

Pearlcare (Spratslade) Limited

# Spratslade House Care Home

## Inspection report

Belgrave Avenue  
Dresden  
Stoke On Trent  
Staffordshire  
ST3 4EA

Tel: 01782311531

Website: [www.pearlcare.co.uk](http://www.pearlcare.co.uk)

Date of inspection visit:  
30 September 2019  
01 October 2019

Date of publication:  
05 November 2019

## 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

### About the service

Spratslade House Care Home is a residential home for up to 30 people who have personal support needs. The building consisted of three floors. There were 29 people living there at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Peoples risk with weight loss was not always managed in a safe way. There were ineffective recording processes in place.

Peoples care files did not appropriately identify risk prevention to allow staff to ensure people's risk of pressure ulceration was managed in a safe way. Risk assessments had not always been completed or had been filled out incorrectly.

The service could not demonstrate that it had a full employment history of some staff. They had a document for these checks in some staff files, but not all.

We have made a recommendation about the current legislation in relation to employment.

The registered manager did not always have an effective system to ensure that staff received appropriate training. The training matrix illustrated not all staff had completed the provider mandatory training in a timely manner.

We have made a recommendation about the management of staff training.

The service was not supporting anyone receiving end of life care, however, peoples end of life care and choices was not explored in detail

We recommend that the provider seeks to reflect the preferred preferences in the design of peoples end of life care to ensure their needs are met.

Medicines were managed safely. There were quality checks in place and staff received appropriate training before being able to administer medication. There were monthly medicine audits undertaken by the registered manager.

People's human rights were protected by staff who demonstrated a clear understanding of consent, mental

capacity and Deprivation of Liberty Safeguards legislation and guidance

People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings of their choosing that allowed personalisation of their rooms.

We observed staff supporting people in a caring and compassionate manner. Peoples care plans clearly evidenced the support they required and their personal preferences.

Residents and relatives meetings were held regularly. Feedback was gained to help the development of the home and actions moving forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (report published 24 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We have identified two breaches. Regulation 12 the registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed safely. Regulation 17 The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

You can see what action we have asked the provider to take at the end of this full report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Spratslade House Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Spratslade 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback from one local authority but did not receive a response.

During the inspection-

We spoke with the registered manager, five members of staff, five people and five relatives. We looked at five people's care records. We looked at records of accidents, incidents, and complaints received by the service. We looked at, recruitment records, staff supervision, appraisal records, policies and procedures and audits completed by the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have association with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's weight loss were not always managed in a safe way. There was some inconsistency in care plans regarding whether people's assessed needs were being met. For example, one person's "Malnutrition Universal Screening Tool" (MUST), this is a tool which is used to establish people's risk of malnutrition, stated they should be weighed weekly from June 2019. However, we looked at this person's care records and found that they were not being weighed weekly, only monthly. We found that between April 2019 and 26 August 2019 this person had lost 7.6 kilograms in weight. The MUST completed by staff during this time stated they were at "Medium risk" of malnutrition. This was incorrect, given the amount of weight lost in a three-month period the person would be considered to be at "High risk". The registered manager was unaware the person was to be weighed weekly. The incorrect MUST scoring tool was brought to the attention of the registered manager, who acknowledged that the scoring was incorrect.
- Due to the incorrect scoring, and inaccurate level of risk highlighted in the person's care plan, there was a potential risk this person's needs would not be met as staff did not have the information required to mitigate and manage this risk.
- People's care files did not appropriately identify risks to allow staff to ensure people's risk of pressure ulceration was managed in a safe way. We found that four people were on 'turning charts' (these are charts to record when people are supported to reposition to relieve pressure areas), where there was an inconsistency on how many times they were turned in one day. Care files did not guide staff on the required times a person was to be repositioned per hour or per day.
- We found that risk assessments had not always been completed or had been filled out incorrectly. For example, we saw one person's 'moving and handling assessment' had not been completed, where it was stated in their care file, "Needs two people to assist her when walking short distances."

