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Southdown Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 28 and 29 November 2016. At our previous comprehensive inspection on 24 and 25 November 2015 the service was rated 'requires improvement' and was in breach of six regulations of the Health and Social Care Act. These related to person-centred care, dignity and respect, safe care and treatment, good governance, displaying their rating and submission of statutory notifications. We undertook focussed inspections on 5 May 2016 and 30 August 2016 to check on the breaches and by our August 2016 inspection the service had taken the necessary action to meet the regulations.

Southdown Nursing Home is registered to accommodate up to 29 older people who require personal and nursing care. At the time of our inspection 19 people were using the service.

The service is owned by an individual provider who also fulfils the manager's role. It does not therefore require a registered manager. 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.

Accurate and complete care records were not maintained in regards to food and fluid intake for those at risk of malnutrition, dehydration or recurrent urinary tract infections, and accurate records were not maintained for those who required regular repositioning to reduce the risk of pressure ulcers. The current care record audits did not include a review the quality of daily monitoring forms and therefore there were not robust systems in place to review the quality of all care records.

The management team had plans to analyse key performance data to identify any learning to prevent incidents and complaints from recurring but this was not embedded at the time of our inspection.

Governance processes were not strong enough to ensure all areas of service delivery were reviewed and to ensure accurate and complete recording. The provider was in breach of the legal requirements relating to good governance. You can see what action we have asked the provider to take at the back of this report.

Staff were knowledgeable about the people they cared for. They were aware of the level of support they required and how this was to be provided. Nursing staff had developed clear and detailed support plans for each person and these were regularly reviewed to ensure they reflected people's current needs.

Staff assessed the risks to people's safety and developed plans to manage and mitigate those risks. Staff had communicated with people the risks to their safety and what processes were in place to support them to remain safe, this included reminding people of what equipment was used to promote their independence whilst keeping them safe. Staff were aware of their responsibilities to safeguard people from harm and worked with the local authority safeguarding team if there were any safeguarding concerns.

Staff provided people with prompt support when needed and regularly asked if they needed any assistance. They cared for people in a polite and friendly manner. Staff adjusted their style of working to meet people's individual needs including their method of communication. Staff respected people's privacy and dignity.

Staff adhered to the principles of the Mental Capacity Act 2005. The management team organised for 'best interests' meetings to be held if they felt people were unable to consent to decisions about their care. The management team liaised with the local authority to ensure people were only deprived of their liberty when required to maintain their safety.

Staff provided people with the level of support they required at mealtimes to ensure they received adequate nutrition and remained hydrated. Staff liaised with other healthcare professionals to meet people's health needs and there was regular support from the visiting GP. Staff administered people's medicines as prescribed and safe medicines management was followed.

The management team had reviewed their processes for capturing incidents and complaints. This had improved reporting processes. We saw appropriate action was taken to respond to incidents to ensure a person's safety and to investigate any complaints received.

The management team welcomed feedback from people, relatives and staff about the quality of service provision. There were regular meetings with people, their relatives and staff. Staff felt well supported by the management team and felt able to have open and honest conversations with them.

The provider adhered to their Care Quality Commission registration responsibilities and submitted statutory notifications as required about key events that occurred at the service. The provider had also displayed the rating from their previous inspection at the service so people and their relatives could access this information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were sufficient staff to meet people's needs and to ensure people received prompt care and support.

Staff were aware of the risks to people's safety and supported them to manage and minimise those risks. They were aware of their responsibility to safeguard people from harm and reported all concerns to the senior management team and the local authority as and when required.

Safe medicines management was in place and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. The management team had strengthened their arrangements to ensure staff had completed the provider's mandatory training and had received regular supervision to ensure they had the knowledge and skills to undertake their role.

Staff worked to the principles of the Mental Capacity Act 2005. The management team liaised with the local authority to ensure people were only deprived of their liberty when appropriate.

Staff supported people at mealtimes and monitored people's intake to ensure their nutritional needs were met. People had access to drinks throughout the day to ensure they stayed hydrated.

