Bupa Care Homes (CFHCare) Limited

Barton Brook Residential and Nursing Home

Inspection report

201 Trafford Road
Eccles
Salford
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Ratings

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

Overall summary

We inspected Barton Brook Nursing and Residential Home on 12 August 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

Barton Brook Nursing and Residential Home provides nursing and personal care for a maximum of 120 people, some of whom were living with a dementia related condition. The home had four units, which consisted of two general nursing units (Brindley and Irwell), a residential care unit (Monton) and a dementia unit (Moss). At the time of our visit the home was fully occupied with the exception of two vacant beds in the Brindley Unit.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

Although we saw systems were in place to safeguard people who lived at the home, we found people were not safe because medication was not handled safely in the Irwell unit. These issues related to the ordering, storage, administration and recording of medication for certain people. This placed people who lived at the home at risk.

During our visit we saw staff had developed a good relationship with the people in their care. People and their relatives spoke very positively about the service and told us they felt safe and well cared for. One person told us, “It’s very good here. The staff are excellent. The unit manager is impressive. I’m treated very well”.

The registered manager assessed staffing levels to ensure there were enough staff to meet the needs of people who lived at the home. We observed staff made time for people whenever required and patiently explained things to people so they didn’t feel rushed.

We found people were involved in decisions about their care and were supported to make choices as part of their daily life. People had a detailed care plan, which covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people’s needs and wishes. Records of peoples care showed there was a personalised approach to care delivery and that people were treated as individuals.

Each unit at the home was led by a ‘House Manager’ or lead nurse and their work was overseen by the registered manager. Staff spoke positively about their work and confirmed they were supported by the registered manager. Staff received regular training to make sure they had the skills and knowledge to meet people’s needs.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, ‘residents meetings’ and care plan reviews.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. We looked at how medication was administered in three of the four houses (Moss, Brindley and Irwell). We found medication was not handled safely in Irwell House and people were not protected against the risk of harm.

People told us they felt safe living at the home and with staff who supported them. Staff were clear about what may constitute abuse and how they would report concerns. The staff we spoke with were confident that any concerns raised would be fully investigated to make sure people were protected.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. Nobody who lived at the home was subject to a DoLS although the registered manager displayed a good understanding of when an application would need to be made.

Is the service effective?

Good

The service was effective. People who were able to express their views verbally and their relatives felt they received effective care and support to meet their needs. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and the planning of their care.

We saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person's care plan contained a record of the professionals involved such as GPs, dentists, district nurses and opticians.

We observed the lunch periods in three of the four units of the home (Moss, Brindley and Irwell) and observed good interactions between staff and people who used the service.

Is the service caring?

Good

The service was caring. Staff responded to people's needs in a kind and caring way. People we spoke with felt valued and cared for. We saw staff spoke with people appropriately and demonstrated respect for them. People were also treated with dignity and respect by staff.

During the inspection we observed staff interacting with people in a caring, polite and friendly way. We observed staff transferring people from wheelchairs and onto chairs in a correct and professional manner.

Summary of findings

We found people looked clean and well presented. Some people told us they had been able to wear their favourite clothes and jewellery, which allowed them to make choices for themselves.

Is the service responsive?

Good

The service was responsive. The care provided was responsive to people's individual needs and changes were made to their care where required to accommodate people's changing needs and wishes.

People's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans we saw showed they had been discussed with the person or people who were important to them. We noted individual quotes from people were captured during the care plan review process about how their care had progressed.

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with. We saw records of complaints that had been made. All had been thoroughly investigated and responded to with a written response given to the complainant.

Is the service well-led?

Good

The service was well-led. Each house at the home had a 'House Manager', or lead nurse who was responsible for the day to day running of the unit. The home's management was visible and demonstrated a good knowledge of the people who lived at the home.

Accidents and incidents were monitored closely. The home learnt from mistakes and made changes to ensure continual improvement. There was an audit system in place and actions were taken in accordance with the findings.

Barton Brook Residential and Nursing 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was carried out by a lead inspector from the Care Quality Commission, an expert by experience, a specialist advisor and a pharmacist inspector from the Care Quality Commission. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor specialised in dementia care for older people.

We last visited the home on the 27 January 2014 and found that the service provider was meeting the requirements of the regulations.

