

C.T.C.H. Limited

Redlands Acre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 January 2019 and was unannounced. We last inspected the service in August 2016. At that inspection we found the service met all the fundamental standards and attained a rating of Good.

At this inspection, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment; staffing; and governance. We also identified one breach of the Care Quality Commission (Registration) Regulations 2009. The overall rating for the service is now Requires Improvement.

Redlands Acre is a care home without nursing that provides a service to up to 33 older people, some of whom may be living with dementia or a physical disability. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, there were 28 people living at the service.

There was a registered manager in post, who was present during our inspection. 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.

Medicines were not always stored securely. Although medication audits were in place, these were not up-to-date. The audits did not include people's prescribed creams, which meant shortfalls in this area had not been identified.

Where incidents and accidents had occurred in the home, these had not always been reported. Staff had not always alerted management to allegations of harm or abuse, which had delayed action being taken to protect people.

Investigations into incidents at the home were not always thorough, with necessary actions to prevent a reoccurrence missing; the provider had re-opened two investigations at the time of our inspection.

Training the provider deemed as mandatory for staff was sometimes out of date, or had not been completed at all. Although this had been identified, a clear and targeted action plan was not in place.

The registered provider had not ensured all notifiable events had been reported to the Care Quality Commission, as required to by law.

Although there were quality assurance measures in place to assess and monitor the quality and safety of

care provided, these had not been effective in identifying shortfalls, such as in weight monitoring and accuracy in people's 'as required' medicine protocols.

People enjoyed positive relationships with staff, and staff knew people well as individuals. People's independence was promoted, and there was a 'no locked door' policy at the home.

People were supported with their communication needs, and to maintain contact with loved ones.

Care plans were person-centred and were kept under review to make sure they reflected any changes in people's health or wellbeing. People were able to enjoy their hobbies and interests.

Complaints and feedback were considered, acted on and responded to, and used to make improvements to the service.

Staff felt valued in their roles and spoke enthusiastically about working at Redlands Acre. There was a calm, relaxed and happy atmosphere at the home, with sufficient staff to meet people's needs and spend time with them.

People were protected from the risk of infection. A safe recruitment process was in place.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service had deteriorated to Requires Improvement.

Medicines had not always been stored safely. Where people had been prescribed creams, the opening dates had not consistently been recorded to ensure the creams were within their shelf life.

Accidents, incidents and safeguarding concerns had not always been reported by staff, investigated thoroughly or appropriate action taken to ensure people's safety.

Staffing levels were sufficient to meet people's needs. People were protected from the risk of infection. The provider adhered to safe recruitment processes.

Is the service effective?

Requires Improvement ●

The service had deteriorated to Requires Improvement.

The provider had not always ensured staff training was up-to-date, with considerable delays and gaps in staff training identified.

People had access to a range of healthcare professionals and were supported to maintain their physical and emotional health. There were no unnecessary or unlawful restrictions on people's liberty.

Is the service caring?

Good ●

The service remained Good.

People enjoyed positive, respectful and close relationships with staff. People, relatives and health professionals were complimentary about the care provided.

People's independence was promoted. People were supported with their individual communication needs, and had access to independent advocates.

Is the service responsive?

Good ●

The service remained Good.

Staff knew and respected people's individual preferences and personalities. Care plans set out each individual's needs, as well as how they wanted to be cared for. Reviews of people's care needs took place.

Complaints and feedback were used as a way of making continuous improvements to the service.

<p>Is the service well-led?</p> <p>The service had deteriorated to Requires Improvement.</p> <p>The provider had not always informed the Care Quality Commission of notifiable safeguarding concerns. Although audits were in place to monitor the quality and safety provided, these were not always effective.</p> <p>Staff felt valued and motivated in their roles. The registered manager worked in partnership with other healthcare professionals for the benefit of people living at Redlands Acre.</p>	<p>Requires Improvement ●</p>
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Redlands Acre

Detailed findings

Background to this inspection

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

This inspection was prompted in part by an incident at the home. This incident is subject to a potential criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from moving and handling equipment. This inspection examined those risks.