The staff liaised with the GP and other healthcare professionals to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring. Staff were aware of people's communication methods and communicated with people in a polite and friendly manner. Staff reassured people when they became confused or upset.

People were involved in decisions about their care. However,

some people were not aware that they could ask for flexibility in the service's routine to meet their individual preferences. The management team said they were going to remind people about this.

Staff supported people to maintain relationships and visitors were welcomed throughout the day. Staff maintained people's privacy and dignity and we saw people were well presented in clean clothes.

Staff supported people to make end of life decisions and advance care plans were developed outlining their wishes.

Is the service responsive?

Good ●

The service was responsive. Care plans provided detailed information about people's support needs and staff regularly updated people's care plans in line with any changes in the level of support they required.

The activities programme had been strengthened and embedded at the service providing regular group activities. There were plans in place to provide more access to the local community for people, however this was not available at the time of our inspection.

The complaints process had been revised and strengthened to ensure all concerns, complaints and suggestions were captured and addressed.

Is the service well-led?

Requires Improvement ●

Some areas of the service were not well-led. Auditing processes were not strong enough to review all care records and ensure accurate and complete records were maintained about the support provided to people. We saw that daily records of food and fluid intake and repositioning support were not accurately completed.

The management team had plans in place to review key performance data to identify any learning but at the time of our inspection this process had not been embedded.

Staff felt well supported by the management team. There were systems in place to ensure clear communication amongst the staff team and staff felt able to have open and honest conversations with the management team.

The provider welcomed feedback about the service from people, relatives and staff through attendance at meetings and completion of annual satisfaction surveys.

The provider adhered to their Care Quality Commission registration requirements.

Southdown 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 November 2016 and was unannounced. One inspector undertook the inspection.

Prior to the inspection we reviewed the information we held about the service including the statutory notifications we received about key events that occurred at the service. We contacted a representative from the local authority for feedback about the service and we also received feedback from a representative of another local authority funding a person's care at the service.

During the inspection we spoke with three people using the service, one visitor and eight staff including the provider. We reviewed four people's care records, two staff records and the team's training, supervision and appraisal records. We undertook general observations, reviewed medicines management processes and records relating to the management of the service.

Is the service safe?

Our findings

There were sufficient staff to meet people's needs. We observed staff responding promptly to people's requests for support and they were proactive in asking people if they needed any assistance. We observed staff answering call bells promptly. Since our last inspection an additional staff member had been put on duty in the mornings to provide support to people and relieve the pressure on the staff team during busier periods of the day when people needed support with their personal care.

The nurse in charge allocated care workers to support people on each shift. This ensured coordinated care was provided and each person received the support they required. Staff told us the allocation helped them to organise care delivery. In addition staff worked together to ensure people stayed safe and received prompt care throughout the day and night. One staff member was allocated to stay in the communal area when being used. They supervised and engaged with people to ensure they received the support they required to stay safe.

Since our last inspection there had been some changes in the staff team and some new staff had been recruited. The manager continued to follow safe recruitment practices to ensure suitable staff were employed. This included obtaining references from previous employers, checking qualifications and eligibility to work in the UK and completing criminal records checks. We saw that the management team had a system in place to keep track of people's visa expiry dates and renewal dates for nursing staff's registration with the nursing and midwifery council.

The nursing staff had undertaken assessments to identify the risks to people's safety. Management plans were in place to instruct staff how to support people to mitigate the risks. These assessments were reviewed regularly and in line with changes in people's health. Since our last inspection an 'at a glance risk profile' had been developed which provided staff with a one page sheet of the main risks to people's safety and how these were to be managed. This enabled risk information to be accessible to all staff and supported newly employed staff to quickly remind themselves of the support people required.

The people we spoke with were aware of the risks to their safety and how the staff supported them to manage those risks. For example, they were aware of what support they required with moving and handling, and the equipment provided to ensure they did this safely. Staff were knowledgeable about the risks to people's safety and what prevention measures to take to reduce the risk. This included people having the equipment and support they needed in regards to preventing the development of pressure ulcers, reducing the risks of falls and ensuring a person's safety when moving and handling. Staff told us if they identified signs that a person's health and welfare was declining they reported it to the nurse in charge who assessed the person and identified the necessary action required.

