Borough Care Ltd

Bamford Close

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

The inspection took place on 2 August 2016 and was unannounced. This meant the provider did not know we were coming. We last inspected the service in April 2014 and found the service met the regulations we inspected against at the time.

Bamford Close provides accommodation for up to 40 people who require personal care, some of whom are living with dementia. There were 40 people living there at the time of our inspection, some of whom could not always communicate their views so we also asked relatives for their views.

The accommodation is single storey and consists of four units which accommodate 10 people each. Each unit has a communal lounge, dining room and kitchen. A large lounge, dining room and activities room is located in the middle of the service.

The service had 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.

We found the provider had breached Regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not assessed people in line with the Mental Capacity Act to determine whether Deprivation of Liberty Safeguards applications should be made. The dates of opening on prescribed creams for topical application had not been noted. The temperature of the clinical fridge was slightly above recommended limits and no action had been taken. The provider did not have effective quality assurance checks in place to monitor the quality of the service and drive improvement. The provider had not identified the areas for improvement we noted during our inspection.

We have made a recommendation about people's personal emergency evacuation plans (PEEPs) as they did not contain enough detail for staff should they need to support people to be evacuated from the building in an emergency. We have also made a recommendation about accidents and incidents.

People received their routinely prescribed medicines when they needed them. Staff administered medicines in a gentle and supportive manner.

People and relatives told us Bamford Close was a safe place. One person told us, "I'm looked after well so I'm safe." A relative said, "As far as I am concerned the care here is excellent."

People were encouraged and supported to maintain their independence and to pursue their interests and hobbies. Staff interacted with people in a friendly and respectful way.

Staff training was up to date. Staff received regular supervisions and appraisals.

There was a protected meal time for those who required additional support to eat and drink, which meant staff were able to spend undisturbed time supporting people to eat. People were given choices what to eat and meals looked nourishing and hot.

One person told us, "The food is lovely in here. I really enjoy my cooked breakfast." Another commented, "We get a choice of food, we don't go away from the table hungry."

People spoke positively about the staff at Bamford Close. One person told us, "The girls are really lovely and so caring, I am happy to be here." Another commented, "We are treated like their friends."

Staff had access to detailed personalised information about people's needs and preferences. Care records contained guidance about how to support people based on their individual health needs and how they wished to receive their care.

People we spoke with told us if they had a problem or concern they would speak to staff. Relatives we spoke with knew how to make a complaint.

Staff told us they felt the service was well-run by the registered manager and provider. One staff member told us, "[Manager] is really good, they are not just there for the residents but for the staff as well, you can approach them with anything."

People felt the management team in the service were approachable. One person told us, "We always have a chat on a morning. They are busy but make time to stop and talk." Another told us, "As soon as I walked in it was lovely, [manager] is lovely and approachable."

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 always safe.

We could not be sure prescribed creams were being administered when they were considered effective.

People told us they felt safe and were happy living there.

Staff had a good understanding of safeguarding and how to report concerns.

There were enough staff to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always assessed in line with the Mental Capacity Act to determine whether a Deprivation of Liberty Safeguards application should be made.

The service was in need of refurbishment.

People were assisted to have a good diet; they had choices and the food was good quality.

People were supported to access other health care services whenever this was required.

Is the service caring?

Good

The service was caring.

People told us staff were caring and they felt they were well looked after.

There was a relaxed and friendly atmosphere at the service, and people looked comfortable in the presence of staff.

People were given choices about what they wanted to do.

Relatives told us they were kept up to date about their family members' care.

Is the service responsive?

Good

The service was responsive.

Care plans were well written and reflected individual needs and preferences.

When people's needs changed staff responded quickly and appropriately.

Staff knew people's needs, interests and preferences well.

Complaints were dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have an effective system for monitoring the quality of the service and driving improvement.

People and relatives said the management team at the service were approachable.

Staff told us they had regular opportunities to provide feedback.

Care Quality Commission

Bamford Close

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.

The inspection took place on 2 August 2016 and was unannounced. This meant the provider did not know we were coming. The inspection was carried out by two adult social care inspectors.

Before the inspection, we reviewed all the information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG), the local safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with eight people who used the service and six relatives. We also spoke with the registered manager, deputy manager, two senior care workers, five care workers, kitchen staff and domestic staff.