We inspected the service on 12 August. At the time of the inspection there were 118 people using the service. The manager was registered with the Care Quality Commission and was available to assist us throughout the inspection. During the day we spoke with 21 people who lived at the home, eight relatives and nine members of staff. We were able to look around the building and viewed records relating to the running of the home and the care of people who lived there.

Before the inspection we reviewed all the information we held about the home including the provider information return (PIR). We also liaised with external professionals including the safeguarding and infection control teams at Salford local authority.

We were able to speak with people in communal areas and their personal rooms. Throughout the day we observed care provided in all areas of the home. We observed the main meal of the day in each of the three dining rooms of the home.

We carried out a Short Observational Framework for Inspection over the lunch time period in the nursing unit of the home. SOFI is a specific way of observing care to help us understand the experience of people using the service who could not express their views to us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We looked at medicines handling in three of the four "houses" in the home. We focused on the way medicines were handled for six people in Moss House and six people living in Brindley House. We found that medicines were handled safely in those houses. We looked at how medicines were handled for 10 people in the third house, Irwell, and found they were not handled safely and people were not protected against risk of harm.

We saw that although most medicines were stored properly and safely the medicines including insulin stored in the fridge were not kept at the correct temperatures. We also saw that some creams which should have been stored in the fridge were kept at room temperature. If medicines are not stored at the correct temperatures then they may not work properly.

We looked at the storage of creams for three people, we found they were kept in people's bedrooms, they were not locked away securely and there were no risk assessments in place to show it was safe to store cream in people's bedrooms. We also saw that two of the three people had creams in their bedrooms that did not belong to them. This placed those people at risk of either having the wrong cream applied or of cross infection.

Appropriate arrangements were not in place for ordering medicines. We found that four people ran out of one or more of their medicines for periods of up to seven days. Nurses told us in one case it was because they had not ordered enough medication to last for the whole month. If people miss doses of their medicines then their health may be at risk.

Appropriate arrangements were not in place regarding the safe administration of medicines. We saw that there was no information recorded for nurses to follow when administering medicines which were prescribed to be taken when required. We saw there was no information to guide nurses to administer medication which was prescribed as a variable dose. The house manager told us they used a number of agency staff especially at night. It is important the information is recorded to ensure people are given medicines prescribed safely and consistently.

Appropriate arrangements were not in place regarding the recording of medicines. We found that the records about the quantities of medicines held in the home for people were incomplete and this meant that checks could not be done to ensure that medicines had been administered to people in accordance with the prescribers' directions. We also found that when we looked at the stock levels together with the records we saw that some medicines had been given but not signed for and other medicines had not been given but the records had been signed inaccurately. We found there were gaps on medication administration records so it was not possible to tell if medicines had been given. If records are not complete or accurate it is not possible to tell if medicines have been given as prescribed or to tell if they have can be accounted for.

We raised our concerns with the registered manager who since the inspection has sent us an action plan of how they plan to rectify the concerns raised. We also contacted the local safeguarding team to make them aware of our findings.

These examples demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe at the home and with the staff who supported them. One person told us; "When I was at my own home I was falling all the time which made me feel unsafe. Since I have moved here I haven't fallen once and feel much safer". A relative told us; "My mum had a fall but they contacted me straight away which was good". Another relative added; "I feel content knowing my mum is safe".

We saw risk assessments had been completed to make sure people were able to receive support and care with minimum risk to themselves and others. Some of the risk assessments in place covered falls, nutrition, moving and handling and mobility. One of the risk assessments we looked at stated how this person was at risk of falling. We found an appropriate referral had been made to the falls clinic, with clear guidance available in the care plan for staff to follow to keep this person safe.

Staff were aware of risks to people and the plans in place to keep people safe. Care records we looked at recognised some of the risks to people, such as the risks of falls and risks associated with not eating or drinking sufficient amounts. Individual care plans described how these risks should be minimised such as referring to the district nurse or tissue viability nurse if they were at risk of developing pressure ulcers.

Requires Improvement

Is the service safe?

On the day of our inspection we observed there were sufficient staff to meet the needs of people who used the service. Staff on shift included the registered manager, unit managers, nurses, senior carers, care assistants, a handy man and kitchen and domestic staff. During the inspection we observed staff assisting people to stand, administering medication, assisting people to eat and taking people to the toilet. A visiting relative said to us; "As far as I can see there are enough staff to care for people. But I can only speak for this part of the home. Mum doesn't usually have to wait long for anything even if she is in her room". One person who lived at the home said; "There are enough staff here to look after me".