Staff were aware of the incident reporting process. The nurse in charge informed us, "We encourage [the staff] to report" and that staff were prompt in reporting any concerns about a person's health or safety. The management team had recently reviewed their incident reporting process. We saw that this captured clear details about the incident and what action was taken at the time to support the person's safety. However,

there was no space on the form for staff to capture what action was taken to prevent the incident from recurring. We spoke with the management team about this who said they would ensure this information was recorded.

Staff protected people from avoidable harm. Staff were aware of their responsibility to safeguard people from harm and were aware of the reporting procedures to follow if they had any concerns about a person's safety. This was discussed with all staff during their induction and there were regular updates through ongoing safeguarding training. The 'service user guide' informed people about the different types of abuse, how to report concerns of possible abuse and how to get support if they felt they were being abused. The management team worked with the local authority safeguarding team and reported all concerns as necessary. They followed instructions from the safeguarding team to investigate concerns and implemented advice provided to further protect people from avoidable harm.

The provider followed safe medicines management processes. Medicines were stored securely and at an appropriate temperature. There were nightly checks on the stocks of medicines and the medicines we checked were all accounted for. Medicines administered were recorded on a medicine administration record (MAR). The majority of MARs we viewed were completed correctly. We saw some gaps in recording on one day and the management team told us they would follow this up with the staff member involved.

Nursing staff included in people's care records information about what medicines they were prescribed and the level of support they required to manage those medicines. Staff liaised with people's GP if they had concerns about people's medicines. This included in relation to people who regularly refused their medicines to understand the impact this would have on the person's health.

At our previous comprehensive inspection we identified there were no protocols in place for 'when required' medicines. The provider had begun to implement them, but on advice received by their GP they had stopped this practice. There was a risk for people prescribed 'when required' pain relief medicines that they would not receive them when needed. However, staff told us the majority of people prescribed pain relief were able to verbally inform staff they were in pain and for one person who was unable to verbalise this staff were aware of the actions the person made which suggested they were in pain. We also saw the provider continued not to use specific MARs for topical creams. The nursing staff told us they applied most creams and sometimes care workers were instructed to apply the topical medicines, but were observed by nursing staff to ensure people received their creams as and when required.

A clean and safe environment was provided for people who used the service. The provider had recently undertaken some further refurbishment to provide a pleasant and welcoming environment. A light and bright environment was provided, with no malodours. The provider had arranged for new carpet to be installed in the bedroom areas to further enhance the environment.

Is the service effective?

Our findings

People were supported by staff who had the relevant experience, knowledge and skills. An induction process was in place to support new staff. We spoke with a staff member who was completing their induction on the day of our inspection. They told us the induction gave them time to "get to know everyone" and that "everyone is different". They described the induction process as "perfect" and they were "starting to learn new things". We observed experienced staff explaining and providing guidance about how the new staff member should appropriately support people at mealtimes.

Staff told us they received regular training from the provider. A training record was in place for the team. The administrative manager kept track of staff's compliance with the provider's mandatory training and booked staff's attendance on courses when they were due refresher training. The administrative manager was further strengthening this process by diarising each staff member's training record which would alert them for when their training was due. Staff were expected to complete face to face training as well as supporting their knowledge by completing online courses. The training record showed that the majority of staff had completed the required training and additional training was booked to ensure all staff had the knowledge and skills to undertake their duties.

