Health Care Homes Group Limited

Fornham House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected this service on the 31 March 2015 and the 14 April 2015. The inspection was unannounced on the first day but we arranged with the provider to go back on a second day.

There were a number of breaches at the previous inspection carried out on the 5 August 2014. These related to how the provider did not always involve people in the planning of their care and also in relation to poor record keeping. During the inspection in March/April 2015 we found that not all the required improvements had been made since the last inspection For example we found that staff were still recording in people's daily care notes once a day, which was alright in some instances but where people's needs were changing rapidly we could not see how staff were meeting their increased needs.

Summary of findings

Not all care plans were up to date and therefore did not reflect people's changed needs and staff did not always show through record keeping that people received the care they needed.

The service is registered for up to 73 older people who require residential care. There is a registered manager in post.

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 home has had a number of issues with its staffing levels but were proactive in recruiting enough staff to meet people's needs. There were systems in place to raise awareness amongst the staff so they knew how to raise concerns and would recognise when a person was at risk from potential harm and or abuse. Staff were aware of their responsibilities and knew who to report concerns to.

Risks to people's safety were reduced as far as reasonably possible and people were adequately supervised which helped keep people safe. We noted people were encouraged to mobilise and keep active.

People received their medicines as prescribed and systems were in place to help staff administer medicines safely. Staff received medicine training and their practices were assessed to ensure they could competently give people their medicines. Audits helped to identify any shortcomings with medicine administration, storage or stock issues. This enabled staff to take appropriate actions.

Staff were competent and they were supported through an initial induction and received training required for their roles. They were supported by their manager through annual appraisal, observations of practice, one to one and group support.

People were supported to eat and drink enough for their needs and were provided with a healthy balanced diet. Gaps in recording meant we could not always see if people were protected fully from the risks of dehydration.

Staff had received training in how to support people and give them choices in terms of their health care needs and day to day living. Staff understood that most people have capacity to make decisions about their care and welfare but where they lacked capacity staff knew how to best support them and who should be involved in making best interest decisions.

People health care needs were met and staff had the skills and knowledge to meet people needs or refer to the appropriate health care professional as and when required.

Staff cared for people and respected their privacy, dignity and independence. People were asked about their care needs and staff took into account people's personal preferences when delivering care to people.

During our first inspection we were unable to see how staff kept people's records up to date to reflect a change in need or risk. This meant we were unable to see from the records alone how everyone's needs were being met and if the care being provided was always appropriate. However on our second day of inspection we saw that records had been updated and accurately reflected people's needs.

There was a robust activity programme which was designed to meet people's individual needs and help people maintain their independence and provide enough mental stimulation for people.

People were confident that the service was well led and the manager was responsive to their concerns. There were systems in place to assess the quality of care and ask people how they found the service. This enabled the manager to improve the service when required and run it in the interest of the people using it. The manager was not always proactive in reporting events to the local Authority or properly investigating events affecting people's well-being.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood how to report concerns if they suspected a person to be at risk of harm or actual abuse. They were able to recognise abuse and take appropriate actions.

Staffing levels were appropriate to people's needs and had recently been increased to take into account an increased number of people using the service.

Risks to people's safety were assessed and steps taken to minimise risk.

Good

Is the service effective?
The service was effective.

People received a balanced, nutritious diet and were supported by staff to eat and be as independent as able.

Staff understood had to act lawfully and support people to make appropriate decisions about their care and welfare.

People's health care needs were met and long term conditions sufficiently understood by staff so they could refer to other health care professionals when there was a change in the person's health.

Good

Is the service caring?
The service was caring. People were encouraged to join in a varied activities programme and staff engaged and involved people and their families in 'home life.' Staff respected people's privacy, independence and dignity.

People were consulted about their day to day needs and their decisions respected.

Good

Is the service responsive?
The service was not always responsive. Staff knew people's needs. However we found care plans were not always up to date and gave inaccurate information about people's needs which could result in the wrong care being provided. Records did not always show how people's needs were met. For example we could not see how low fluid intake was acted upon.

People were provided with enough stimulation to promote their emotional well being and there was a varied programme of activities for people to partake in.

Requires Improvement

Summary of findings

Is the service well-led?

The service was well led and run in the interest in people using this. People were consulted about their views and this was used to shape the service people received.

The manager was supported by the organisation. Through various audits they were able to identify any shortfalls within the service delivery and to identify improvements.

Comprehensive records had not always been kept and not all care plans were up to date on our first visit but this had been rectified by our second visit. This helped ensure all staff meet people's needs consistently and could identify any changes in people's need so these could be addressed.

Requires Improvement

Fornham House Residential Home

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.

This inspection took place on 31 March 2015 and 14 April. The first day was unannounced but we arranged to go back on a second day.

The membership of the inspection team included two inspectors 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. They had experience of older people.