This inspection took place on 15 January 2019 and was completed by an inspection manager and an inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the Local Authority for any information they had which would aid our inspection. We used their feedback as part of our planning.

We spoke with seven people who lived at the home, and two relatives. We spoke with the registered manager and the nominated individual (referred to in this report as "the provider"). We spoke with the assistant manager and three members of the care staff team. We also spoke with three healthcare professionals, and received written feedback from a fourth.

We looked at six care plans, which contained healthcare information; mental capacity assessments; risk assessments; and reviews of people's care. We also looked at three staff pre-employment checks; the staff training matrix; the provider's quality assurance records; medication administration records; complaints, comments and feedback received; and documents relating to health and safety and maintenance checks

within the home.

Is the service safe?

Our findings

At our previous inspection in August 2016, we rated this key question as Good. At this inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This key question is now rated as Requires Improvement.

Prior to our inspection, we were made aware of an incident where the medicines trolley had been left unattended for a period of one hour in an unoccupied bedroom, with a rack of lunch time medication on top of it. This medicine had been accessible to people living at Redlands Acre. Although no one living at Redland Acre had ingested this medicine or been caused harm, this was not safe storage of medicines and was contrary to the provider's policy on safe medicine storage.

At the time of the incident, the registered manager was on annual leave and so the former quality manager was in charge of the home. During our inspection, there was no documentary evidence to show what measures were taken after this incident to prevent a reoccurrence. Specifically, there was no evidence of staff medicine competency checks, or of an internal investigation. The provider had commenced an investigation at the time of our inspection. They told us, "On reviewing the actions, I do not believe that appropriate actions were taken. I have requested that the incident is revisited and that a robust medication competency is conducted and should training issues be identified, that these are addressed with immediate effect." By failing to take the necessary actions at the time of the incident, people had been exposed to the risk of unsafe medication practice.

It is good practice to maintain ongoing accurate stock level checks of all medicines within a care home so that adequate stock levels and stock rotation can be maintained and discrepancies or missed doses can be easily identified. We carried out a random stock check of six people's medicines and found all medicines were accounted for. However, as a weekly internal stock take had not been undertaken since 6 January 2019, staff were not able to readily tell us what the current stock balance should be for each individual we sampled. The registered manager was aware of this shortfall and told us that ongoing building works at the home had made access to the medication room difficult. However, we would have expected alternative arrangements for the auditing to have been in place during this period.

Detailed PRN ('as required') protocols were in place, which provided staff with clear direction as to the symptoms an individual may show when in need of as required medicine, and when to consider offering this. However, two of the protocols referred to a different person than the person to whom the medicine had been prescribed. We brought this to the registered manager's attention, who told us the protocols would be amended to correct this.

We looked at a sample of six prescribed creams and found that only four had an opening date written on them, contrary to good practice. It is important an accurate date of opening is recorded, as some creams have a specific shelf life. The registered manager told us they were aware of the shelf life of creams and how important it was opening dates were recorded. Because of the lack of opening dates, we were unable to determine whether the creams were still within their shelf life. Although medication audits were completed

monthly, prescribed creams were not part of the audit and so this issue had not been identified prior to our inspection. The registered manager told us they would update the audit to ensure prescribed creams were included.

Where accidents, incidents and safeguarding concerns had occurred within the home, these had not always been reported internally by staff, fully investigated or shared with the staff team as a 'lessons learnt' approach. Four months prior to our inspection, an accident had occurred whilst two members of staff assisted a person to transfer using a hoist. The two staff members involved had not completed an accident form at the time, did not alert management or contact the Local Authority safeguarding team. By failing to report this, it delayed the person from receiving medical treatment and placed them at further risk of harm.