Staff said they felt well supported and received regular supervision. From reviewing individual staff records and the team's supervision tracker we saw that staff had received recent supervision. This enabled them to review their performance with a member of the management team and identify any further support they required. In addition, staff who had been at the service for longer than one year had received an appraisal to formally review their performance against their job specification and discuss career opportunities.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of their responsibilities and adhered to the MCA code of practice. Staff offered people choices and ensured they consented before care was provided. The provider arranged for an advocate to visit people to go through their care plan so they understood what support was being offered. When people did not have the capacity to consent, staff liaised with their relatives and other healthcare professionals in order to make 'best interests' decisions on the person's behalf. The provider worked with the local authority to arrange for DoLS assessments for people they felt were unable to safely leave the service on their own and therefore required

their liberty to be deprived.

Staff, including the chef, were aware of people's dietary requirements. The chef told us they were kept informed of any changes in people's diet to ensure they received the nutritional support they required. This included providing soft or pureed meals for people with swallowing difficulties and being aware of who needed a specific diet such as a diabetic diet. Staff were also aware of any food allergies people had or food choices in line with people's religious and cultural needs. The chef asked people for their meal preferences, likes and dislikes when they came to the service and this information was taken into account when designing the menu. We saw that menu choices were discussed during a recent residents' and relatives' meeting. However, some people still felt they were not involved in developing the menu. We discussed this with the management team who told us they would reiterate to people that they were able to suggest meal choices and these would be incorporated when the menu was next revised.

There were two options at each mealtime. People told us staff went through the meal options with them so they could choose what they wanted to eat. In addition people could request alternatives that were not on the menu. Staff were aware of what support people required at mealtimes. We observed staff assisting those who required it. Staff were patient and clearly explained to people what the meal was. We saw one staff member informed the person of what food was on each forkful so they were aware of what to expect. Staff supported people at an appropriate pace and did not rush people with their meals. Other people required some encouragement at mealtimes and this was provided. On the day of our inspection the meal was freshly cooked. People were offered second helpings which some people chose to have. The majority of people ate all of their meal and indicated they enjoyed the food. One person told us, "The food's good here." When people did not eat much of their meals this was communicated to the nurse in charge so they could monitor the person's health. One person was known to not eat much at mealtimes. The nurse regularly monitored how much the person was eating and weighed them to monitor their weight. We saw that whilst they had lost weight, over the last month they had started to put it back on.

We observed people being given drinks throughout the day. Staff were aware of the signs that a person was dehydrated and told us they regularly offered people drinks to reduce the risk of dehydration occurring.

Staff told us they had a good working relationship with the home's allocated GP. The GP visited the service weekly and was also available outside of this weekly visit if people needed additional healthcare support. The GP referred people to other healthcare specialists as and when required. Staff said they had good relationships with the multi-disciplinary healthcare team visiting the service, who provided them with clear advice about how to meet people's specific needs. We saw that staff had liaised with speech and language therapists, dieticians and physiotherapists in regards to people's individual needs.

The provider took part in the pilot of the Vanguard initiative to test a new care model which included enhancing the input of healthcare professionals in the care home and providing smoother transition when people required attendance at hospital. The service had embedded the 'red bag' initiative which enabled coordination of people's belongings, medicines and important documentation when they were admitted to hospital and for discharge back to the home.

Is the service caring?

Our findings

One person told us the staff were "very nice, polite and friendly". We observed staff regularly communicating with people. They informed them of any actions they wanted to undertake, for example, if they wanted to move someone who was using a wheelchair and the reason why. We also saw staff, including the provider, spending time engaging people in conversations. Staff were aware of people's communication methods and adapted their style to ensure people understood what was being said. Some people at the service spoke limited English and we overheard staff using basic phrases in the person's own language when interacting with them. We also saw staff using their knowledge of people's gestures and actions to understand what they were communicating. Staff called people by their preferred name. This included calling people 'mummy' and 'daddy' if that was what they wished to be called by staff.

Staff were aware of how people's dementia affected their memory and we overheard staff reminding people what time it was and clarifying that the service was their home when they became confused. We observed one person becoming distressed due to anxiety associated with their dementia diagnosis. Staff reassured the person and spent time with them until they were settled.