As part of this inspection we looked at information we already held about the home. For example previous inspection reports, and notifications. A notification is information about important events which the service is required to tell us about by law. We also reviewed the provider information return (PIR) which is a form we ask all providers to complete to tell us how they are managing their service.

During our inspection we spoke with 16 people, ten staff, six relatives and two professionals who work with the home. We looked at care plans and other records relating to the management of the service. We spent time with the manager and other members of the management team. We carried out observations of activities taking place and lunch provided on the day of the first inspection.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Oh I feel safe here alright, I have no worries." Another person told us "My daughter chose this home for me, she chose well didn't she? I think it's a wonderful place." Relatives spoken with said their loved ones were happy and they were very happy with the safety and care at the home.

Staff knew how to recognise actual or potential abuse and knew what actions to take. They were aware of reporting concerns to both internal and external agencies. Staff said they felt confident that their concerns would be acted upon. However one staff member said it depended on who you reported concerns to. We shared this with the manager who told us that the safeguarding policy told staff how to escalate concerns so if they were not happy with the response they received initially. The policy was clear that staff could escalate concerns and if the concern was about a specific staff named in the policy they could refer to an alternative member of staff.

There was a safeguarding policy and whistle blowing policy which staff were aware of and it was easily accessible. This informed staff what actions to take if they suspected a person to be at risk from harm or actual abuse. Staff told us they could readily access these policies.

Risks to people were managed as far as reasonably possible. We observed staff in communal areas and people assessed at risk of falls were regularly monitored for their safety. Some people had specialist equipment where identified as part of their risk assessment such as beds with integral rails for their safety. Some people had sensors which alert staff when they were on the move. People had call bells in reach or were regularly observed for their safety where there they were unable to use their call bells.

Where a risk had been identified people's records told us what the risk was and how it should be managed. Falls were recorded and showed what actions had been taken to reduce the likelihood of a person falling again. If a person had three or more falls an individual falls diary would be used to record falls and see if there was an emerging theme or pattern to the falls which might help to identify additional actions staff could take to reduce falls and minimise risk

Staffing levels were appropriate to the number and needs of people using the service although could be compromised by unplanned staff absence due to sickness. One person said in relation to staff, "There are not enough of them. There are so many rooms and people to deal with. They are always busy but very kind." People told us they saw lots of different care staff, but that they were all very good.

One relative told us the care was marvellous but sympathised with staff and remarked how busy they were particularly when staff called in sick. This echoed what staff had told us about sometimes working with not enough staff.

Some staff said there were not always enough staff particularly at weekends. Domestic staff said they were short due to long term sickness and holiday cover. They felt less able to maintain high standards of cleanliness in the home. However this situation had improved when we visited the home on a second day. They cited poor staffing levels at times. We checked the rotas for the period they specified and saw that staffing levels had dropped below the numbers the home said it needed. The manager said this was due to high levels of sickness that weekend. One staff told us the rate of new admissions to the home affected staff's ability to meet people's needs and said at times it could be hectic.

Through our observations we saw staff worked very hard and only took planned breaks at scheduled times so there were always staff covering the floor. We noted staff had competing demands on their time and people were provided with personal care almost up until lunch time. Staff worked in a competent, ordered way but meant any reduction in staff would impact on their abilities to meet people's needs in a timely way. We also saw that weekends were particularly stressful for staff working as generally there were less staff covering and no activity or management hours.

We asked the manager how they ensured there were enough staff for people's needs. They told us they would use regular agency to cover vacancies and had been actively recruiting staff and building up the team of bank staff. They said they had changed the holiday policy to ensure they did not have too many staff off at the same time. They were confident that staffing levels were appropriate to need unless they had sudden sickness.

The manager told us there had been a number of new staff appointments which would benefit the service. On the

Good

Is the service safe?

second day of the inspection a new house keeper, and administrator had started. Staff were already feeling the benefit of these new appointments and ancillary staff had received supervisions. The manager had also appointed hostesses who were employed at peak times of the day to assist care staff with giving out drinks and snacks to people. This meant additional staff were available at busy times of the day. In addition to care and ancillary staff there were two people specifically providing activities over five days a week. The provider did not have a universal tool to determine staffing levels based on people's needs but did have individual profiles for people, some of which were not up to date. Staffing had increased along with numbers of people using the service and a tool was being developed which meant we felt staffing levels were sufficient.

People's medicines were managed safely. We sampled five people's medicine administration records, spoke with two seniors who gave the medication on the day and observed them both giving the medication.

Processes were in place for the safe storage, ordering and administration of medicines. There were auditing and management systems in place to pick up and correct any shortfalls identified. Staff we spoke with told us they had received medicine training and they had been assessed as being competent before they were able to give medicines unsupervised. We tested staff knowledge about people's different medicines and they were able to answer our questions quickly and accurately.

