

Glynn Court Limited

Glynn Court Residential 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 

Overall summary

We inspected Glynn Court Residential Home on 11 August 2015 to check the provider had made improvements to meet the breaches of regulations we had identified during our previous inspection and the outstanding enforcement action we had taken. This was an unannounced inspection.

We had inspected Glynn Court Residential Home on 29 and 30 October 2014. This was an unannounced inspection to check they had made improvements to comply with the warning notices we had issued to them in September 2014. The provider had taken some steps to improve but had not made adequate improvements and had not complied with the warning notices issued.

Summary of findings

We continued the enforcement action against the provider and the registered manager. The three warning notices (enforcement notices telling the provider why they had breached regulations and the date by which they must make improvements) remained in place in relation to care and welfare of people, record keeping, and monitoring and assessing the quality of the service provided.

We also took enforcement action against the registered manager who had consistently failed to make the improvements required and cancelled their registration in April 2015.

The provider kept us informed of actions they were taking during this time, including recruiting a new manager and deputy manager to oversee the improvement and development of the home.

At this inspection (August 2015) we found the manager, deputy manager and provider had worked together to make significant and visible improvements. They had met the requirements of the warning notices and all but one of the outstanding breaches of regulations we had found at our inspection in October 2014.

Glynn Court Residential Home is a care home for older people, some of whom are living with dementia. The home is registered to provide accommodation for up to 31 people. At the time of this inspection there were 25 people living there. The home is set in well maintained gardens and consists of a main house and a smaller detached house, this being for people with less complex needs.

The service did not have a registered manager in place on the day of the inspection, however the manager had a date for their registration interview with the commission in August and they were subsequently registered following a successful interview. 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.

People living at the home, their visitors and health care professionals were all complimentary about the quality of care and the management of the home. The manager and deputy manager promoted a culture of openness

and there was a clear management structure, with systems to monitor the quality of care and deliver improvements. Staff told us the morale at the home was now good and they felt supported, which they hadn't had before.

People were protected from possible harm. Staff were able to identify different types of abuse and what signs to look for. They were knowledgeable about the home's safeguarding processes and procedures and who to contact if they had any concerns and this information was also on display for people and relatives if they needed it. Staff told us they felt they would be taken seriously and concerns would be acted upon now. They had not felt this before.

People told us they felt safe and staff treated them with respect and dignity. People's safety was promoted through individualised risk assessments and effective management of the premises. There were systems in place to manage, record and administer medicines safely. Staff had good knowledge of medicines and their competency was checked regularly to ensure they remained aware of their responsibilities in relation to medicines.

The quality and consistency of care had improved since our last inspection. The manager had implemented a range of improvements, with the support of the deputy manager, provider and staff. There was a strong commitment to provide personalised care, in line with people's needs and preferences, and to create a homely, welcoming environment. Staff interacted positively with people and were caring and kind. They were reassuring to people when required and supported them at a pace that suited them without rushing.

People's health needs were looked after, and medical advice and treatment was sought promptly. A range of health professionals were involved in people's care including GPs, community nurses, dentists and chiropodists. However, we found some inaccuracies within people's records which meant staff may not have had up to date or correct information to guide them in how to provide appropriate care and support to people.

Staff encouraged people to maintain their independence and provided opportunities for people to socialise. Staff supported people to make decisions and to have as much control over their lives as possible. The staff had

Summary of findings

good natured encounters with people, seemed to know them well, and had time to sit and chat with them. The home employed an activities co-ordinator who had increased their hours to provide more support time. There was a range of activities on offer throughout the week. Most activities took place within the home, such as singing, entertainers and quiz games. Some people were supported to maintain links with their local community including visiting the shops or the local garden centre.

People were offered a varied diet, prepared in a way that met their specific needs, and were given choices. Important information, such as allergens in food, was available to people and staff. People were given support and encouragement by staff if they needed help to eat.