People felt involved in some decisions about their day but we also received feedback from people that they felt some areas of the service did not take account of their views and were not flexible to individual people's routines. One person told us in regards to timings of meals, "we have it when they tell us." Whilst we saw that since our last inspection there was more activity happening at the service, we saw that there were set times for these to be carried out. For example, there were set times for hot drinks to be served. We spoke with the management team about the flexibility of the service and they agreed that they needed to reiterate to people that they were able to adjust the service's routine to fit in with their preferred personal routine.

People were well presented in clean clothes, with appeared well cared for. Some of the people we spoke with told us they had recently been to the hairdressers and we saw that people's hair was clean, brushed and tidy. The men were freshly shaved. People's privacy and dignity was respected and personal care was provided in the privacy of people's rooms. We observed staff asking people for their permission before entering people's rooms.

Staff were aware of who had built friendships with whom at the service. They took this into account if friends wanted to sit together at lunch time or during activities. People were able to have visitors throughout the day and evening. We observed many people having visitors throughout the day. The visitor we spoke with told us they were always made to feel welcome by the staff.

Staff supported people to express their wishes in regards to end of life care and developed advance care plans which outlined people's preferences in regards to this aspect of care. Staff worked with people and their relatives to ensure these wishes were respected and met. Staff supported relatives to organise religious ceremonies at the service in line with people's wishes. Staff worked with the GP to discuss with people their decision as to whether to be resuscitated and whether they would like to continue with treatment should they become unwell.

Is the service responsive?

Our findings

One person told us, "It's better now. It's an excellent place." Staff were passionate about their roles and caring for the people using the service. One staff member said the reason they worked at the service was because they "like to help [people], talk with them."

People's care plans provided clear and detailed information about their care and support needs. Staff were knowledgeable about the people they supported. They were aware of what support people needed and how this was to be delivered. Staff said processes were in place to ensure effective communication amongst the staff team in regards to any changes in people's support needs through the use of handover procedures and a communication book. Since our last comprehensive inspection the nurses had been assigned to lead on individual's care records and ensure they were reviewed. This was completed through the 'resident of the day' programme. We saw that people's care plans had been regularly reviewed and updated to ensure they reflected people's current needs. The care plans we reviewed provided detailed information to staff about people's needs and how support was to be delivered. One person's records we saw still had some old support plans that were no longer in use. This information in the person's care records could have caused confusion to staff as there was a risk that staff may have referred to the wrong care record. We informed the provider of this and during the inspection they removed the care plans that were no longer relevant from the person's records.

The nursing staff introduced specific documentation in regards to people's individual needs, including for wound management. We saw that people with wounds had wounds charts in place which showed the nursing staff regularly reviewed and monitored the wound for any signs of infection or deterioration, and regularly changed dressings to help the wounds heal.

There was a range of communal areas at the service meaning people could choose where they spent their time and what activities they participated in. We saw the majority of people spent their time in the conservatory participating in the group activity programme. Some spent time in the small lounge watching TV and liaising with friends, and others spent time in their rooms.

Since our last inspection the activities programme had been strengthened and embedded at the service. There was a range of group activities each day. We observed people taking part in morning exercises and in an afternoon karaoke session. The majority of people participated in these activities and we saw people ask for assistance to move to the conservatory so they could take part in the activities. People were engaged, laughing and joking during the activities indicating they were enjoying the activities being delivered. We observed the activities coordinator spending time engaging each person in the activity and adapting their style to ensure everyone was able to participate. In addition to the group programme the activities coordinator spent one to one time with people who preferred to spend time in their room.

However, there were not many opportunities for people to access the community and there was still a reliance on relatives to take people out. One person told us they would like to go out more but they "don't know anyone who could take us." The activities coordinator had plans to further engage in the community

and to organise day trips to the local amenities, but this was not in place at the time of inspection. In addition, the management team had started to liaise with community groups and local schools to organise for them to visit the service.

