

Derbyshire County Council

Hazelwood Care Home

Inspection report

Skeavingtons Lane
Cotmanhay
Ilkeston
Derbyshire
DE7 8SW

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 24 April 2018. At the last inspection we rated the Well-led section of the report as 'Inadequate'. There were also regulatory breaches in safe care and treatment, staffing and good governance. At this inspection we found some improvements had been made, however some areas required further improvements. Following the last inspection in July 2017, the provider was asked to complete an action plan in September 2017, to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. The home had been rated as requires improvement at the last two inspections. At this inspection we found the rating continues to be requires improvement; however there had been progress to some areas.

Hazelwood 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 home is situated on an estate outside the town of Ilkeston. The accommodation is on one level and divided into three separate 'wings' which were colour coded for reference. Each 'wing' had a small kitchen area, lounge or dining area. There was also an open plan lounge off the main reception area which had access to the garden. The service was registered to provide accommodation for up to 30 people. At the time of our inspection 23 people were using the service.

Hazelwood has a registered manager; however they were currently off long term from the home. The provider had made acting arrangements with an acting manager to support the home. 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 did not always receive their medicines as prescribed. Some areas of the home were not managed to protect people from the risk of cross infection. There was not always sufficient staff to support people's needs at different times of the day. Some risk assessments had not been completed to consider how to reduce the risks. However other risks had been completed and guidance provided and this was followed.

People felt able to have a choice of meal. However the meal experience could have been improved to encourage independence. . When care plans were completed they were not always consistent and included the person's access details. Communication did not always ensure information was shared between staff to support people's needs. Audits had not always been completed to highlight when changes were required to reflect improvements.

Staff knew how to protect people from abuse. Lessons had been learnt from events and measures taken to make improvements. When people required support with their wellbeing referrals had been made to a range of health care professionals. The home was friendly and welcoming and people could personalise their

space.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt the staff were kind and caring and provided support when they needed it to maintain their independence. Their dignity was respected and staff considered people's needs. There was a range of activities on offer to provide interest and stimulation to people. When complaints had been made they were addressed in line with the provider's policy.

People's views were considered and partnerships had been developed with a range of partners to support wellbeing and ongoing health. The acting manager had completed notifications to reflect events or incidents. We saw the rating was displayed at the home and on the provider's website.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe
There was not always enough staff to support people's needs at different times of the day. Risk assessments were not always completed in a timely manner to protect people's safety. □
Peoples medicine was not managed safety and some areas of the environment were not always protected from infection.
The provider used events to learn and make improvements
People were protected from harm

Requires Improvement ●

Is the service effective?

The service was not always effective
People were able to make choices about their meals; however the meal experience could be improved.
Staff received training, but measures had not been taken to support staff when English was not their first language
Peoples wellbeing was considered and referrals made to health care professionals
The home was friendly and welcoming and people could personalise their space.
When people were unable to make a decision, they received an assessment and consideration of how the decision was made.

Requires Improvement ●

Is the service caring?

The service was caring
People had established relationships with staff and felt they were kind and caring. Independence was encouraged and people could access spiritual support when required.
People's dignity was considered and staff respected them.

Good ●

Is the service responsive?

The service was not always responsive

Care plans were not always completed to include consistent information about people's needs and how they communicate. .
Communication was not always clear to ensure people's needs had been reflected.
People received stimulation and the opportunity join in activities.

Requires Improvement ●

Complaints were responded to in accordance with the policy

Is the service well-led?

The service was not always well-led

Audits had not always been used to constantly drive improvements

Other methods of checks had not always been recorded correctly.

People's views were considered and staff felt supported by the acting manager.

Partnerships had been developed.

Requires Improvement ●

Hazelwood Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with ten people who used the service and five relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with them in communal areas.

We also spoke with three members of care staff, the cook, a member of the domestic staff, a visiting professional and the acting manager. After the inspection we spoke with a health care professional who provided weekly support to the home.

