

Bowerswood House Retirement Home Limited

Bowerswood House

Residential Home Limited

Inspection report

Bowers Lane
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Tel: 01995606120

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26 September 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bowerswood House Residential Home Limited was inspected on the 20 and 26 September 2018 and the first day of the inspection was unannounced.

Bowerswood House Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is a large country house set in its own grounds and offers residential support to older people. Bowerswood House Residential Home Limited can support up to 24 people in mostly single en suite bedrooms. Rooms are on ground or first floor levels with lift access. There are large communal areas including two lounges and a dining room. There are gardens with raised beds for people to access if they wish. The home is a short drive from the town of Garstang.

At our last inspection in June 2016 the service was rated as 'Requires improvement'. We identified a breach of Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014. We found people could not be assured that medicines were managed safely. We took regulatory action and served a warning notice for this breach in regulation.

At this inspection in September 2018 we found medicines management had improved but further improvements were required to ensure that medicines were managed safely. For example, records did not always inform staff of the support people required in relation to their creams and records were not consistently completed accurately. This was a breach of Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place for the prevention of infection. We saw a bathroom required attention as it was not visibly clean, clean laundry was stored in open baskets where soiled laundry was washed, and hand washing facilities did not minimise the risk and spread of infection. This was a breach of the Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in September 2018 we found records in relation to the management of the home and a staff recruitment record, were not complete. We also found audits had not identified the concerns we had identified in relation to the safe management of medicines and the prevention of infection. This was a breach of Regulation 17 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014.

You can see the action we told the provider to take in the full version of the report.

Care records contained information regarding risks and guidance for staff on how risks were to be managed. We found two care records required updating as further information was required regarding the needs of the people they related to. We also viewed food charts relating to two individuals in the home and saw these did

not specify the amount of food people had eaten. We have made a recommendation about the recording of care and nutritional information.

Staff told us they were recruited safely, received regular training activities and they felt supported by the registered manager. Staff told us they had supervision and meetings to discuss their training needs and any concerns they had. We noted some meetings with staff were recorded informally. We have made a recommendation regarding the recording of staff meetings.

We found some information was recorded regarding people's end of life wishes and the deputy manager and registered manager told us they were planning to seek further guidance regarding the documentation of people's end of life wishes. We have made a recommendation regarding end of life care planning.

At the time of the inspection visit there was a manager in place who was registered with the Care Quality Commission. 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 told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Bowerswood House Residential Home Limited.

People told us they could raise their views with staff and these were listened to. We saw minutes of meetings where people at the home were informed of changes and were asked their opinion on the service provided. People told us they had a choice of meals to choose from and they enjoyed the meals provided. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they requested it. Staff were available to help people if they needed support.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the people they supported and said they cared about them and their wellbeing. Staff were gentle and patient with people who lived at the home and people told us they felt respected and valued.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be and staff treated them kindly and with respect.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered provider or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure available at the home. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered manager or staff.

People and relatives we spoke with told us they were happy with the staffing arrangements at the home. We observed staff spending time with people and the atmosphere was relaxed and unhurried. Staff we spoke with told us they had the time to support people in a calm and unrushed way.

People told us there were a range of activities provided to take part in if they wished to do so. People told us they were asked if they wanted to take part in activities and if they declined, their wishes were respected. Staff told us they reminded people of the activities available.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Relatives we spoke with told us they were could speak with the registered manager if they wished to do so and they found the registered manager approachable.

This is the third time the service has been rated Requires Improvement.

Further information is in the detailed findings below.

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.

Improvements were required to ensure medicines were managed safely and the risk of infection was minimised.

People told us they felt safe and we saw assessments were carried out to identify and control risk.

There were sufficient staff available to meet people's needs and people told us they were happy with the staffing arrangements at the home.

Is the service effective?

Good 

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw some documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required.

Is the service caring?

Good 

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People and relatives told us they were involved in care planning.

People told us they were respected and their dignity was upheld.

Is the service responsive?

Good 

The service was Responsive.

People and staff told us activities took place for them to enjoy.

We saw care was delivered in accordance with health professional instructions.

There was a complaints procedure in place. People and relatives we spoke with told us they had no complaints.

Is the service well-led?

The service was not consistently well-led.

Records relating to the management of the home were not always complete as required by regulation.

Checks carried out at the home did not always identify when improvements were required.

Staff told us they could speak with management if they wanted any further guidance, and staff meetings took place to support effective communication.

Requires Improvement 

Bowerswood House Residential Home Limited

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 visit took place on the 20 and 26 September 2018 and the first day was unannounced. The inspection was carried out by one adult social care inspector. The second day of the inspection was announced. At the time of the inspection there were 18 people receiving support.