We looked at a range of records which included the care records for four people who used the service, medicine records for 10 people, training and recruitment records for four staff, and other documents related to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Some people took medicines 'as and when required'. In one person's care records there was no detailed guidance for staff to follow which explained when a person may require their anti-psychotic medicine. This meant people could be at risk of not receiving medicines when they needed them. This was contrary to the provider's 'procedure for pain management for service users' which stated 'an additional care plan should be in place for as and when required medication.' In other care records we checked we found appropriate guidance relating to 'as and when required' medicines.

The dates of opening on prescribed creams for topical application had not been noted. This meant we could not be sure prescribed creams were being administered when they were considered effective. Also, people needed some medicines which required refrigeration. These were stored in a clinical fridge in a locked treatment room and the temperature of this fridge was recorded twice daily. On 23 days in July 2016 records showed the temperature of the clinical fridge was slightly above recommended limits and no action had been taken. This meant we could not be sure medicines kept in the clinical fridge were safe to use. Quality checks had not identified this.

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

Medicines that are liable to misuse, called controlled drugs were recorded and stored appropriately, although the key for the controlled drugs cabinet was kept with other keys for medicines, contrary to current guidance. When we mentioned this to the registered manager they said they would rectify this immediately. Records relating to controlled drugs had been completed correctly.

Medicines records we viewed supported the safe management of medicines. Staff who administered medicines had completed appropriate training and their competency had been checked. Medicines were stored securely in locked medicine trolleys which were then stored in a locked treatment room.

We observed a senior care worker administering medicines during the morning medicines round. They explained to people what they were doing and asked permission before administering people's medicines. They spoke to people in a gentle and supportive way.

The service operated a monitored dosage system (MDS) for administering routinely prescribed medicines. A MDS is where medicines are pre-packaged for each person, according to the time of day. We saw people received their medicines at the time they needed them. We checked 10 medicine administration records (MARs) for the past three weeks and found no gaps or inaccuracies in relation to routinely prescribed medicines. This meant people received their routinely prescribed medicines as directed.

Prescribed creams were recorded as administered on topical medicines application records (TMARs). Appropriate guidance about where and how to apply topical medicines was in place for staff to follow. TMARs we viewed during our inspection had been completed accurately.

Each person had a personal emergency evacuation plan (PEEP) which contained information about people's individual needs, in case they needed to be evacuated from the building in an emergency. These contained clear step by step guidance for staff about how to support people physically, but they did not contain guidance about how to communicate with people in such a situation and what emotional support they may require. We recommend the service reviews every PEEP and include more guidance for staff.

People and relatives told us Bamford Close was a safe place. One person told us, "I'm looked after well so I'm safe. A relative said, "My [family member] is definitely safe. I'm really happy with their care." Another relative commented, "I have no concerns about anyone's safety. I feel completely comfortable about [family member] being here." A third relative told us, "As far as I am concerned the care here is excellent."

Staff we spoke with felt people were safe. A staff member said, "People are safe here as they're calm and happy and kept safe from harm."

When we spoke with staff they demonstrated a good understanding of safeguarding vulnerable adults, including how to report concerns about people's safety. They could readily identify the various types of abuse they might encounter in their role and the potential warning signs to look out for such as loss of appetite or low mood. Safeguarding concerns were recorded and dealt with following the agreed procedures. This included making appropriate referrals to the local authority safeguarding team and the Care Quality Commission (CQC) where required.

Staff were aware of the provider's whistle blowing procedure, that is reporting poor practice. Staff we spoke with said they had not needed to use the procedure whilst working at the service, but would not hesitate to do so. Staff told us they felt comfortable raising any concerns they may have.

There were enough staff to meet people's needs in a timely manner. Call bells were responded to promptly and people were supervised appropriately. Relatives told us there were enough staff on duty. One relative commented, "There are enough staff but sometimes they're running around when it's busy. The staff are hard working."

The service employed approximately 47 staff. The registered manager, deputy manager, two seniors and six care workers were on duty during the day of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed an administrator and housekeeping staff. Catering in the service was provided by an external company. Night staffing levels were one senior and three care assistants. The registered manager told us they had not needed to use agency staff in over six months. They told us, "Staff are willing to do extra shifts. We can usually cover staffing issues quite quickly."

We looked at staff recruitment records. Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Risks to people's health and safety were recorded in people's care records and updated regularly. These included risk assessments about people's individual care needs such as falls, pressure damage and nutrition, and more general issues such as trip hazards around the service. Clear control measures to minimise the risks identified were set out in people's care plans for staff to refer to. Risk assessments were also completed for outings in the local area such as a recent barge trip.

Records relating to falls were detailed in individual care records. Each fall was reported to the local authority safeguarding in accordance with local arrangements.