We looked at the care records for four people to see if they were accurate and up to date. In addition we looked at audits completed by the home, the training records and recruitment folders for three staff to ensure the quality of the service was continuously monitored and reviewed to drive improvement. After the inspection we asked the acting manager to provide us with some information on maintenance and some safeguarding information. The acting manager sent these to us within the required timeframe.

Is the service safe?

Our findings

At our last inspection in July 2017 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured medicines were managed safely. At this inspection we found that some improvements have been made, however further improvements were required and they remained in breach of some parts of this regulation.

People had not always received their medicine as required or in accordance with their prescription. We saw that at night some people had not been able to access their pain relief. This was due to some staff not having the training or having access to keys for the medicine room. This had also been raised as a concern by the health care professionals. We discuss this with the acting manager, they told us that training and competency checks were being planned to address this concern. However there were no identified interim measures in place. Other examples of concern were, one person had not received their medicine for three days as it was out of stock. Another person had not received their medicine as they retired early to bed and they had not received their evening medicine for the previous three nights. There was also evidence they had missed their evening medicine intermittently over the previous fortnight. This had not been identified by staff or the audit to consider a medicine review; for example, an earlier administration. Some people received medicine on an as required basis, however not everyone had a protocol for these medicines so that staff could have guidance when they were needed. We also saw that when a medicine administration record had been hand written this had not been counter signed; this is to ensure the correct information had been recorded and is required by the provider's medicine policy. As required in the NICE guidance for managing medicines in care homes. A health care professional we spoke with said, "We have raised concerns on several occasions when medicine is not being administered as prescribed."

The provider was not always meeting current standards to prevent infection spreading. For example, we saw in four toilet areas the bin which stored used continence wear were full and in one case overflowing. When we asked whose responsibility it was to empty these it was not clear. There was no schedule or allocated staff member to address this. We also saw in one toilet, someone's soiled clothes had been left on a shelf. . . We noted these remained in the toilet area for several hours despite other staff supporting people to use this toilet. In a bathroom we noted a range of toiletries; for example, a nailbrush and prescription shampoo and a large container of baby powder. These needed to be stored securely to reduce the risk of infection if people used the same items. We reviewed cleaning schedules and noted for two 'wings' within the home a week of schedules had not been completed. This meant we could not be sure these areas had been cleaned as required.

We saw that risk assessments had not always been completed or followed. For example, some people had been assessed as at risk of falls. Their risk assessment stated they should be sat on a sensor which would alert the staff when they rose from their seat. We saw one person was not sitting on their sensor during the morning, after an enquiry by us the sensor was put into position.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulation 2014.

At our last two inspections in August 2016 and July 2017 we found that the provider was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured sufficient staffing to meet people's needs. At this inspection we found that some improvements have been made and they were no longer in breach of regulation; however further improvements were required.

Since our last inspection there had been some improvements to the staffing. The night care staff had been increased from two to three care staff and the acting manager told us it had reduced people waiting for their care needs. However, we found that at some periods in the day people's needs were not always met. One person said, "I think they are rushing about because they are short staffed, but they are still really nice to us." Another person said, "I think there are about six vacancies at the moment, so it means the others have a lot more to do. I try not to bother them, but they are really kind when I need them." Relatives we spoke with commented, "I don't think there is enough staff really." We saw that during the morning there were sufficient staff and people's needs were met. However, after 2.00pm the staffing levels were reduced by one staff member. This had an impact on the support people received. For example, the large lounge area on three occasions was unsupervised and we saw some people asking and had to wait for their care. One person said, "I do think they are short staffed. Sometimes people are in the lounge and there's nobody about. It's because they are busy dealing with people in their bedrooms."

After teatime we saw that some people living with dementia became anxious and restless, this is often referred to as 'sundowning'. Sundowning is a symptom which affects some forms of dementia. It's also known as 'late-day confusion', it is when people's, confusion and agitation increase in the late afternoon and evening. We had to request staff supported some people expressing these emotions around the teatime period and early evening.