When the registered manager became aware of the accident the following day, after the person in question expressed pain and discomfort, they ensured the person sought medical assistance and that the Local Authority were informed. The former quality manager at the home carried out an investigation. However, not all necessary actions were taken at the time to ensure people's safety. For example, the staff members' competence in manual handling had not been immediately assessed, nor had refresher training taken place. Furthermore, disciplinary action had not been taken in regard to staff failing to follow safeguarding, accident and incident reporting processes. The provider told us, "I do not consider that a full and thorough investigation or actions were taken in response to the inactions of the two members of staff." At the time of our inspection, the provider had requested a new investigation take place. All staff were also due to undergo refresher training in safeguarding.

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

Staffing levels were determined by the needs of the people living at Redlands Acre. People and relatives we spoke with told us they thought staffing levels were sufficient to meet people's emotional and physical needs. When asked whether there was enough staff, one person told us, "Oh, definitely." Another person told us, "They [staff] always find the time to sit down and have a chat; I like that." Staff we spoke with told us how important it was they had time to spend with people. One member of staff told us that during a recent conversation with one person living at the home, the person had disclosed something very personal and the staff member had then been able to provide emotional support. The staff member told us by being able to have quality time with people, this helped to establish trusting relationships.

People were protected from the risk of infection. The home was clean and free of malodours. Cleaning schedules were in place to ensure hygiene and cleanliness of the home. At the time of our inspection, the kitchen had been awarded four stars by the Food Hygiene Agency; the maximum award is five. Since that inspection, improvements had been made to the tiling in the kitchen area and the provider was confident they would be awarded the maximum five-star award at the next inspection.

A designated maintenance team were in place to attend to all health and safety matters within the home. This included fire safety checks and legionella testing. Records showed these tests were up-to-date.

The provider continued to follow safe recruitment processes. This included reference checks from previous employers, and checks with the Disclosure and Barring Service (DBS). The DBS helps prevent unsuitable people from working in care, and assists providers in making safer recruitment decisions.

The risks associated with people's individual care and support needs had been assessed and were kept under review. Risk assessments were in place regarding key areas of people's care such as falls risk, skin

integrity, oral healthcare and malnutrition. Where people were living with specific conditions such as Parkinson's disease, tailored risk assessments were in place around the main risks posed to an individual as a result of their condition. One healthcare professional we spoke with told us the registered manager had a clear eligibility criteria and that, " He only ever accepts new [people] to the home when he knows he can safely meet their needs."

Is the service effective?

Our findings

At our previous inspection in August 2016, we rated this key question as Good. At this inspection, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This key question is now rated as Requires Improvement.

Registered providers must ensure their staff receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform. On the day of our inspection, staff were taking part in pre-arranged first aid training. We also found that new staff undertook the Care Certificate. The Care Certificate is an identified set of standards health and social care professionals adhere to in their daily practice. New staff also took part in an induction when they first started working at Redlands Acre.

However, the provider's training matrix showed that not all staff had received training the provider had deemed to be mandatory. It also showed that mandatory training was also overdue. For example, three members of staff were overdue their practical moving and handling people training. One of these members of staff had been employed by the provider for over six years and their training was overdue by over 12 months.

Seven members of staff had never completed dignity training, despite being employed by the provider for over six years. This was marked as red in the training matrix with the words "NEVER." Other "never" completed training included Deprivation of Liberty Safeguards (DoLS), health and safety, food hygiene and mental capacity. The registered manager confirmed "never" in this context meant the training had not been completed.

In total, the matrix also showed a total of 27 staff training courses highlighted as orange, which the key said meant, "to be updated." There were no set timescales for this completion, even though some of the courses were out of date by six months.

Although we did not observe any undignified interactions between staff and people, or any unsafe moving and handling, staff we spoke with had a variable awareness of the Mental Capacity Act 2005 and DoLS. 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.