Before our inspection on 20 September 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with six people who received support and three relatives. We also spoke with the registered manager, the deputy manager and an external consultant who worked at the home periodically. In addition, we spoke with three care staff, the cook and the maintenance person. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. This helped us understand the experiences of people who lived at the home.

We looked at care records of four people who lived at Bowerswood House Residential Home Limited and at care documentation related to people's nutritional intake. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of the most

recently recruited member of staff. We looked at records related to the management of the service. For example, we viewed records of checks carried out by the maintenance person, accident records and health and safety certification.

Is the service safe?

Our findings

At the last inspection carried out in October 2015 and June 2017 we identified issues related to medicines management which breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

At this inspection in September 2018 we found some improvements had been made, however further improvements were required to ensure medicines were managed safely.

We found information to guide staff on how to administer medicines prescribed 'as required' or with a choice of dose was not available for all people who had medicines prescribed this way.

We noted temperatures of the room in which the medicines were stored were not recorded. It is recommended that the temperatures of the storage room are monitored to ensure medicines are safely stored. In addition, improvements must be made to ensure that waste medicines are stored in line with current NICE guidance to ensure they are not misused.

We checked five people's medicines with the records about their receipt and administration. Medicines which were supplied in blister packs were all given as prescribed. However, we checked eight medicines supplied in traditional boxes and found that there were some errors. For example, one person had 12 more Paracetamol tablets in stock than expected and the carer explained they thought this was because staff had signed they had given medicines when they had not. If medicines are not given as prescribed people may suffer from the symptoms they were prescribed to treat.

When people were prescribed medicines which need to be given 30 to 60 minutes before food, staff told us they were given them at the correct times. However, the records of administration were not accurate and did not show that they had been given properly.

We found one person was prescribed a medicine that must be given before any food or any other medicines. The carer who was administering medicines on the day of our visit confirmed this medicine was not given properly because they were unaware how it should be given. Staff administering medicines must make sure they are fully aware of the manufacturers' directions about how medicines should be given.

Staff who administered medicines received regular training and competency checks but we found one member of staff administering medicines did not have any information in their file to show that they had undertaken any training or competency checks. We asked for this information to be sent to us after the inspection but we did not receive it.

The above matters in relation to medicines are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People who lived at the home told us they were happy with the care provided. One person commented, "They do all the relevant checks, weight skin, you know the ones. It's good care." A further person said, "It's excellent care, I couldn't ask for more." Relatives told us they were happy with the care and support their family members received. One relative commented, "I'm confident in the quality of care and of their [staff] caring nature."

We checked to see staff received training to maintain and develop their skills. We viewed a training matrix, a staff training list and staff files and noted discrepancies between them. Staff told us they received training by completing eLearning modules on a computer, by attending face to face training, and by being observed, when administering medicines for example.

Staff told us they found the training helpful and they were reminded by the registered manager and the deputy manager to complete training so their skills remained up to date. Staff also explained they received supervisions with the registered manager to enable them to discuss their performance, any concerns and any training needs. We saw evidence that staff supervisions and appraisals were carried out and staff confirmed they could meet with the registered manager to discuss their performance and any concerns. We saw as well as formal supervision records, the registered manager kept a notebook of conversations with staff and the support that was agreed with them. The registered manager told us this was to ensure all staff were supported and they could check what support was agreed.

Documentation showed people received professional health advice when this was required. For example, we saw people were referred to doctors and dieticians if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the support a person needed in relation to their nutritional needs. This demonstrated staff were aware of professional advice.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told copies of essential information such as medicine records and information sheet with contact details of other health professionals and person-centred information was provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the registered manager and deputy manager how they obtained and implemented information on best practice guidance and legislation. They told us they attended external forums and meetings to share best practice information. The registered provider told us they valued these events as they enabled up to date information to be shared.

The registered manager told us they used technology if this was appropriate. For example, a person who lived at the home had been shown a location which interested them on an electronic handheld tablet. This had led to the person sharing memories. The deputy manager told us Wi-Fi was available for people to use if

they wanted to use their electronic handheld tablets if they wished to do so. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the service gained people's consent to care and treatment in line with the MCA. People told us they were involved in decision making and discussions about their care. One person said, "I'm the one who decides my care needs, that's how I would expect it to be." Relatives told us they were involved in decision making and the records we viewed confirmed this.

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to their medicines being administered, before support was given with mobility and with personal care. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

People told us they were offered choices of meals and they were happy with the meals provided. One person smiled and told us, "I can't fault the meals, it's home cooked and nutritious." A further person said, "It's very good. On the odd occasion I don't like the main choice I can have something else instead." We found people could eat meals which met their preferences and nutritional needs. We saw people were asked in advance what they would like to eat and this was provided for them. We observed the lunchtime meal and saw people were able to eat where they chose. Meals were provided to people in their private rooms if this was their wish. If people required support to eat we saw staff were available to help them. We observed a staff member discreetly encouraging a person to eat their meal. This demonstrated people were supported to eat foods they chose, where they wanted and were given support if this was required.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. In one care record we saw a person had received external professional advice regarding their diet and as a result, their weight had increased. This demonstrated people's nutritional needs were assessed and professional advice followed.