We discussed the staffing with the acting manager. They told us they were recruiting staff and recognised that staffing needed to be reviewed to reflect people's needs at different times of the day. The provider was using agency staff until they had completed their recruitment to the vacant posts, they aimed to have consistent agency staff however this was not always possible. A health care professional told us that the inconsistent staff had an impact on the communication and information about some people's care. Since the inspection visit the acting manager has informed us the provider had agreed to some additional resources to support the afternoon and early evening period. This showed that the provider has taken some initial action to resolve concerns relating to the levels of staffing. We will review the staffing at our next inspection.

We saw other risks had been assessed and guidance provided. For example, when people required equipment to transfer from one seat to another. We saw when a person's needs increased this information had been updated. We observed staff on several occasions using equipment and this was carried out safely and staff talked to people to provide them with assurance during the transfers.

There were measures in place to reduce the risk of sore skin. This involved the use of pressure relieving cushions. We saw the staff transferred these to where the person sat. One person had discussed a sore they had with the district nurse. They had provided some advice about getting up and changing position on a regular basis. We saw the person did this as advised and they told us their skin had improved.

Emergency plans were in place and each person had an individual plan to provide guidance in case of an

emergency, for example a fire. A code system to reflect a summary of each person's needs was posted on their bedroom door to reflect their needs dependant on the time of day, for example day or night support.

We saw that lessons had been learnt from events which had occurred. For example, one person had left the building and they were not safe to be away from the home unsupervised. Following this event a key pad entry system was fitted to the front door. Access was then monitored and it was reported by relatives they often had to wait to be let into the home. This was because the doorbell only rang in the main area. An additional bell was then fitted so that staff could respond in all areas of the home.

People told us they felt safe when they received care. One person said, "I feel very safe as the staff look after me really well." A relative said, "I think it's good here. I come every other day. My relative is really well looked after. I don't worry about their safety at all." Staff we spoke with knew how to raise any concerns and information was available in the reception of the home relating to safeguarding. We saw when a safeguarding had been raised this was investigated and the provider worked with the local safeguard team to learn from the incident.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Is the service effective?

Our findings

At our last inspection in July 2017, we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that when people lacked capacity they had received the correct assessment. At this inspection we found that the required improvements have been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. Applications had been made to the appropriate authority when DoLS applied, which showed the provider understood when restrictions were required.

We saw that people had assessments that were decision specific and covered different areas of care when people lacked capacity. Since the last inspection staff had received training and were able to explain the importance of following the Act. We saw people were asked their consent before tasks or support was completed. One person said, "They are always asking me. Everything they do, they say is it okay." Another person said, "They don't take anything for granted."

At our last inspection we also found the people did not always have the choice of meals or support with their dietary requirements. We saw this had improved, however further improvements were required to make the meals and refreshments more inclusive. For example, each 'wing' had its own kitchen area however people were not able to access this space and prepare their own refreshments or snacks.

We observed the midday meal and saw that people were not always supported with their meal, or meal choices always being fully considered. For example, people were asked to choose their meal in the morning. People's choices were then not confirmed before they received their meal to enable people to reflect on their choice and be happy with their meal. We saw one person was given their desert without giving them the choice, they had to ask for the alternative as the one they were given was not what they wanted. How people managed their food was also not always considered for example one person was unable to eat the meat on offer and there was no alternative. There was a menu board on display outside the kitchen in the main corridor and another in one of the lounges. These boards had space to show a pictorial guide of the meals on offer, however they had not been completed with the most appropriate pictures which didn't relate to the meal on offer. We discussed this with the acting manager; they told us they were looking into more photographs so they could display the correct meal on offer. They were also looking into options of how they could enhance the meal experience for people. After the inspection the acting manager confirmed

the pictures were now available for the boards.

We saw when people raised a concern this was responded to. For example, one person said, "I raised the fact we were given tea at 4.30pm and then nothing at all until I had my breakfast the next day at 9am. It's too long and I was getting hungry. I've always had a bit of something with a cup of tea before I go to bed. I brought it up at the resident's meeting and now they come round with the trolley at 8.30pm so you can have a sandwich or a bit of cake with a drink." This showed that people's views were considered and their nutritional needs were met. .