The provider operated safe recruitment processes and recruitment was continuing. There were sufficient staff deployed to provide care and staff were supported in

their roles with training, supervision and appraisals. Staff understood their responsibility to provide care in the way people wished and worked well as a team. They were encouraged to maintain and develop their skills through relevant training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The new manager understood this legislation and had submitted DoLS applications for some people living at the home. Staff were aware of their responsibilities under this legislation and under the Mental Capacity Act (2005).

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the back of this report.

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?

The service was safe. Staff had good knowledge of medicines management and people received their medicines safely.

Staff protected people from avoidable harm and understood the importance of keeping people safe, risks were managed safely and incidents were reported and investigated.

There were sufficient suitable staff with the right skills and experience to care for people.

Good



Is the service effective?

The service was effective. Staff were trained and supervised to provide effective care and people were helped to maintain their health and wellbeing, saw doctors and other health professionals when necessary and were involved in planning their care?.

People were supported to have enough to eat and drink at a time that they chose.

People had received assessments under the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

Staff had a good rapport with people and were compassionate, kind, friendly and supportive. They recognised people's right to privacy and dignity.

Staff listened to people's views and preferences and acted upon them.

Good



Is the service responsive?

The service was responsive.

Care plans were person centred and there was information about people's life histories.

Activities took place both inside and outside of the home dependent on people's interests, such as visits from the church, trips out for lunch or to the shops.

Good



Is the service well-led?

The service was not always well led. The quality and detail of care records had significantly improved. However there were areas of record keeping that still required improvement and these had not been picked up in audits.

Requires improvement



Summary of findings

The manager and deputy manager had worked hard to make improvements in all areas of the home, including care plans, person centred care, staff training and the environment.

We found the home now had an open and transparent culture and staff felt supported and clear about their roles.

Glynn Court Residential Home

Detailed findings

Background to this inspection

We inspected Glynn Court Residential Home on 11 August 2015 to check the provider had made improvements to meet the breaches of regulations we had previously identified during our last inspection. This was an unannounced inspection.

At our inspection in October 2014 we found the provider to be in breach of regulations relating to safeguarding people; supporting staff; safety and suitability of premises; consent to care and treatment; meeting nutritional needs; respecting and involving people who use services and the management of medicines. We took enforcement action against the provider and the registered manager and issued warning notices in relation to care and welfare of people; records and monitoring the quality of the service. The provider sent us an action plan telling us how they would meet the regulations. At this inspection we found improvements had been made following a restructure of the service and the appointment of a new manager and deputy manager who had identified other concerns and areas for improvement. Remedial action was already underway.

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 team consisted of an inspector, a specialist adviser (a nurse with experience of older people and dementia care) and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service.

We spoke with six people and a friend and a relative who were visiting, four care staff, an activities co-ordinator, as well as the new manager and deputy manager. We also spoke with provider. We carried out observations throughout the day in the lounge, dining room and while the lunch meal was served to six people in their rooms. We reviewed seven people's care plans and pathway tracked five people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person). We looked at other records relating to the management of the service, such as medication records, quality audits, maintenance and health and safety records, and seven staff recruitment, training and development records.

Is the service safe?

Our findings

At our inspection in October 2014 we identified a number of concerns around safety which related to keeping people safe from abuse. People did not receive their medicines in a safe way; the management of medicines was unsafe; risks to people had not always been identified; people did not always receive appropriate care and support to keep them safe; unexplained bruises were not always reported or investigated. We found the provider had made significant improvements in all areas at this inspection.

People told us they felt safe at Glynn Court and had no concerns. One person told us when asked if they felt safe “Very much so.” A visitor told us their relative “Had a fall at home but they feel secure here.” Another person told us they thought people were safe because “There are enough staff.”

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff told us they had received safeguarding training and their training records confirmed this. Staff explained how they would identify and report suspected abuse. They told us they had access to the new manager and felt confident they would act if concerns were raised. Staff knew about the safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Staff also knew who they could report concerns to outside of the home if they needed to such as the Care Quality Commission or social services. Information about safeguarding was freely available for people who used the service. There was up to date information on the noticeboard in the hall way to explain what they could do and who they could call if they felt unsafe or at risk of abuse of any kind.