The staff we spoke with were clear about what can constitute abuse and how to report concerns. Staff were confident any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff told us; "I have reported a safeguarding in the past as I wasn't happy with how another member of staff had treated a resident. I spoke with my manager and it all got sorted out. I was nervous but it needed to be done".

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received training in recognising and reporting safeguarding. Records seen confirmed all staff received this training during their induction and also undertook a refresher course to maintain their knowledge in this area.

There was a clear policy and procedure regarding safeguarding vulnerable adults. The home had informed the Care Quality Commission and other relevant authorities where safeguarding concerns had been raised. The registered manager had worked in cooperation with the appropriate agencies. This was to ensure full investigations had been carried out and had taken action to minimise further risks to people living at the home.

There was a robust recruitment procedure in place. During the inspection we looked at the personnel files of three members of staff including care staff, kitchen staff and domestic staff. The files showed that there was a recruitment process which ensured that new staff had the relevant skills and were of good character. The recruitment procedure minimised the risks to people who lived at the home by making sure all staff were thoroughly checked before commencing employment. We saw all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews, sought references from previous employers and carried out DBS (Disclosure Barring Service) checks before people started work. Nurses who worked at the home are required to be registered with the National Midwifery Council (NMC) in order to provide care in a nursing role. We found there was an appropriate system in place to monitor when their registration had expired and needed to be renewed.

Staff had received training in the Mental Capacity Act 2005 and the staff we spoke with had an understanding of people's legal rights. Training records seen showed staff had completed the appropriate training in line with this topic. This meant the provider had taken the necessary steps to ensure that staff had a good understanding of how to maintain people's choices and decisions which affected their life.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Nobody who lived at the home was subject to a DoLS although the registered manager displayed a good understanding of when an application would need to be made.

Good

Is the service effective?

Our findings

All the people and visitors we spoke with said they had confidence in the skills of staff to meet people's needs. One person who had been living at the home for some time stated, "The staff are brilliant. They take good care of us. I certainly don't want to go anywhere else than here." Another person told us, "They really look after me. I am so happy here."

The staff we spoke with were enthusiastic and motivated when they spoke about their training opportunities. Staff told us, and training records confirmed, that they received training in mandatory areas such as safeguarding, moving and assisting, fire safety, first aid and infection control. The registered manager used a training matrix record to identify when staff required refresher training in these subjects. Staff also commented on their relevant training in care. All care workers were supported to achieve a national care qualification (called NVQ level 2) which ensured they had the 'core' skills and knowledge to undertake their role.

We spoke with 12 members of staff during our inspection to gain an understanding of how they were supported by management. Comments included; "We get plenty of training." Another member of staff told us, "The manager is very supportive if we want to do other training, like palliative care or mental health." Another member off staff added "The training is really good. We always get updates on the mandatory topics". We saw new members of staff had received in-house induction training when they started work at the home. This helped them to understand the health and safety arrangements in the home, such as fire safety procedures. This meant people who lived at home benefited from staff who were appropriately trained.

Staff told us, and records confirmed, that they received supervision sessions with the manager or a senior member of staff "every few months". We saw the manager carried out 'performance and development' reviews with each member of staff to appraise their work and to find out how the provider could develop their skills. In this way, staff said they felt equipped and supported to carry out their role.

We looked at how the home effectively met nursing needs of people who lived at the home and also those who lived with a dementia. We used a specialist advisor during our inspection who spent time in the Moss Unit, which was where people who had a dementia lived. We observed the dementia unit was calm all day with people at ease with the staff. We observed staff assisting people to eat and drink where needed, giving people their medication and assisting people to manoeuvre around the unit. Some staff sat quietly with people and softly held their hand. We observed that some people became distressed at different parts of the day. We saw staff used 'distraction techniques' effectively and spoke to people in a calming way.

We also spent time observing care on both nursing units of the home (Brindley and Irwell). Some people were cared for in bed, whilst others were able to choose whether they spent time in the lounge or stay in their bedroom. Some people also required repositioning at different intervals during the day to prevent them from developing pressure ulcers. We saw records which were completed by staff to confirm this was undertaken as needed. We saw other people had 'pressure relief' mattresses and cushions in place whilst they were either in bed or in the lounge. Again, this helped both keep people safe and to prevent the development of pressure ulcers.