The provider used best practice guidance, and care was delivered in line with current legislation. For example, the provider used recognised assessment tools used in the assessment and monitoring of nutritional needs. This ensured when a concern was raised about a person's weight or risk of choking they had been referred to a health care professionals for advice. We saw how a person's diet had been reviewed. The outcome of the assessments was shared with the cook and staff to reflect the person's new dietary needs.

Staff had been given training to support their role. We saw that the acting manager had a matrix which they used to ensure staff were up to date. However we found that one staff member who did not have English as their first language had not been supported with their training and learning. The staff member told us, "I struggle with understanding some information and I cannot read English, so if the information was in my own language that would help." We discussed this with the acting manager and they told us they would look into this.

When staff commenced their role they were supported with an induction. This complied of training in a range of areas linked to the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff also completed shadowing shifts with experienced staff so they could understand their role and gain knowledge of people and their care needs.

People were able to personalise their space and the home had a friendly welcoming atmosphere. One person said, "I like to come in the lounge because we get on well. Everyone is friendly and there's always somebody to talk to. We like to sit together so we can have a natter." There was a flat accessible garden with a summer house. One staff member told us, "We have cleared the summer house out and getting it ready for the sunshine." There was signage around the home to support people to orientate. The home had also set up an amenities fund to raised funds to make improvements, for example the garden section to make it more interactive and sensory.

To support people's wellbeing we saw a range of referrals had been made to health care professionals. People told us that they were able to see a doctor when necessary. Families we spoke with felt that they had been alerted if their family member was unwell. One relative said, "Staff are really good they will always get in touch if they are unwell or they are worried about them at all. They do involve us all the time."

Is the service caring?

Our findings

People told us that staff were very kind and friendly and we saw some warm and kind interactions between staff and people. One person said, "They're all lovely with us. They are really nice."

Another person said, "They're all nice to us. I tell it how it is and I would say the staff are marvellous." Staff felt confident at the home, one staff member said, "I love it here, it's the nicest home."

We saw one person was frequently tearful and any staff member who was near this person was very quick to comfort them or offer a distraction by talking or walking around with them. We spoke to this person's relative who said, "The staff are very kind. [Name] walks about a lot and likes to hold people's hands and they all walk with them. [Name] gets very tearful at times and staff will always comfort them."

People were encouraged to maintain their independence. One person said, "I go to bed when I'm ready and I choose my clothes. I tell them if I want my pink jumper or my blue one and they get it out for me." A relative said, "[Name] can't manage things on their own but they like to try and the staff let them try and keep an eye on them." They added, "It's the simple things like putting on their own cardigan." Another relative said, "They have been brilliant with [name]. They can walk on their own, but the staff keep an eye on them so they don't fall." This showed us that staff understood how to promote people's independence whilst ensuring they received the care and support they needed.

People told us that staff respected their privacy and dignity. We saw staff speak with people politely and before they entered people's rooms they knocked on the door and introduced themselves. One person asked for a cardigan and the staff responded to this request and supported the person to put it on.

Relatives were made welcome and they told us they were kept informed of any changes in their relative's health and wellbeing. The home had achieved the council's award in dignity and had reapplied for the new dignity award. The acting manager had a meeting with the lead for the council to identify the criteria so they could work on these areas.

People were able to follow their faith. Some people were supported to attend their local church other people received spiritual support from a visiting church to the home.

Is the service responsive?

Our findings

People's care plans considered their care needs and reflect their preference. However we found the care plans sometimes contained inconsistencies about information. We saw that people's information did not cover their equality needs or how the person accessed information. The Accessible Information Standard, details how providers assess and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw that information was not always offered in a different format. For example, one person had lost their hearing aids. Without these they were unable to understand people or staff. The person was not offered name cards or picture reference to help them with their understanding.

We saw that when staff changed shifts they were given a handover. However the information about people's needs was stored in different places. This meant that sometimes the information was not always transferred to ensure people received their care and the information was available when needed. Health care professionals also commented that they had concerns about receiving information. One said, "Staff don't always provide the correct history over the previous days or are able to be clear on the person's needs at that time." We discussed this with the acting manager, they told us they had been piloting a new system of communication and would be reviewing it to see how effective it had been.