We noted care records for one person who lived at the home did not instruct staff that the individual required their food intake recording. In another person's care record, we saw the nutritional risk assessment contained an undated entry which instructed their food intake should be monitored. We looked the food records for the individuals and saw it did not record the amount of food they had eaten.

We recommend the service seeks and implements best practice in relation to care planning and nutritional recording.

We walked around the home and saw people's rooms were personalised with their own possessions. We saw the rooms were tidy and warm and people had call bells in their rooms to enable them to summon help

if this was required.

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Comments we received included, "Staff are alright. They're all helpful." A further person said, "They're all quite nice." One person described the support they had received from staff when their friend had passed. They told us they valued the support and they found staff were caring. They said, "They listened and cried with me." Relatives voiced no concerns regarding the approach of staff. One relative said, "I think all the staff are very kind, they're worth their weight in gold." A further relative said, "The staff are very loyal and nice with [my family member]."

We saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We observed staff used touch appropriately. For example, we saw one staff member hugged a person who lived at the home. The person smiled and hugged them back. We saw a further staff member tucked a blanket round a person who thanked them. Our observations showed staff were caring.

We saw people's privacy was respected. Staff took care to knock on doors and wait for a response before entering people's private bedrooms. During the inspection we saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. People told us they felt respected. One person said, "Staff always knock before they come in." A further person told us their right to spend time in their room alone was respected.

We observed respectful interactions between staff and people who lived at the home. We saw one person was thanked for trying to eat their meal. We saw numerous examples of staff speaking considerately to people who lived at the home. For example, staff addressed people by their chosen name. We saw one staff member apologised to a person as they were in their way. This demonstrated that staff were caring and treated people with respect.

There was a relaxed atmosphere at the home. We observed staff were unhurried and spent time with people in a leisurely way. From the conversations we heard, it was clear there were positive relationships between people who lived at the home and staff. Staff asked about the wellbeing of people's family members and friends and people responded to these. We observed staff sitting chatting with people about everyday things that interested people at the home. For example, we heard one staff member talking with a person about their previous occupation. This demonstrated staff had knowledge of people and their backgrounds.

Staff spoke affectionately of people who lived at Bowerswood House Residential Home Limited. Staff told us they had time to spend with people and enjoyed being with them. One staff member shared how they felt when people at the home passed. They told us, "It hurts, losing people." Another staff member described people who lived at the home as, "Amazing." This demonstrated staff had a caring approach.

People told us they were offered the opportunity to be involved in their care planning. One person told us, "I get my care plan every month and sign it." A further person said they were asked to review their care plan, but they declined and their wishes were respected. Documentation we reviewed showed people were

consulted and relatives we spoke with confirmed they were involved in their family members care.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Bowerswood House Residential Home Limited if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "People are unique, we respect that." A person who lived at the home told us, "So often in care homes people aren't treated as individuals. I am here." We saw care records documented people's chosen faith and the registered manager told us if people had faith or cultural needs, support for them could be accessed to support their beliefs and preferences.

Is the service responsive?

Our findings

We found people were given the opportunity to discuss their end of life wishes. We spoke with two people who confirmed they had been asked if they wanted to discuss their end of life care. They told us they had declined to do so. Care records contained basic information regarding people's end of life wishes and the deputy manager told us they were in the process of reviewing this area of people's care.

We recommend the service seeks and implements best practice guidance in the consultation and documentation of people's end of life wishes.

We found people were supported by staff who were responsive to their needs. We noted one person had lost weight. Their care record showed appropriate referrals had been made to external health professionals and also instructed the steps required to support the person to increase their body weight. We reviewed the person's care record and saw they had gained weight. We reviewed another person's care record and noted they had fallen on several occasions. We saw a referral was made to other health professionals and we spoke with the person who confirmed they had received advice. We noted the person's recent falls record showed a decrease in falls. This demonstrated care was provided which was responsive to individual needs.

People told us they received good care. One person described their care as "Excellent." A further person said, "We're lucky here, we're well looked after." Relatives we spoke with told us they were happy with the service provided. One relative told us they had every confidence in the quality of care. A further relative described the care as, "Good." Relatives we spoke with told us they were informed of any changes in relation to their family member and if they spoke with staff, staff were knowledgeable of their family member's needs. This demonstrated people were supported by staff who were aware of and responded to people's changing needs.