For example, one member of staff told us they would try to stop someone with dementia, who was not subject to a DoLS, from leaving the home alone and would explain to the person they could not go out. This was contrary to the principles of the MCA, and the provider's 'open door' policy.

Other members of staff, however, were able to describe to us about capacity, consent, and choice, and understood that people's capacity could fluctuate. Care plans recorded information about people's

capacity, and we found that there were no unlawful restrictions in place. For example, one person had bed rails to help keep them safe. The person had capacity, and there was evidence they had given their consent to having bed rails in place. Although we did not witness any restrictive practice by staff or any staff acting outside of the principles of the MCA, the registered provider must ensure sufficient numbers of suitably qualified and competent staff are deployed. By failing to ensure staff training was up-to-date, this placed people at risk of being cared for by unqualified staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where there were concerns about people's weight, we saw action had to been taken to monitor this. However, this was not effective as people's weights had not always been taken. For example, one person was to be weighed every month and had been weighed in July, and then not checked again until November. The registered manager told us the person was difficult to weigh, and so they had followed the advice of the district nurse team and implemented the mid-upper arm circumference tool (MUAC). However, there had been a gap of four months where the person's weight had not been taken. The registered manager told us they had been unaware of the MUAC tool until November and so had not been able to introduce it sooner. However, there was no evidence of what steps had been taken to monitor the person's weight prior to the MUAC being introduced.

People had access to a range of healthcare professionals. This included specialist nurses, such as Parkinson's and continence nurses; opticians; district nurses; chiropodists and GPs. Individual healthcare information was clearly set out in people's care plans, and there was evidence of health professionals' recommendations and advice being followed. One mental health professional we spoke with told us, "Usually, they [staff] have looked at lots of ways to support the resident, or to exclude a physical cause, before contacting our team." On the day of our inspection, there were two healthcare professionals in attendance for pre-arranged appointments with people.

People told us they enjoyed the meals provided at Redlands Acre and they enjoyed the variety of food provided. We saw snacks and fresh fruit were readily available for people throughout the home, and people's hydration was maintained by access to regular hot and cold drinks. Where people needed support with their eating and drinking needs, referrals were made to the speech and language therapy team.

We saw people were familiar with the physical environment of the home and were able to navigate their way. People also benefited from full access to the garden and told us they enjoyed making use of it in the warmer weather. At the time of our inspection, refurbishments were taking place to upgrade all the communal bathrooms and toilets, and further improvements were planned for the décor of the home. The registered manager told us how important the physical environment was to people's wellbeing. They told us of the recent improvements, "It has cheered people up."

Is the service caring?

Our findings

At our previous inspection in August 2016, we rated this key question as Good. At this inspection, we found evidence to support a continued rating of Good.

People, relatives and health professionals were positive about the care provided at Redlands Acre. One person we spoke with told us, "The quality of care is very, very good." Another person told us, "They [staff] are all wonderful." Recent written feedback from a relative included, "If anyone is considering putting a loved one into care, I recommend Redlands Acre. All the staff are amazing they each made my mum's last few months of life happy and comfortable, with some going the extra mile." One visiting health professional we spoke with described the care as "fabulous", and added the home had a "good vibe." Prior to our inspection, the Local Authority told us they had found the staff team to be "caring and attentive."

Throughout our inspection, people were at ease with the staff team, including the registered manager and provider. There was a natural rapport and good-humoured conversations, with one person referring to the registered manager by their pet name for him.

People's independence was promoted, as much as possible. The registered manager told us, "No one can get in [to the home], but everybody can get out." People we spoke with told us they enjoyed this level of freedom and independence. Staff described to us how they helped promote people's independence, whilst also ensuring their safety. For example, consideration was given to whether people were able to safely administer their own medication, should they choose to do so.

People were supported to maintain relationships important to them, including with their pets. People could move into the home with a pet, and until quite recently there had been a person living at the home with their pet dog. Phone lines were in all bedrooms to enable people to be able to speak with loved ones in the privacy of their bedrooms.