The manager had arrangements in place to manage medicines effectively. We observed staff dispensing medicines to people. They gave people time, did not rush them, and asked them for their consent before giving their medicines. They ensured each person had a drink to assist them to take their medicines. Medicine administration records (MAR) were signed after each medicine was successfully dispensed. All medicine administration trained staff had undergone a competency assessment to ensure they were administering medicines safely and recording accurately.

Systems for ordering, receiving and disposal of medicines were managed effectively. Medicines audits were carried out every week to check there was correct reconciliation of medicines in the home. Staff checked the medication room and fridge to ensure medicines were stored at the correct temperature.

Risks to people had been assessed and actions had been taken to minimise any risks identified. For example, a range of assessments were carried out to determine the risk of people becoming malnourished or developing pressure sores. Staff handover meetings were held daily to share information and to monitor risk. One care worker said: “All the staff are involved in handovers and updated if something happens.”

There were enough staff to support people with their care and support needs. The manager used a dependency tool to assess the level of support people required and this helped them to identify the number of staff needed. Staff frequently asked people if they needed anything and requests were responded to promptly. Staff visited people in their rooms regularly to check that they were okay. People told us their call bells were answered quickly and they didn’t have to wait long for help. We saw this was the case. Staff rotas for the week of our visit showed the numbers of care staff on duty during the day and two waking night staff for people who required support during the night were in line with what we had been told. The rota also included kitchen and domestic staff.

People were cared for by staff who had demonstrated their suitability for the role. Recruitment procedures were safe, and included checks on staff suitability, skills and experience. Each member of staff had been through an application and interview process and had accounted for any gaps in their employment history. The provider had sought references from previous employers to check people’s work history. In addition, checks on whether people had criminal records were completed.

The home and equipment was maintained to a safe standard. Day-to-day repairs were attended to promptly by regular maintenance staff. There were contracts for the servicing of utilities, such as the gas boiler and equipment such as hoists, electrical items, the stair lift and baths were checked and serviced regularly.

Maintenance staff carried out weekly fire tests and included a different member of staff in this each week so they could

Is the service safe?

learn the process and have a greater understanding of what to do. The home had an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function.

Is the service effective?

Our findings

At our inspection in October 2014 we identified a number of concerns around the effectiveness of care. Mental capacity assessments had not been completed in line with the Mental Capacity Act (MCA) 2005 so staff were at risk of making decisions for people unlawfully. People who needed assistance to eat and drink had not all received the support they required so were not able to eat their food. Some aspects of the environment was not suitable for people with cognitive impairment. We found the provider had made significant improvements in all of these areas at this inspection.

People told us they felt well supported by staff who knew them. Comments from people included “Staff are very good. I would say they are trained” and “My health needs are met” and “The doctor comes if he is called.” A visitor told us “They [staff] are very helpful.” People were confident that staff gained their consent before providing any care or treatment. One person told us they could get up when they wanted to and said the staff would ask them “Do you want to get up and have your breakfast?” They told us the staff “Leave it up to you.” People told us the food was good. One person said the home was “Very good on choice. No bother if you want something different.” Another person told us the food was “Very nice. If you tell them you don’t like something they listen to you and next time it’s as you like it.”

People were supported with their specific health needs. Staff monitored people’s health effectively and were knowledgeable about any changes. Health professionals were called promptly if there were concerns about people’s health and referrals were made when necessary to assist with people’s care. For example to the speech and language therapists, opticians and chiropodists. There were effective staff meetings at shift-changes to hand over information about people’s health and welfare. Staff talked knowledgeably about individuals and shared any recent observations or changes in people’s wellbeing.

People were cared for by staff who were trained to provide effective care. Staff confirmed there had been a recent change in management and told us the [new] manager and deputy manager had made training a priority. Staff had recently undertaken training in areas such as safeguarding adults (to help staff to understand how to keep people safe from abuse), dementia in care, fire safety and medication.