Relatives told us they had been involved in their family member's care planning. Both the relatives we spoke with confirmed they were involved in discussions regarding their family members care and two people we spoke with confirmed they were as involved as they wished to be. Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or nutritional needs.

Staff told us they offered people who lived at the home the opportunity of being involved in activities and people we spoke with confirmed this. One person told us, "There's always something going on." A further person told us they liked the singers who visited the home every fortnight. They commented, "It's a bit of fun." Staff told us they supported people to take part in activities that were meaningful to them. For example, if people liked playing dominoes this would be supported. During the inspection we saw people were encouraged to play dominoes and we saw some people chose to have their nails painted. We saw these activities were enjoyed by those participating. Staff told us they reminded people that activities were taking place and people we spoke with confirmed this. One person told us they were reminded of events taking place, but they chose not to take part. This demonstrated people were supported to take part in

activities that were meaningful to them to minimise the risk of social isolation.

We saw people's care records contained information on people's individual communication needs. In addition, we saw pictures were available to support understanding if this was required. Staff told us they would consider the needs of the person and obtain what support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

Bowerswood House Residential Home Limited had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. All the people we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had.

Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated. Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager enable any investigations to take place. This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

Is the service well-led?

Our findings

There was a registered manager employed at Bowerswood House Residential Home Limited. 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.

During the inspection we reviewed documentation in relation to staff training, supervision and appraisal. We found the list of completed training provided to us by the registered manager did not match the information held on a training matrix provided to us. For example, one staff member had no entry on the registered managers list to show they had received training in moving handling but the training matrix was ticked to show this was completed. A further staff member had no entry on the registered managers list to show they had received training in fire safety but they were ticked as having completed it on the matrix. We looked at two staff training files. In the first file we found no certificates dated after 2016. In both files we found a fire prevention certificate with no date on it. We discussed this with the registered manager who told us staff had received training, but this was not reflected in the documentation provided. They explained the e-learning system did not record practical training and staff did not always provide them with their certificates when they completed training. In addition, we found a curriculum vitae with an employee's employment history was not in their employment file.

Medicines audits were carried out monthly by the managers, however these were not detailed enough to identify the concerns we had seen during this inspection. We saw these audits and the medicines policies and procedures still did not fully reflect current NICE guidance. In addition, we asked to see the latest annual infection control audit and saw this was completed in 2016. The registered manager confirmed this should have been repeated since 2016.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as accurate records were not kept in relation to the management of the regulated activity and audits were not consistently effective in identifying areas of improvement required.

We saw evidence other checks were carried out to identify shortfalls. For example, we saw care records were checked to identify if they needed updating, accidents were analysed to identify any trends and maintenance checks were carried out on the building. In addition, the registered provider sought to gain people's views. We saw surveys were provided and meetings took place with people who lived at the home. We saw people were asked for their views on the food provision and if they were happy with the service. In one survey we saw people had commented regarding the layout of the tables in the dining room. The registered provider told us people had asked for the layout to be changed as they wanted to sit with their friends. The registered provider said that as a result, the layout of the dining room had been changed and people could now sit with who they wished. We spoke with one person who confirmed this. During the inspection we saw people chose who and where they wanted to sit with. This showed the registered provider sought people's feedback and took action where possible to accommodate people's wishes.

People told us they found the registered manager and deputy manager to be approachable and relatives echoed this. They told us they would have no hesitation in bringing concerns or holding discussions to the attention of the management team. Relatives we spoke with told us they were happy with the way the home was run and described it as 'organised.'

Staff we spoke with could explain their roles and responsibilities and spoke positively of the support they received. One staff member commented, "[Registered manager] is always there, always fair and really understanding." Another staff member said of the management team, "I can ask anyone anything, they always help." Staff told us they received leadership from the registered and deputy manager both formally and informally. For example, we were told they attended handovers to ensure they remained informed about people at the home and staff meetings were also provided for staff to attend and discuss any areas they wished.

Staff told us they considered morale to be good and they worked together as a team to ensure people were supported. One staff member commented, "We're a close team and [registered manager] wants us to pull together so our residents get the best care." During the inspection we saw staff worked closely together to support people who lived at the home. We noted staff spoke discreetly about people's wishes and needs and ensured these were met by ensuring they were clear about the next steps they had to take. This demonstrated there was a culture of teamwork where staff and the management team worked together to ensure the home was well organised.

We discussed partnership working with the registered manager. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, members of the falls team and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

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 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 (1) (2) (g) Medicines were not always managed safely.
	Regulation 12 (1) (2) (h) People were not consistently protected from the risk and spread of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 (1) (2) (d) (i) (ii) Records relating to the management of the regulated activity were not consistently and securely maintained.
	Regulation 17 (1) (2) (a) (b) Audit systems did not consistently assess, monitor and improve the quality of the service and assess monitor and mitigate risks.