People's individual communication styles and preferences were known by staff, and there were communication care plans in place. Information technology was used as a way of helping people to communicate. This included access to Skype and also to "Alexa" (an electronic digital assistant speaker device.) Where people needed support with expressing their views, they were supported to access the local advocacy service. Advocates help represent the views of vulnerable adults about decisions affecting their care. Staff we spoke with told us they also saw part of their role as advocating on behalf of people and upholding their rights.

People's privacy, dignity and respect were considered. During our inspection, a group of people were having their feet treated by a visiting health professional in a communal area. We spoke with the provider about this and wanted to ensure people's dignity had been considered. The provider told us a 'dignity screen' (a screen used in a communal area to deliver personal care discreetly) had been offered previously, but the people in question had chosen to have their treatment with their peers and did not wish to have a screen or be treated in their bedrooms. We spoke with the people in question, who confirmed they enjoyed having their feet seen

to together. One person told us, "It's lovely. We are having a good ol' chat and a bit of a sing-song." The registered manager told us they were looking to introduce staff 'champion' role, including a dignity champion. A dignity champion is someone who influences and informs colleagues; stands up and challenges disrespectful behaviour; and act as good role models by treating others with respect (Source: www.dignityincare.co.uk).

Is the service responsive?

Our findings

At our previous inspection in August 2016, we rated this key question as Good. At this inspection, we found this key question remains Good.

People benefited from person-centred care at Redlands Acre. Care plans we reviewed contained information about people's individual preferences, like, dislikes and how they wished to be cared for. 'This is me' documents were used to explore areas such as "things which upset me", and "my eating and drinking." 'This is me' is a resource produced by the Alzheimer's Society and provides an easy and practical way of recording who the person is (source: www.alzheimers.org). Care plans were kept under review, with any changes to people's health or wellbeing needs documented and responded to. One health professional we spoke with told us, "The care plans reflect very person-centred care."

Staff we spoke with knew people well as individuals, and were able to describe to us examples of how they tailored their approach to different people living at the home. For example, one member of staff spoke affectionately about a "cheeky" person at the home and how they knew what things to talk about with the person to make them laugh.

Handovers were used as a way of sharing information about any changes in people's needs, or any concerns. A handover is a short meeting between staff at the end of one shift and the start of the next. Handover records confirmed these meetings took place daily, and that key information was captured, shared and acted on.

Although there was no activities coordinator in place at the time of our inspection, there was a daily activities schedule in place for people to enjoy. The provider was in the process of recruiting an activities coordinator, and staff were absorbing this role in the interim. Two members of staff were part of the local "meaningful activities and wellbeing network", where they met with members of staff from other homes in the area to share best practice and good ideas to help people enjoy their individual hobbies and interests, as well as to develop new ones. On the day of our inspection, we saw people taking part in and enjoying a quiz called, "what's in the news today?" The home had its own mini-bus to facilitate day trips, outings and social events.

There was a system in place for capturing and responding to complaints, concerns and feedback. Since our previous inspection, an iPad had been introduced into the reception area to enable guests to leave anonymous feedback. Where complaints had been made, we found these had been investigated and responded to, with changes introduced as a result. For example, improvements had been made to the laundry system following a formal complaint in this regard. People told us they knew how to complain and felt comfortable to do so. One person had experienced an issue with a piece of furniture in their bedroom, and told us that had resolved promptly and to their satisfaction.

At the time of our inspection, no one living at Redlands Acre was receiving end-of-life care. The registered manager told us they were looking at introducing an end-of-life 'champion' role at the home to lead in this

area.

Is the service well-led?

Our findings

At our previous inspection in August 2016, we rated this key question as Good. At this inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This key question is now rated as Requires Improvement.

