the larger group through a staff member sitting with them and using a walkie talkie to communicate with the people playing bingo in the communal area.
- The provider had just begun a project where people were matched with members of staff who provided an hour of personalised one to one time each month. This gave the person the opportunity to have the activity of their choosing with the staff member.
- People at the service were involved with others in the community. Each month people chose a charity to support. Support might have been through a bake sale or raffle tickets. For one local dog rescue charity, people knitted blankets and had the opportunity to interact with the dogs who visited. Another dog charity people supported, used a social media site and this had been used as a way of supporting people to learn about social media. Additionally, people were involved in collecting clothes for a local homeless persons' charity.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they wanted to raise a concern. A relative said, "If I have had a query and rung to speak to [the registered manager] or nursing staff, they have resolved issues."
- We reviewed the complaints received by the service and found the registered manager had responded appropriately by investigating and acting in line with their complaints policy and procedure.

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 good. At this inspection this key question has deteriorated to 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

- During our inspection, we identified shortfalls that the provider's audits had not. This included following protocols regarding falls, ensuring falls records were completed with a sufficient level of detail and a record made in people's falls diary. Medicines management was not always safe and end of life care plans lacked detail.
- Record keeping around incidents and accidents and safeguarding were not always consistently maintained to show how these concerns had been investigated and what lessons were learned, recorded and shared with staff to help prevent reoccurrence. This meant we could not be sure lessons learned were implemented to improve service delivery.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager undertook a number of checks and audits. These included a daily clinical walk around and weekly clinical risk meetings that noted actions / lessons learned from the previous week.
- Audits of people's records included four people's care plans per month, a quarterly nutrition and catering audit that reviewed people's weights and food and fluid intake, health and safety checks and medicines audits.
- The regional manager completed a monthly review and the provider's data system generated a monthly quality metrics report that included nutrition, reviews, health and safety, medicines, bedrail use, deaths, Deprivation of Liberty Safeguards (DoLS), hospital admissions and care plan reviews to provide an overview of the service and people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were generally satisfied with the service they received.
- The registered manager promoted an open culture and was available. The registered manager had been in post a year and people told us they were still getting to know her. One person said, "We don't have much to do with the new manager. We can approach her if we want."
- Staff told us they felt supported by the registered manager. Comments included, "[The registered manager] always listens and speaks with us as well" and "She is very easy to talk to. If she can act on it she will there

and then. She's a good manager."

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

- The registered manager understood their responsibilities regarding duty of candour. They had policies and procedures in place and responded transparently when something went wrong, for example to complaints.
- People and their relatives knew who to speak with if they had any concerns, so these could be addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post and a structure for allocating staff duties. Staff undertook shift handovers to help ensure relevant up to date information about people was shared so staff had the information they required to provide effective care.
- Staff told us they were confident raising concerns with the registered manager and that there was good communication within the staff team.
- The registered manager was a registered nurse. They kept up to date with good practice through newsletters from the local authority and the provider organisation. They also attended the local authority's provider forum and training.
- The registered manager notified us of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged in how the service was run.
- People attended meetings about the care provided and contributed their views on the care they received. One person said, "We do, we have meetings every six months. You can bring your family to them if you want. If we suggest anything sensible the home will do it." A relative said, "Have family meetings monthly. Quite a few families come. They make notes and they are very good." The chef also attended these meetings for feedback on menus.
- Team meetings were held to share information and give staff the opportunity to raise any issues.
- The provider asked people to complete yearly surveys about their experience of the service and completed a quality improvement plan.

Working in partnership with others

- We saw evidence the provider worked with other health and social care professionals to assess and meet people's needs. These included the palliative care nurse, diabetic nurse, district nurse, chiropodist and the GP. A healthcare professional said, "For patients with complex needs, we would discuss the case with staff and develop a clinical plan which the staff will follow. I found the staff often took initiatives in liaising and act as an advocate for their residents."
- Families regularly visited and maintained good communication with the staff.

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
Treatment of disease, disorder or injury	The care and treatment of service users did not appropriately meet their needs and reflect their preferences. Regulation 9(1) (3) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not always assessed or done all that was reasonably practical to mitigate the risks to the safety of service users. Medicines were not managed in a safe and proper manner. Regulation 12 (1) (2) (a) (b) and (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not have effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)