Since our previous comprehensive inspection the management team had reviewed their complaints process to make it more accessible to people and their relatives. We saw from the residents and relatives meeting minutes the management team had informed people of where to find the complaints book and the new process of recording both named and anonymous complaints. We saw that since making this process more accessible people and their relatives were recording all their concerns, complaints and suggestions. This ensured that both formal complaints and more minor concerns were being captured so the provider could address them. We reviewed the latest complaints received and saw these were investigated and responded to appropriately. We saw the complaints process was included in the 'service user guide' and whilst this informed people about how to raise a complaint it did not contain correct information as to how people may escalate their complaint if they were dissatisfied as to how it had been handled by the provider. The administrative manager told us they would ensure this information was updated.

Is the service well-led?

Our findings

There were systems in place to review the quality of service provision. The provider continued to receive support from their local pharmacist who undertook monthly audits of medicines management practice. We saw that the pharmacist had also identified the lack of protocols for 'when required' medicines but acknowledged the provider was following advice from their GP. There were no other recommendations identified and the audits showed the provider had continued to follow good practice procedures. Since our last focussed inspection the provider had reviewed and further strengthened their care records audits. They had introduced a monthly review of care records which looked at all areas of care plans and risk management plans to ensure they were regularly reviewed and updated in line with people's needs.

However, the care records audit did not include a review of the quality and completeness of daily monitoring forms. The provider acknowledged that this was an area needed improving so that the care record concerns we identified could be addressed through their own internal systems. We saw daily records were not completed correctly and did not provide an accurate record of the support provided.

Whilst the management team had reviewed the process for capturing and recording incidents and complaints they had not yet integrated their plans to analyse and learn from this data. The provider had plans in place to analyse key performance data to identify any trends or themes which may indicate that areas of service provision needed to be reviewed and improved as required. The analysis of this information would also help the provider to identify learning and minimise the risk of similar incidents or complaints from occurring.

Governance processes needed further strengthening to ensure adequate review of the quality of service provision and ensure accurate and complete care records were maintained. The provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the management team had introduced a diarised system to keep track of key data relating to staff. This included keeping track of the nursing staff's registration with the Nursing and Midwifery Council and when this needed renewing, tracking when staff's visas expired and keeping track of the length of time since staff last had a criminal records check.

The management team used the same diarised system to remind them of when key health and safety tasks were to be completed. This included checks such as gas safety, portable appliance testing, water quality testing, review of lifting equipment and fire safety checks.

Since our last inspection the provider had begun to reduce their management responsibilities and were handing over to the administrative manager who was going to take on day to day management responsibility of the service. This change had been communicated to the staff and during the residents and relatives meeting.

Staff told us they felt well supported by the management team. They said there was a member of the

management team on each shift and said the provider was "here every day." Staff felt comfortable approaching the management team and felt able to have open and honest conversations with them. There were regular staff meetings and one staff member told us "everyone gets involved". Another staff member told us, the manager is "very good to me".

Staff informed us morale within the staff team had improved since our last comprehensive inspection. Staff were working well together and communicating as a team. One staff member said, "We work as a team... helping each other." We observed more energy and enthusiasm within the staff team.

Since our previous comprehensive inspection the provider had introduced a staff recognition scheme. This included an employee of the month award and an employee of the year award. Staff were nominated by their peers for the awards and we saw the winners were acknowledged on the notice boards in the reception area.

The provider had processes in place to obtain feedback from people, their relatives and staff. This included regular residents' and relatives' meetings and staff meetings. We reviewed the minutes for the most recent meetings which showed these meetings were used to disseminate information and provide updates on any changes to service provision or procedures. They were also an opportunity for staff, people and their relatives to feed back directly to the management team. The provider undertook an annual satisfaction survey to obtain formal feedback from staff, people and their relatives about their experiences of the service. This was due to take place in the new year. The management team wanted to expand this process to obtain feedback from healthcare professionals working with the staff.

The provider adhered to their Care Quality Commission registration responsibilities and submitted statutory notifications as required about key events that occurred at the service. The provider had also displayed the rating from their previous inspection at the service so people and their relatives could access this information.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not ensure that processes or systems were established to assess, monitor and improve the quality and safety of services provided. They did not maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1) (2) (a) (c)</p>