The manager had a system in place to monitor the training that had been completed by staff and when this needed to be updated. Staff said they now felt supported and appreciated.

People were supported by staff who received regular supervision, assessment and appraisal. The management team provided these on-going opportunities for staff to receive support and guidance and to discuss any development needs. Records of what was discussed at each supervision meeting was recorded in staff files.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. People’s mental capacity had been assessed for care needs such as continence, nutrition, mobilising and skin care. The manager was about to review the MCA assessments for other restrictions such as bed rails. Part of the MCA relates to the safeguards that protect people’s freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people’s freedom or liberty, these restrictions need to be authorised by the local authority. The Care Quality Commission has a duty to monitor the operation of the DoLS, which applies to care homes. The manager had submitted DoLS applications to the local authority and was awaiting the outcome of these. Staff asked people for consent before providing any care or support. We observed staff explaining to people what they needed to do and asking if it was okay. For example, at lunchtime a staff member asked “Would you like a clothes protector? No? Okay.”

We observed the lunch meal in the dining room and also in people’s rooms where they chose to, or needed to eat in their rooms due to their health condition. People had sufficient amounts of food and drink and they were complimentary about the quality. Staff offered support and encouragement to people who needed assistance to eat and drink to reduce any risk of malnourishment. Daily menus were on display in the dining room showing options, and the chef offered people the main meal or an alternative at each mealtime if they did not want the main option. People were offered drinks with their meals as well as mid-morning, mid-afternoon and evening drinks with biscuits. Jugs of water and squash were available in the dining room and lounge throughout the day.

Is the service effective?

Allergy information was recorded on a white board in the kitchen so staff would be aware if there was something each person could not eat. Other information included people who required a diabetic diet, who were on a food and fluid chart due to the risk of malnourishment, and who were taking supplements as a reminder to staff about what food to prepare for each person. Staff understood people's particular dietary needs, their known likes and dislikes and made provision for fortified food and drinks for those at risk

of losing weight. People who required softened food received their choice of meal which was prepared to their requirements and provision was made for people requiring a diabetic diet.

The manager and deputy manager were in the process of updating the environment to make it more suitable for people with cognitive impairment. For example, by using photographs and contrasting colours for recognition.

Is the service caring?

Our findings

People told us they were happy living at Glynn Court. One person said “On my birthday they baked me a cake and put something on the door. They all came in singing happy birthday.” Another person told us “Caring? Yes, I’m very happy.” A visitor said “They [staff] are all helpful and friendly.” A relative told us “A member of staff chats to my relative about shared interests.” People told us they were happy with the care and support they received. One person told us “My [relative] sees my care plan. He sees me quite often.” Another person said “My care plan is in the office. That’s where I would go to see it.”

Staff were respectful and displayed compassion when interacting with people. Staff were consistently kind, polite and friendly. They seemed to know people well and had good natured encounters with them. Staff were able to tell us in detail about people, such as their care needs, preferences, life histories and what they liked to do. They talked about things people were interested in, such as football, which stimulated their enthusiasm and engagement. We observed that staff communicated clearly and effectively with people, and recognised when people needed assistance. For example, if staff saw people needed some assistance during lunch, this was offered appropriately and with kindness. Staff engaged with people in an unhurried manner. Interactions were positive, with staff prompting people and making suggestions in a gentle, supportive way. Staff sat chatting with people, showing them respect and consideration and offering reassurance

when needed. For example, one person had become upset and the activities co-ordinator sat with them, took their hand and asked them if they would like to go for a drive to the sea which cheered the person up.

People told us they made choices, such as where they had their meals, and explained how they preferred not to go to the main dining room but would rather have their meal in their room. Staff described how they recognised people’s individual choices and these were respected. Staff treated people with dignity and respect, used people’s preferred names and checked for permission before providing any care or support. When people required personal care the staff were discrete and this ensured people’s privacy and dignity were respected. We saw staff knocking on people’s doors and calling out to them before they entered their bedrooms.