The provider ensured regular health and safety checks were carried out. These included checks of the fire safety systems, water safety, gas safety and the environment. These were up to date at the time of our inspection. Procedures to deal with emergency situations were set out in a business continuity plan.

Requires Improvement

Is the service effective?

Our findings

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.

We found one DoLS authorisation in place and one authorisation pending. Due to the nature of the service supporting people living with dementia, we asked the registered manager about the low number of DoLS applications. They acknowledged that the number was low and they were looking at this. The provider had best interest and mental capacity act guidance, but the registered manager advised this was not currently being used in full. This meant people were not always assessed in line with the MCA to determine whether a DoLS application should be made, so we could not be sure people were being restricted with legal authority. The registered manager told us they would review each person to establish if a DoLS application was necessary.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people's food and fluid intake was monitored daily. It was not always clear from people's care records why this was done. Food and fluid records did not contain enough detail in relation to what people had actually eaten or drank. For example, one care record stated, 'half a dinner.' No daily target fluid intake was noted so we could not be sure staff knew how much fluid someone needed to stay hydrated.

Where people were recommended to eat a specialist diet by a dietician there was clear reference to this in their care records and this was adhered to.

People had their weight monitored regularly, but a nutritional assessment tool was not used. We asked the registered manager what action is taken if someone loses weight. They advised, "If a person loses above 2kg we put in a food and fluid chart and if they continued to lose weight over 2 months we would contact the district nurse."

We observed the dining experience at breakfast and lunch time. During breakfast people ate in the large dining room or if they preferred in their rooms. Lunch and the evening meal were served in each unit or in people's rooms if that was their preference. The service had a protected meal time for those who required

additional support to eat and drink. This meant that staff were able to spend undisturbed time supporting people to eat. We saw eight people being supported by four staff gently and appropriately. Tables were set with tablecloths, condiments, cutlery and crockery. People were given a choice if they required a napkin or clothes protector and where they wanted to sit. Staff regularly offered a choice of juice or water throughout the meal. Lunch was a choice of soup, sandwiches and salad followed by fruit and ice cream. Meals looked nourishing and hot.

One person told us, "The food is lovely in here. I really enjoy my cooked breakfast." Another commented, "We get a choice of food, we don't go away from the table hungry." A relative told us, "My [family member] says the food is lovely." Minutes of a residents' meeting held on 7 July 2016 stated, 'Residents said they enjoyed the meals on offer. Everyone said the choices were very good.'

An external catering company provided meals for people. A six week rolling menu was on display in the activity room and people were asked each morning what they would like for lunch. The cook told us, "I can make them something different if they don't want the choices on the menu that is no problem." Care staff advised the chef regarding people's dietary needs.

Four people had 'do not attempt cardio pulmonary resuscitation' orders (DNACPR) in place which were up to date. The registered manager told us these were kept in the night shift file, but we found only two. When we discussed this with the registered manager they said all four DNACPRs would be made available to staff for their information.

The deputy manager showed us new signs they had just received to aid people's orientation in the service, such as pictorial signs for the toilet. The registered manager said they were trying to make the service more dementia-friendly. Sensory cushions were available in the large communal lounge to help people living with dementia relax and concentrate on engaging in an activity. Throw and tell balls were also used in activities to stimulate conversation and help with hand-eye co-ordination. The service had an enclosed outdoor area for people to sit with shrubs and bird feeders. One person told us, "I love to see the birds."

The service was in need of refurbishment. There were several areas where fixtures and fittings were worn. The carpet in the activity area was worn and covered with tape to stop it fraying. In other areas walls and skirting boards were in need of repainting.

People and relatives we spoke with told us they felt staff were appropriately trained. One person commented, "Oh they are lovely and know what they are doing, they do get trained." A relative told us, "Staff are trained well and are able to care for [family member]."

The provider used a computer based system for staff training. Each staff member had a training profile which provided an up to date record of courses completed. First aid and moving and assisting were delivered in a face to face workshop, while other training was accessed online. The computer system showed a high level of staff compliance with training.

All staff had completed mandatory training which included moving and assisting, health and safety and equality and diversity. Staff had completed a range of other training in areas such as food hygiene and dementia. The deputy manager told us, "I am able to track staff training and email staff when updates are due, this way we don't fall behind with training." Staff told us they felt they had completed enough training for their job role but were keen to do whatever training was required of them. Staff told us they felt supported by the registered manager and deputy manager.