We spoke with two visitors and asked if they felt their relatives needs were met whilst they lived at the home. One person said; "Definitely. Mum stays in bed and they check on her all the time. They help her with all her meals as well". Another visitor added; "I'm happy with the care. Dad can use his buzzer in his room and they come in whenever he uses it. I've been involved in the care plan in the past if there are changes".

We observed the lunch time period in three (Moss, Brindley and Irwell) of the four units of the home. The care staff served lunch in a friendly, helpful manner and the dining experience was a pleasant social occasion. We saw that where people required assistance to eat, this was provided by staff. Staff took time to gently encourage those people to eat their meal. This meant the mealtime was unhurried and people could dine at their own pace.

We saw staff varied the size of portions to suit the wishes of each person. People were offered a choice of hot meals, drinks and desserts. We saw people could choose to have their meals served in the dining room, a lounge or in their own room, depending how they felt each day. We saw people were frequently offered hot and cold drinks throughout the day. One person appeared to struggle slightly whilst eating their lunch and we raised this with staff. However, we checked this person's care plan which

Good

Is the service effective?

stated they did not always want help from staff and chose to try and eat themselves to maintain their independence. We later observed this person again and saw they had eaten their meal.

People told us that the staff were quick to access any health care agencies whenever needed. One person said, "They call my doctor in any time we want them." One visitor said they were "impressed" with the way the home had arranged health care for their relative. They told us, "They got the doctor and all the nursing care my (relative) needed. I was very satisfied by the way she was cared for."

People's care records included details of the health professionals involved in their care. We saw examples in care records where the staff had made appropriate referrals to health agencies and where care professionals had worked with staff in reviewing people's care. For example, dietician and speech and language therapy (SALT) advice had been sought for people were at risk with their nutrition or of losing weight. People's care plans were then updated and contained 'action plans' for staff to follow. This included offering people higher fat food choices or adding cream to their dessert of choice. This demonstrated that the home had sought specialist advice from other agencies regarding the needs of people who had been identified as being at risk.

Good

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as "Very caring, kind and friendly." One person told us, "There's no intrusion, but there is always someone there for you if you want." Another person told us, "I am in safe hands here".

Staff spoke kindly about the people they cared for and we could see caring relationships had been developed between them. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and choices. For example one person told us how they were offered the choice of a bath or a shower at various points during the week.

We observed good practice where staff showed warmth and compassion in how they spoke to people who lived at the home. Staff were seen to be attentive and dealt with requests as they were made. We observed that one person appeared upset and saw that a member of staff demonstrated patience and understanding to support this person safely and in a caring way.

People were supported to express their views and wishes about all aspects of life in the home. We saw staff enquired about people's comfort and welfare throughout the visit. and responded promptly if they required any assistance. For example serving drinks on request or responding to call bells if people needed assistance in their room. One person said; "All I have to do is use my call bell and staff come in".

We spoke with staff to ensure they understood how to maintain people's privacy and dignity at all times. One member of staff said to us; "I always ensure doors are closed when delivering personal care. I also always make sure people are covered up when I'm washing them to maintain their dignity and not allow them to become embarrassed". Another member of staff said to us; "I always ensure I knock before entering someone's room".

We asked people who lived at the home if they were given the opportunity to maintain their independence. One person said; "When I'm having a shower the staff need to come with me. I can shower myself and the staff respect that. However the floor is slippery so the staff stay with me to make sure I am ok". Another person added; "When staff come and get me up in the morning they ask me what I would like to wear and allow me get dressed myself".

We found people looked well groomed and well presented. Some people told us they had been able to wear their favourite clothes and jewellery which allowed them to make choices for themselves. One relative told us; "Every time I come in mum looks well and I can tell she is being looked after well".

Good

Is the service responsive?

Our findings

People were given information about the service in the form of leaflets and booklets. This included information about the provider Bupa and the home Barton Brook Nursing and Residential Home. The information was illustrated with photographs and set out in an easy read style. There was a wide range of information leaflets on display in the reception for people who lived at the home and their visitors. This helped to keep people and relatives updated with the care that was provided at the home.

People's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans that we saw showed that they had been discussed with the person or people who were important to them. We noted individual quotes from people were captured during the care plan review process about how their care had progressed. This meant staff had clear guidance to follow about how people wanted to be cared for.