The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us, an initial visit to the person's home or in hospital was undertaken, to look at their individual needs. Following this, the risks associated with people's individual care and support needs were assessed for areas such as mental capacity, medication and pressure sores. Risk assessments were then developed with care plans in place.
- Daily handovers, were completed that recorded any outstanding concerns related to people and the environment, ensuring staff remained up to date with all important information related to safety.
- People constantly told us throughout the inspection that they felt safe in the home. One person told us,

"Yes I feel safe here, I know all of the girls, they are nice."

- Staff and professionals unanimously told us that people were safe in the home.

#### Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the registered manager could not always evidence they had taken a full employment history of some staff. The registered manager was informed regarding this on the day of inspection. They had a document for these checks in some staff files, but not all. They stated they would ensure this was in place for all staff.

We recommend the provider consider current legislation related to the employment of people and act to update their practice accordingly.

- It was seen that there were sufficient numbers of trained and experienced staff to ensure people's needs were met.
- The registered manager told us that staffing levels are dependent upon the needs of the people living in the home at the time. Staff spoken to felt there were enough staff in place to meet people's needs.
- However, people did not always agree there were enough staff on duty. One person told us, "At the moment they are short of staff and we have to wait a fair while. This doesn't happen a lot, only when they are short of staffed. Breakfast especially is a drawn-out meal."
- Staff members all agreed that they felt there was enough staff on duty to meet people's needs and deal and ensure they were responded to promptly.

#### Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "If there was a safeguarding I would report it to senior manager and if nothing is been done report it to the head office."
- People spoken to confirmed they felt safe with the care they received from staff members.

#### Using medicines safely

- People had their medicines managed safely.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Records demonstrated that people had received their medicines as prescribed, in a way they preferred.
- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.
- Medicines were stored and disposed of safely, as required by legislation.
- Where people had medicines 'as required', for example for pain, there were clear protocols for their use. These were updated and reviewed regularly.
- Staff accurately completed Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given.
- There were monthly medicine audits undertaken by the registered manager. These highlighted any issue or concerns in a timely way and also had a different monthly theme. For example, in August 2019 a random stock count was undertaken on controlled drugs.



#### Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Personal protective equipment was available for staff, such as disposable gloves to use to help prevent the spread of infection.
- We saw that on the first day of the inspection that bathrooms and toilets were not always kept clean throughout the day, which was fed back to the registered manager. On the second day of inspection all areas and bathrooms were kept clean throughout the inspection.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- The registered manager took the necessary action to implement the required learning identified from accidents and near misses through a monthly audit.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had not always accessed training relevant to their role or refreshed their knowledge on topics relevant to their role. Records showed that not all staff had completed the providers mandatory training in a timely manner. We saw that one staff member hadn't completed the care certificate and five staff members hadn't completed the moving and handling on line training. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- Following our feedback, the registered manager put plans into place by end of the inspection to ensure that staff had completed training or that there had been communication for staff to complete this by a set date.
- At the factual accuracy stage evidence was provided that all staff members mandatory training was up to date.

We recommend the provider seeks best practice guidance on delivering training that is appropriate and remains up to date, by using appropriate monitoring systems.

- The registered manager stated that staff received supervision four times a year but told us that they were behind on providing supervision to staff.
- All staff reported they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively.
- The service had a 'Shining Stars' programme available to staff. The registered manager told us, if staff come to them and say that they want to be a senior, then they have to make the appropriate training available. They told us that staff have to be trained to a national vocational qualification (NVQ) level 2, and there was an opportunity, if staff wanted to complete an NVQ level 3, 4 or 5.
- The registered manager highlighted a need for staff to be trained in dementia. They arranged with the local authority for the dementia bus to come down and provide training to staff. This training gave staff additional skills when working with people with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessments were person-centred and considered all aspects of their lives.
- Care plans were a fluid document and written using the information from the initial assessment and full assessment, and through consultation with people and / or their relatives.
- Peoples care files detailed the type of support that they required from staff. They had a 'Who am I section' that outlined the daily support they required and information on how to support the person if they feel

"anxious or upset."

- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People selected their food for the day at the beginning of each morning. Picture cards were available and used to help people decide which cooked meal they wished to have or to help them identify the foods.
- The service had two cooks, who told us they followed a five-week menu. Information was clearly displayed, and the cook showed knowledge of people in the home that required a specialist diet. Food was pureed and piped to give a more appetising look to texture moulds for people's meals and for protection from risk of choking.
- Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day. The service had a drinks machine in the dining area, so people could help themselves when required. People were offered healthy snacks as well as foods they enjoyed. People told us they could eat when they wanted, and meal times were flexible.
- People told us they enjoyed the food they were given. Relatives confirmed if they wished to have a meal with people then they could do this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Staff made prompt referrals to relevant healthcare services to ensure people's needs were met.
- Care plans contained evidence of appointments with health care professionals such as General Practitioners, district nurses and dietitians. During the inspection it was observed that a number of professionals were visiting people.
- One professional told us "The management communicates well and they do not have any concerns about the service."
- One relative stated, "Yes, doctors will come out when needed by [Person]."

Adapting service, design, decoration to meet people's needs

- The service had a section of the home called "Reminiscence alley" that was set in 1950-1960, and displayed old war time pictures and memorabilia, and a music and film section from the era.
- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings of their choosing that allowed personalisation of their rooms.
- One relative told us, "We decorated the room ourselves and at Christmas we decorate the room for this time of the year."
- There was an accessible, enclosed garden which people appreciated.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance. Staff knowledge was very good with clear examples being provided of how liberty may be deprived. The training matrix identified that each area was individually studied and covered as topics by the provider.
- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. If a person declined, this was respected, with staff approaching the person again after a while. Staff supported people to make as many decisions as possible. We observed and read in care plans, how people wished to be supported.
- Records showed that there was a clear process in place to ensure mental capacity assessments and best interest decisions were in place and reviewed on a regular basis. Relatives confirmed to us they had been involved in best interest meetings, where applicable, regarding the person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff supporting people in a caring and compassionate manner.
- People and their relatives reported positive relationships with staff. One person said, "Some staff are good, the support they give you. I can't do without them. If you're poorly they are very good."
- We observed during lunch time that a person became ill and required assistance. Two staff members provided timely care, where they communicated fully with the person which guided them through each phase of care to alleviate any anxieties and ensure that their decency was kept at all times.
- Residents feedback took place on a three-monthly basis to allow people to provide comments on the support they were receiving and if they wished for changes to the operations of the home. We saw written evidence of people's feedback and an action plan for the registered manager.
- One relative told us about the support and respect in the home, "We looked at 15 homes... a lot of the homes were clinical, but here all of the staff are excellent and make people feel at home, it's so friendly."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made.
- Care plans and risk assessments were reviewed regularly, which allowed people and their representatives, to make sure they accurately reflected their current needs and preferences.
- Peoples care plans clearly evidenced the support and personal preferences through their "daily life/lifestyle" section. This information highlighted peoples preferred routines, their personalities and how they liked things to be done. For example, one person's plan stated, "{Person} usually chooses to have their breakfast in the main dining area and is able to choose what they wish to have."