Records showed staff received regular supervision. The purpose of supervision is to promote best practice, discuss people's care needs and offer staff support. The deputy manager used a planner to ensure staff received supervisions in a timely manner. One staff member told us, "We have one every eight to ten weeks. [Deputy manager] lets us know when our one to one will be. I have just had training on how to do an appraisal as I have three members of staff to do." Appraisals for the previous year had been completed. The deputy manager had a plan in place for this year's appraisals and these were ongoing with staff completing their part of the document ahead of a face to face meeting.

Care records showed that people had been referred to the GP and community health care services when appropriate. People told us they saw their GP. One person told us, "[Deputy manager] books a visit for me if I am not well." Another told us, "Our health is looked after. If we needed someone they would sort it." We found records from community nurses who supported people at the service and reviewed pressure relieving equipment. The registered manager told us a local GP and practice nurse attended the service weekly.

Good

Is the service caring?

Our findings

People who could communicate their views spoke positively about the staff at Bamford Close. People told us staff were caring and felt they were well looked after. One person told us, "The girls are really lovely and so caring, I am happy to be here." Another commented, "We are treated like their friends."

Relatives also spoke highly of the staff. One relative said, "They are kind staff." Another told us, "They are always in a good mood and they always have time for people. I have an easy mind knowing [family member] is here."

People and their relatives told us they had developed good relationships with staff members. A relative told us, "They always say hello, they take their time and nothing is rushed. They really do care." Another relative commented, "The staff are friendly and go above and beyond. If I had to move into a care home in the future I'd pick this one."

There was a relaxed and friendly atmosphere at the service and people regularly shared a laugh and a joke with staff. People seemed comfortable in the presence of staff. Some people were unable to fully communicate their views about the care they received, but we observed positive relationships between staff and people living at the service. Throughout our visit staff spoke to people in a kind and considerate manner. Staff knew people well, particularly those who were not always able to express their wishes clearly.

Staff gave us examples of how they provided care in a dignified and respectful way. This included encouraging people to be as independent as possible, supporting their choices and explaining what they were doing.

People were given choices about what they wanted to do and where they wanted to go and were asked for permission before staff supported them. For example, one staff member said, "Would you like the television on? What would you like to watch?"

Relatives told us they were kept up to date about their family members' care. They told us they felt included with their family member's care and support needs and were involved in support planning. There was frequent contact between the home and relatives. One relative told us, "We had a meeting about care plans and we were all able to ask questions."

The service had received feedback from a recent local authority visit. Comments included, 'staff were observed to be caring, seem to know residents well, nice interactions.'

One staff member told us, "I love working here. The residents are like my friends. It's so warm and happy here." Another staff member told us how they had bought pictures and a post box to make the service feel more homely.

People were given an information pack on arrival which contained information about advocacy support

from external agencies. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. The registered manager told us no-one who used the service had an advocate. The information pack also contained guidance about how to make a complaint.

Good

Is the service responsive?

Our findings

We looked at four people's care records to assess if staff were provided with the information they needed to provide appropriate care and support for people when they moved into the service. Care records contained detailed information and guidance about how to support people based on their individual health needs and preferences about how they wished to receive their care.

For example, one person's care plan stated, 'I enjoy talking about football. I prefer tea rather than coffee and like two sugars. I like to shower daily and look smart.' Another person's care plan stated, 'If I go out I need my specs, walking frame, medicine and a warm coat.'

Care records we viewed contained a one page 'this is me' profile which covered 'What is important to [person]? What those who know [person] best say they like and admire about them? How can we best support [person]?' They also contained completed 'happy days' documents, which covered issues such as 'getting to know me, people important to me and staying in control,' one page autobiographies and life maps. People's preferences in terms of food, drinks and activities were also clearly set out. This meant staff had access to detailed personalised information about people's needs and preferences, so staff could provide care in the way people needed and wanted. Care records were reviewed and updated regularly and when people's needs changed.

Staff responded to and acted on changes in people's needs promptly. For example, each person who had a fall was referred to the local GP for onward referral to the falls team, if appropriate, or for a medicines review. In one person's care records we saw how staff had increased their observations after a person had a fall and called 111 for advice. We also saw how people were referred to the community nursing team if a person who was usually mobile had reduced mobility for more than 24 hours.

Where people chose to go to bed early permission had been sought from the GP to administer medicines at tea time rather than waking them up later in the evening. We saw people who liked to read newspapers received their choice of newspaper daily. This meant staff responded to people's individual needs.