We saw when people had a review family members had been involved. One relative said, "We have been involved in the care plan and every time we come in, staff will always take time to give us an update and inform us if anything has changed at all." We saw records showed that care plans had been reviewed.

The acting manager had introduced a 'Don't Panic' folder for the night and weekend staff. This contained reference information for any emergencies. It contained the on call manager details and information about people's night care needs.

People's interests had been considered to provide stimulation and entertainment. One person said, "You can go out if family fetch you and some of us went on a trip to the Garden Centre last week and had a look round and stayed for lunch. You can please yourself really what you want to do and when." There was a list available to show the activities planned for the month and we saw spontaneous activities provided in the morning. These included a quiz and a sing along. In the afternoon the home was joined by children from a nearby school, they played games and people told us they enjoyed their company.

We saw that the provider had a complaints policy. One relative said, "I have no complaints at all." Any complaints had been followed with the provider's policy timescales and when appropriate an apology and resolution provided. The acting manager had received some verbal comment or niggles, however they had not recorded these. However they planned to keep a record and address these in a more formal way so that they could reflect and put measures in place to avoid repetition.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. We saw that the care plans have the opportunity to include people's wishes when it was felt appropriate to complete them.

Is the service well-led?

Our findings

At our last inspection in July 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On our last inspection we identified that improvements were needed as quality audits had not been carried out to ensure the necessary improvements within the service were made and how medicines were audited. At this inspection we found that some improvements had been made, however further improvements were required.

The provider was completing audits for the home; however these were not always used to drive improvements. For example, we found that the medicines audit continued to find the same errors over a four month period. Measures which had been put into place had not addressed the ongoing errors. The infection control audit had not identified when aspects of cleaning had not been done or when a schedule was required to support systems to reduce infection.

We saw that the dependency tool had not always been completed correctly. For example, in one person's care plan we saw the dependency amount varied from one month to the next, however there was no change in the person's needs. This was confirmed by the acting manager. These discrepancies could have an impact on the staffing levels which reflects the support people need.

The above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services.

We saw some audits had driven improvements. For example, the introduction of wall mounted holders for the gloves and aprons. Staff told us, "It's much better as you can access them in areas where we need them."

At our last inspection in July 2017 we found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had not ensured we had received notifications about events or incidents. At this inspection we found that the required improvements have been made.

We had received notifications as required by the regulations which covered any safeguards or incidents and their outcome. We also saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.

The provider worked with a range of partners to support people. These included a range of health care and social care professionals. One staff member told us, "We work with lots of people to consider people's needs."

Staff felt supported by the acting manager and we saw that supervisions had taken place on a regular basis. Staff we spoke with reflected this. One staff member said, "I am supported in all ways, for myself and my role."

Hazelwood has a registered manager; however they were currently off long term from the home. The provider had made interim arrangements with an acting manager to support the home. 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 acting manager told us they had been supported by the provider's quality lead and another registered manager. They said, "I feel supported to make the changes needed to drive the home forward." We saw that a plan had been drawn up to make all the changes and the acting manager shared that with us. Over a short period of time a lot of changes had been achieved and the acting manager was enthusiastic to make further changes. They told us, "I know we have more to do, and I plan to drive the improvements to make the home good."

People's views had been considered. We saw that questionnaires had been completed in conjunction with residents meetings. There was a board which displayed 'You said We did' information. For example, there was a request for new chairs and these had been purchased. On the day of the inspection visit the acting manager was collating some further feedback they had received. They shared the summary of these with us after the inspection. The comments and feedback was positive and the suggestions made by people were being followed up. For example, the development of a small shop, this is to sell toiletries and treats which people and relatives can purchase.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured medicines were administered accurately and in accordance with the prescriber instructions. People had been placed at risk from not receiving their medicines. The environment had not been maintained to reduce the risk of infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The home had been rated requires improvement for the third time. the provider needs to provide an action plan to identify how the improvements will be made and the timeframe.</p> <p>Effective systems were not in place to assess, monitor and improve quality of care.</p>