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy.
- People's dignity was respected. On several occasions we observed staff discretely support people to maintain their personal dignity, where doors were shut in bathrooms and peoples own rooms.
- Relatives we spoke with all agreed that their loved ones were treated with respect and their dignity promoted. One relative stated, "Yes definitely and [Person} seems a lot happier being here."
- People's personal, confidential information was stored securely, and staff told us they maintained confidentiality if people ever needed to discuss sensitive matters.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and placed people's views and needs at the centre of the care provided. People received support that was individualised to their personal needs. Peoples care plans clearly highlighted background information and how they like to receive care.
- Relatives informed us that people were supported how they wanted to be and were cared for in a responsive manner. One person we spoke with told us they had their meals at different times to other people in the home, as was their preference
- People were supported to go out in the community with staff. For example, one person told us, "It's my birthday next week and I'm going shopping with my carer."
- People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Nevertheless, people retained choice for all elements of their care where possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had ensured that people received information related to the service and their support in a format that they could understand. This included written information, use of pictures, and bold fonts. Care files had a communication section which highlighted peoples preferred method of communication. However, where the service had advertised the weekly activities that would take place, this was in small black writing on a white A4 page. People told us that this was hard to read due to the size of the writing. This was fed back to the registered manager who stated that changes would be made to this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to individualised and group activities and received the necessary support to follow their interests. The service advertised different events that were due to take place. For example, an event at Halloween was advertised within the home which included a raffle.
- People and their relatives were encouraged to engage in activities to ensure everyone felt welcome. On the days of inspection, it was seen that a local children's nursery had come to the home where there was singing and seated dancing.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- The registered manager stated the service hadn't received any complaints in the past 12 months.
- One relative told us about an incident where a piece of clothing had been burnt after it had been in the laundry at the home. They stated they raised this with the registered manager who replaced the item of clothing immediately.

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. The registered manager had not given people the opportunity to discuss their end-of-life wishes as these were not always recorded in their care plans. At the factual accuracy stage, the service provided one care plan as evidence they had discussed end of life care.

We recommend that the registered manager review how all people are enabled to discuss and review their end of life wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clearly defined management structure within the service.
- The registered manager used systems and processes to monitor quality and safety in the service. However, we identified some inconsistencies in people's care records that their quality assurance systems had not recognised.
- For example, where care plans and risk assessments had been updated this information hadn't been disseminated to staff. People were not being weighed as in accordance to their risk assessments and there was no guidance to staff how many times people needed to be repositioned.
- The registered manager told us that they received a weekly audit from their regional manager that focused on service improvements. Audits from June 2019 had highlighted some of the areas of concern we found on our inspection, but service improvements had not been implemented.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

- All records were easily accessible and care plan documents had been signed. The registered manager had a system for auditing and looking at any common themes identified. The audits included falls and accidents, bed rails, pressure ulcers, medicines and staff retention.
- Staff told us they felt supported by the registered manager. One staff member told us, "Yes I feel management are very approachable and that managers support me the best they can."
- The registered manager stated that there is an electronic care plan system that allows staff to instantly see all planned care on the devices they carry around as this information is flagged up to them as a white flag, then will go amber and then red if not completed. At this point the manager and deputy are notified on their devices as a missed action.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff worked hard to ensure the culture within the home was person centred. Staff worked hard to treat everyone as an individual ensuring their needs were met in their chosen way.



- People told us they received a high quality of care from staff. The provider gained regular feedback from people about their care and support on a three-monthly basis.
- Assessments for people were thorough and documented their preferences, interests and needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, but had not recorded when they had informed the next of kin following an incident or accident.
- All relatives confirmed that the service was very responsive and did inform them immediately if an incident had occurred. One relative told us, "They are very quick, if they are poorly they ring you up on the day and make sure you know. The nurse also comes in quickly if the family have noticed an issue."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service gained feedback from a number of areas in the past twelve months. This included staff, people and professionals. Relatives confirmed that they knew there was a feedback form in the foyer where they could provide honest feedback.
- Residents and relatives' meetings were held regularly. The registered manager told us that for one meeting no relatives attended, so they changed the time of this to enable more people to attend.

Continuous learning and improving care

- The service continually assessed all accidents, incidents and falls to ensure they could implement measures to mitigate the potential of a similar occurrence.
- The provider and registered manager used feedback from stakeholders, people who used the service, staff and families to drive service improvement. This was developed into an action plan that was then met within a timescale. We saw evidence of action plans and recommendations following a recent fire risk assessment.

Working in partnership with others

- The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible. For example, on the day of inspection we saw where one person's health had deteriorated that a nurse was immediately informed and attended the person the same day.
- The registered manager told us the service had close working relationships with district nurses, occupational therapists, chiropodist and the opticians.

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 registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p>