Each person had an activities record which contained details about what activities they preferred and a record of what they had participated in which was shared with relatives. Photographs of people enjoying a range of activities were on display throughout the service which gave it a homely feel. The service did not employ an activities co-ordinator at the time of the inspection, although one had recently been recruited and was due to start in the coming weeks.

Care staff organised activities such as reminiscence session, jigsaws, bunting making, cinema night, nail bar, aromatherapy, quiz and movement to music. During our inspection a group of young people visited who were part of the national citizenship programme. We saw people enjoyed chatting to the young people and being entertained by them. The service had its own cat which people were fond of. Minutes of a residents' meeting held on 7 July 2016 stated, 'All the residents said there was enough choice [of activities] and they enjoy these.'

We viewed complaints records and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy. Two complaints had been received in the last 12 months and resolved appropriately.

People we spoke with told us if they had a problem or concern they would speak to staff. Relatives we spoke with knew how to make a complaint. One relative told us, "I've never had any complaints. I would speak to [registered manager] or [deputy manager]. I have confidence in them to deal with issues appropriately."

The registered manager kept a compliments log. This contained several compliments from people and their relatives regarding the care provided, activities and thanks when staff organised a wedding anniversary party.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have an effective system for monitoring the quality of the service. The registered manager told us, "Audits of care plans are completed when there is a trigger, such as a fall." We found some records of night time audits and spot checks which were dated 5 January 2015 and 21 August 2015, but it was not clear if any actions arose from these. No current records were in place to demonstrate that checks were still being made. The registered manager told us, "I'm not brilliant at doing audits. I know I need to work on this."

An infection control audit had been completed in March 2016 which identified refurbishment was needed in the building and other actions. The registered manager informed us that these actions had not taken place to date.

The registered manager did not have a development plan in place to improve the service. Any improvements to the service were on an informal basis, with improvements being made following provider visits or meetings. The registered manager acknowledged that a clear plan was needed to drive improvement and to develop the service.

Records relating to people's food and fluid intake did not contain enough detail in relation to what people had actually eaten or drank.

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

The registered manager had a system in place to record and manage accidents and incidents in people's individual care records, but there was no central record of these and no analysis was carried out. We recommend that the registered provider implements a system to address this.

The service had a registered manager in place who had worked for the provider for more than 20 years. 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. The CQC certificate of registration was on display.

The registered manager said of the provider, "They are a good company to work for as they invest in the staff and training is good." The registered manager said, "I feel supported by the provider. We've got a new head of care and I can go to them with anything."

We saw that the registered provider had submitted statutory notifications to CQC in accordance with legal requirements. The registered manager kept a file of all the notifications sent to CQC. The registered manager advised that notifications of any DoLS authorisations of would be submitted to CQC when these were received.

Staff told us they felt the service was well-run by the registered manager and provider. One staff member told us, "[Manager] is really good, they are not just there for the residents but for the staff as well, you can approach them with anything." Another commented, "I am quite comfortable in speaking with [deputy manager and manager], they are both brilliant." A third staff member said, "The manager is always friendly and chatty with people. They're approachable and will keep things confidential."

A staff member who worked night shifts told us, "We have night meetings every three to four months, but we can ask for a meeting if need be and these are organised." We saw minutes of staff meetings which had set agendas such as training, wages and activities. Staff told us they had regular opportunities to provide feedback. The deputy manager told us the provider was due to launch the annual staff survey in the coming weeks.

Relatives all commented on the open and honest approach of the manager. One relative told us, "The manager is always about, you can speak to her, they are very open and responsive if you need anything." Another commented, "When we arrived I liked the atmosphere, they were willing to show us around." People felt the management in the home were approachable. One person told us, "We always have a chat on a morning. They are busy but make time to stop and talk." Another told us, "As soon as I walked in it was lovely, [manager] is lovely and approachable."

The registered manager told us, "It's important for me to be visible to residents and families. My interactions with residents and staff are paramount. Bamford Court is the residents' home. Staff are just visitors. We're here to meet their wishes and ensure their choices are met. I try and empower my staff. If things make residents' lives better we do it. Staff here are very committed and will come in on their days off. I trust the staff and think it's a good home."

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 11 HSCA RA Regulations 2014 Need for consent The registered provider was not providing care in line with the Mental Capacity Act 2005. Regulation 11(1) and 11(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not have effective systems in place to ensure the proper and safe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have processes in place to assess, monitor and improve the quality and safety of the service. Accurate, complete and contemporaneous records need to be maintained for each service user. Regulation 17 (2) (a) (c)