Visitors were welcomed, visiting was not restricted and there was a ‘homely’ atmosphere. Although staff were busy, they did not appear rushed and provided care and support for people in a calm and relaxed way. Where appropriate, people’s make-up and nail polish had been applied, and they wore jewellery to complement their clothing which showed that time and care had been taken to support them with their appearance.

People’s birthdays were celebrated if they wanted to do so. We observed staff helping a person to celebrate their birthday along with their relatives on the day of our inspection. People had visits from their local church so were able to continue to practice their faith if they wished to do so.

Is the service responsive?

Our findings

At our inspection in October 2014 we identified concerns in relation to people's care plans and risk assessments which were not always updated to reflect people's changing care needs. People did not always receive care and support in a timely way. There were limited activities for people to do and these were aimed at groups of people in the communal areas rather than individualised activities which met people's personal interests. We found the provider had made significant improvements in all of these areas at this inspection.

People told us there were activities during the week. One person said "There is nearly always something going on. I'm never lonely." Another person said "They tell you what's going on. There's always someone to talk to." Other comments included "I love the garden and the birds. Staff usually take me out to look at the garden."

People knew how to make a complaint if they wanted to. One person said "I have only complained about the meals coming a bit late sometimes. Last week breakfast came a bit late. This morning it came nice and early. They do try." A relative told us "They [staff] tried six mattresses before [my relative] was comfortable. They have prospered ever since."

The home employed an activities co-ordinator who told us they had increased their hours since the last inspection and now provided activities four days a week. They were enthusiastic, friendly and warm in their approach and effectively engaged people in a range of activities from quizzes, to recognition games and general discussions. People responded positively to these interactions. The activities co-ordinator also spent one to one time with people who remained in bed due to their health, and individually supported others to go out for a walk or to the shops at their request. This encouraged and enabled

people to maintain links with their community. Staff were planning a Hawaiian day and had arranged a meeting with kitchen staff to discuss the catering and kept the manager up to date with their plans.

Staff responded to people in a way which demonstrated they knew them well, their preferences, likes and dislikes such as being called by their preferred name. People were supported to maintain their independence and enjoyed making decisions for themselves about what they wanted to do.

The manager and deputy manager had re-written people's care plans which had now improved significantly, giving staff more relevant and appropriate guidance in how to support each person. Care plans were comprehensive, detailed and reviewed each month or when people's needs changed. Risk assessments were completed, such as moving and handling, which were precise and clear. There was personal information in people's care plans describing how the person wanted to spend their time and other preferences. Initial assessments of people's needs before moving in to the home had improved so the provider could assure themselves that they were able to meet the person's needs before they moved in.

The manager had a system in place to log and monitor complaints and concerns and had responded appropriately to the two complaints they had received in 2015. Staff were aware of the complaints policy and confirmed they would support people to take forward any concerns or complaints they might have, or report them on their behalf. People's informal, verbal concerns, such as with their laundry, were dealt with straight away. A staff member explained that during the morning one person had told them their bed sheet had gone missing so they helped them find it in the laundry straight away which reduced the person's anxiety.

Is the service well-led?

Our findings

At our inspection in October 2014 we identified on-going concerns in relation to the management of the home. As a result of this we cancelled the manager's registration in April 2015. The provider had appointed a deputy manager in January 2015, and a new manager in April 2015 and we found significant improvements had been made at this inspection although there was still work to be done.

People told us they thought the [new] manager was "A very nice young woman. I should think she'll be alright when she gets settled in." Another person said "Yes, it's well led" and "I would recommend this home highly." Thank you cards reflected relatives' satisfaction with the care their relatives had received. One relative stated "I would add that the change in management in Glynn Court has been a very welcome and overdue one, and very much a change for the better. I can only thank [the manager and deputy manager] for a complete turnaround."