People were supported to express their views and wishes about all aspects of life in the home. We observed that staff enquired about people's comfort and welfare throughout the visit and responded promptly if they required any assistance. Where people had difficulties communicating, we found staff made efforts to interpret people's behaviour and body language. For example, having a writing pad next to them so they could relay requests to staff and using appropriate hand gestures. One staff member told us, "You get to know all the residents and so you can spot when something is not quite right".

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. For example people who lived at the home had been able to complete a 'Who am I" document. This identified what their personal choices and preferences were. People told us they had opportunities to be involved in the development and review of care plans if they wished. One person said; "Staff have sat down with me in the past to go through my file but I wasn't too interested. They do make the effort though".

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. This was important as it ensured the person's best interest was represented and that they received support to make choices about their care.

We saw that as part of the care planning process, staff had discussed the person's care and support with them. Records we looked at showed these reviews had taken place as appropriate and that people had been involved in them. If people's needs changed, care plans were reassessed to ensure they received the care and support required. We found an example of where following a fall at the home, staff had responded appropriately to keep this person safe. The plan included a falls risk assessment, a body map to show any injuries suffered, a falls record and a plan of care to support the person. We also saw a referral had been made to the relevant health professionals for advice. This showed the home had responded to a person's changing care and support needs and sought timely medical advice as appropriate.

Visiting relatives told us they felt the communication with the home was good and they were kept up to date regarding care planning and any changes in health needs. One family member told us, "They let me know if there are any changes or anything happens." Another family added; "The staff always make the effort to talk with me when I come in and let me know what is going on".

We looked at the activities on offer for people who lived at the home. There was an activities schedule in place on each unit and we observed the morning activity on Moss unit which was "reminiscence". The atmosphere here was calm with some people either singing quietly to themselves or looking at picture books. We noted staff still interacted well with people who had chosen not take part in the activity and on occasions touched them softly on the head as they walked past them. We saw that activities had been discussed at resident meetings which presented people with the opportunity to choose which activities they wanted to do.

People were enabled to maintain relationships with their friends and family members. Throughout the day there were a number of friends and family members who visited the home. Family members told us they were always made

Good

Is the service responsive?

to feel welcome when they visited the home by staff. One family member told us, “The staff are very caring and friendly and as a visitor I am made welcome and have the freedom to come and go at any time.”

People told us they would be comfortable to make a complaint. The service user guide gave people information about the services and facilities offered by the home. It also gave information about how to make a complaint. People we asked all said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. One person said: “I’m pretty confident it would get sorted if I complained”. We looked at the complaints log and saw an appropriate response had been provided to the complainant. This showed complaints were responded to appropriately by the service.

Good

Is the service well-led?

Our findings

Each unit at the home was led by a 'House Manager' or lead nurse and their work was overseen by the registered manager. The home's management team was visible and staff demonstrated a good knowledge of the people who lived at the home. During the day we saw the registered manager talking with people who lived at the home and staff. The registered manager was also able to recall specific details about people and staff which showed she knew them well. Everyone looked very comfortable and relaxed with the managers.

Staff told us there were opportunities to discuss issues and raise concerns with the registered manager. All staff were aware of the home's whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home. One member of staff said; "I'm aware we can report concerns above the manager if needed".

The staffing structure in place made sure there were clear lines of accountability and responsibility. In addition to the registered manager, there were nurses, house managers, and senior care staff who were also able to offer support to the home manager. They supervised the care staff and offered help and guidance where required.

We asked people who lived at the home, their relatives and staff if they felt the home and the individual units were led. Comments included; "The manager here is very good. Very efficient I would say actually" and "I like the manager. You can approach her about anything" and "The manager does a walk around the units each morning to check if everything is ok. I think that is a good system". A member of staff added; "The manager is very good. You can talk to her about personal issues and not just work things".

All staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. One member of staff told us; "We are here for the people who live here. It is all about them". The registered manager and staff team worked closely together on a daily basis. This meant quality could be monitored as part of their day to day duties.

Staff attended handover meetings at the end of every shift and regular staff meetings. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. Staff received regular supervision sessions as well as annual appraisals. We saw evidence these had taken place. This meant staff were being supported in their roles as well as identifying their individual training needs.

A quality assurance system was in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. This included: accidents and incidents audits; medication; care records; safeguarding incidents; and the environment. This meant there were systems in place to regularly review and improve the service. For example, we read some of the risk management plans put in place to help keep people safe in response to safeguarding incidents at the home. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls although the medication audits had not identified our findings.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **We found the arrangements in place at the home did not protect people against the risks associated with medicines.**