Registered providers are required, by law, to notify the Care Quality Commission without delay of an injury to a service user which causes them prolonged pain, and any abuse or allegation of abuse in relation to a service user. As referred to previously in the report, the registered manager informed the Local Authority Safeguarding team of an accident and allegation of abuse, but did not notify the Commission at the same time. We spoke with the registered manager, who told us they had been unaware safeguarding concerns had to be reported to the Commission at the point of an allegation of abuse or harm.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Although audits were in place to assess and monitor the quality and safety of care provided at Redlands Acre, these were not always effective. For example, medication audits did not include prescribed creams (a medicine) and therefore, the issue around opening dates not being recorded had not been identified. Furthermore, although care plan reviews took place monthly, these had not identified significant gaps in people's weight monitoring.

Additionally, although there was an action plan in place regarding staff training and ensuring all mandatory training had been completed and was up-to-date, this did not set out clear timescales for completion, or indicate how the registered provider and registered manager would ensure they had suitably skilled and competent staff. For example, one of the action points read, " [Registered manager and deputy manager] 'encourage' staff to complete training. This did not clearly identify what specific actions that would be taken by the provider to ensure staff were suitably trained and competent to undertake their role.

The registered provider was not up-to-date with key legislation underpinning their practice. Specifically, they were not aware of their requirement to comply with the Accessible Information Standard (AIS), and had not identified prior to our inspection that the service was not complying with the AIS. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and, in some circumstances, to their carers. Although there were people living at Redlands Acre with sensory loss and impairments, their communication needs were not documented in a way which met the requirements of the standard. Staff we spoke with did not demonstrate an awareness of this standard and were unaware of whether the provider had an AIS policy. Furthermore, there was no provision at the time of our inspection for key information about people's care to be provided in different formats, such as Braille. The provider told us this would be escalated and immediate action taken to ensure compliance with this standard.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff, relatives and health professionals were positive about the management team and the running of Redlands Acre. One health professional we spoke with told us, "I have always found [registered manager and deputy manager] to be very welcoming and they will ring if they need any advice. They always go that extra mile for their residents and act on advice given by me or our team." Another health professional spoke of their effective working relationship with the registered manager and how important this was for current and prospective people at the home.

Staff we spoke with told us they felt valued and supported in their roles. Recently, staff had contacted the provider with written feedback about the registered manager. It focused on his approachability and commitment, as well as the relaxed and happy atmosphere he helped to foster at Redlands Acre.

The registered manager recognised the importance of equality, diversity and human rights and told us the home was inclusive, with "open-minded" staff. At the time of our inspection, there were no couples living at the home, but the registered manager told us there was provision for this, including same-sex couples; we saw some bedrooms were suitable for couples. We signposted the registered manager to the Care Quality Commission resource guide, "Equally Outstanding", as they told us they were always looking for ways to develop and improve this aspect within the home.

Links had been established with the local community for the benefit of people living at Redlands Acre. This included links with a local farmers' club, which Redlands Acre used for social events. People were part of their local community and enjoyed having the freedom to go out into town when they chose.

Registered providers are required by law to conspicuously display their current Care Quality Commission rating. The registered provider was complying with this requirement as their current rating was clearly displayed in the main reception area.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered provider had failed to notify us of a significant incident at the home, which they were required to notify us of by law.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always stored securely. The opening dates of prescribed creams were not always recorded, which meant it was not possible to check whether they remained within their shelf life.</p> <p>Accidents and incidents had not always been reported. Internal investigations into incidents at the home had not always highlighted what action would be taken to prevent a reoccurrence.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Training the provider deemed to be mandatory for staff was not-up-to-date, with no clear system in place to ensure outstanding and late training would be completed, or when by.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Although there were audits in place to monitor the quality and safety of care provided, these were not always effective. Audits had not identified the shortfalls regarding prescribed creams or gaps in weight monitoring.</p>

The enforcement action we took:

We issued the provider with a warning notice.