The management team had worked hard to make the improvements required to people's records following the previous inspection and there had been very clear progress. However quality assurance systems did not always identify errors and omissions in records that could result in inappropriate care. For example, one person had a "Do not resuscitate form" but in their care plan, dated the same day, it stated "For admission if becomes unwell." This could be confusing for staff and provide unclear guidance about what they should do in an emergency situation. People who had diabetes had care plans that did not describe an individual nutrition plan. Each individual requires their own plan that meets their unique needs to manage their condition. The manager and deputy manager were responsive to our feedback and said they would review and amend these.

The home's policies were not all up to date or relevant to the home. The manager told us they had already identified this and they were in the process of looking for an organisation to help update these in line with the new regulations.

This is a breach of regulation 17 (2)(c)(d) of the Health and Social Care Act (Regulated Activities) Regulations 2014; Good Governance.

The home was calm and seemed well organised. Staff told us there had been significant positive changes within the

home over recent months. The staff were all smiling and seemed happy and although at times they were busy, they did not appear rushed or pressurised and were visibly more relaxed and at ease. The manager and deputy manager were available and visible throughout the home and interacted well with people, relatives and staff.

The culture within the home was open and transparent. Staff told us the home was well led and that the new manager and deputy manager were professional and approachable. Minutes from a recent meeting confirmed the managers led a "No blame" culture at Glynn Court stating "People make mistakes. Staff need to be open and honest so the solution can be found to prevent any mistake in the future." A staff member confirmed "They are a breath of fresh air. It is a pleasure to come to work now." Other staff confirmed that things had changed for the better. One said "It's well run now. Any problems I can discuss it with them [the management team] and I'll be listened to." Other comments from staff included "There's an open door now. Before it wasn't like that" and "I feel really supported and appreciated now." One staff member told us "The manager and her deputy are really hard workers. They are appreciative and kind but also know how to run the place which is so brilliant. We never had that before. They know me and that is important. I love working here." Another staff member said "Those managers know all the staff. They also know what the residents needs are. They always thank you at the end of a shift and that makes you feel valued and important. That makes such a difference. Don't think they are a soft touch, they have standards but they are all because they want the best for the residents. This is now a fantastic place to work."

The atmosphere in the home felt positive with management and staff working together to implement improvements. Staff meetings took place regularly. Minutes of recent meetings confirmed that topics discussed related to the action plan for improvement the managers had put in place. For example; issues around health and safety; improving team communication; staff training dates and reporting and recording of complaints and compliments. This ensured all staff were kept up to date with developments, expectations of staff and changes to ways of working. Staff also discussed updates about people and their changing needs. Staff were given positive feedback

Is the service well-led?

from relatives and asked for ideas for team building to further raise staff morale following a difficult period for the home. This demonstrated a professional approach to communication with staff.

People were asked for their views about the service during residents meetings. There was a suggestion box in the conservatory, and surveys had been sent out asking people for comments about the home. Of the responses received in May 2015, all were positive.

We spoke at length with the manager to understand how they were approaching the process of review and significant change. We found they were enthusiastic and proactive in their approach to developing the service and were also open to all of the issues we raised and responded positively to us throughout the course of our visit. They had a clear vision for the future of the home and for people who lived at Glynn Court and this had been communicated to staff.

They told us they had already carried out audits in key areas of the home, had identified areas for improvement and had prioritised the work required. They had introduced a number of improvements to the home, including a new approach to supporting people in a more person centred way. The manager had obtained a self-assessment tool from The King's Fund to complete to identify if the home was dementia friendly, and what they could do to improve this. Action was already being taken to improve visual cues for people with dementia, such as photos on their bedroom doors and contrasting coloured hand rails to aid orientation.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required. The home had a complaints procedure and this was available in the reception area for people's information. People and relatives told us they knew how to make a complaint if they needed to do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1)(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.</p> <p>How the regulation was not being met:</p> <p>Accurate, complete and contemporaneous records were not kept for each service user in relation to the care and treatment provided. Some records relating to the management of the home were not kept up to date.</p>