We observed staff administering medicines to people as prescribed. We saw staff took their time, asked people if they needed medicines prescribed as required such as pain relief. They explained to people what they were administering and observed people taking it before signing for it.

There was a medicine policy and procedure in place, which was reviewed regularly. We observed staff administer medicine in two different areas of the home and saw that they followed safe medicine practice, which meant that people received their medicines as prescribed. We randomly checked the number of tablets in stock against records and found that there were no discrepancies. The storage and management of controlled drugs was done safely and within the services guidelines.

We noted that the morning tablet round was still in process at 11.00am. The staff explained that they had needed to assist the other staff with their medicine round as they had to deal with an emergency, meaning that they finished later than usual. However, they explained that they had taken that into account when they gave people their lunchtime tablets and ensured that none were given their medicine sooner than directed.

Good

Is the service effective?

Our findings

Staff had the skills and experience to meet people's needs. One person told us they were happy at the home and gave us lots of reasons for this. They told us there had been a lot of changes in the staff team and some of the newer staff needed to be told what to do.

We saw there was a good induction for new staff and there was the option to shadow staff longer if there were any concerns about their performance. Staff told us they felt well supported. One staff member said the manager was good about covering shifts with agency when required and was 'hands on' They said they received regular supervision and training to help them do their job. Some staff told us they had not received supervision recently. This was discussed with the manager. There was a schedule in the office for staff supervision and appraisal. The manager said the frequency of support to staff had varied because they had been without a deputy manager. However we saw that staff received regular support either through one to one support, direct observations and group support. The manager said they often observed the care provided to people or worked alongside care staff and would use a form called information of concern to record anything about staff's practice which needed to be addressed either immediately or in supervision. This meant supervision of practice was a way to address any concerns but could also be used to recognise good staff practices.

A member of staff said there induction was very good with a week of training before starting on shift under the supervision of a more senior member of staff. Staff told us they were supervised until they were comfortable to work on their own. As part of the induction staff were given an induction pack to work through and an induction book to help familiarise themselves with the home and daily routines.

Consent was sought before care was provided to people. We spoke with staff about their understanding of the Mental Capacity Act 2005 and supporting people around decision making. Staff understood the legal requirements of the Act and how to act in the person's best interest. We saw that staff had received training in this area and their knowledge had been tested to ensure they understood the training and could act upon it to provide appropriate care to people.

We saw that people's care plans contained consent forms signed by the person receiving care, as well as their representative, for receiving care, sharing information and the use of photographs. We observed that people had been asked their consent throughout the day as staff offer support.

Where people had Do Not Attempt Resuscitation (DNAR) Forms in place we saw that they were fully completed and signed by two doctors. The person had been consulted and in one example they and their family member had been consulted and their comments had been recorded.

People's capacity had been assessed when they were admitted to the home, and a full reassessment had been carried out whenever they returned home after any hospital admissions.

The manager had made a number of applications to the Local Authority for Deprivation of Liberty Safeguards, DoLS as required by law. This is where people were restricted in some way and this was considered in their best interest and there were safeguards in place to ensure people's rights were upheld.

People had enough to eat and were appropriately supported by staff. People told us that the food was good and they got plenty of choice and they enjoyed it. One person told us, "You get sufficient, I haven't lost any weight since I came here and haven't gained any." Another person told us, "The food is nice, we get something to eat or drink about eight times a day, and I enjoy my cup of tea and piece of cake in the afternoon." Another said, "I look forward to the food, the food is cooked and served so nicely." One person said, "There's no need for snacks, I always feel full".

Four of the relatives praised the food. They had all ordered and eaten food with their family member at the home. They said the roast lunches were excellent and getting the chance to eat together was nice.

We spoke with a cook who told us there was a choice of main course and sweet at lunchtime and there is hot food available for supper if residents want it. A popular choice was soup and a sandwich at supper-time.

We observed the lunch time meal and saw that people were appropriately grouped at tables with people they got on with and to some extent according to the level of support they required. People were given appropriate

Good

Is the service effective?

choices and enough support to maintain their independence and eat and drink enough for their meals. People were offered cold drinks throughout their meal and offered tea or coffee following their meal and were asked if they wanted sugar rather than staff assuming this.

We saw after lunch people were supported to different areas of their home, including their bedroom or in the main lounge for the afternoon's bingo. As far as possible people mobilised independently and were encouraged to.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital follow up appointments. One person told us, "I have to go to hospital for regular check-ups; they [the staff] make sure I get to them." Another four people agreed they have or would have access to a health professional if required. One relative commented that their family member had been unwell recently and the home had called the doctor straight away. They said they were pleased about this.

We saw delays in equipment could have contributed to a person's skin breaking down but lessons had been learnt. The manager stated that when they carried out assessments for people moving to the service they now identify any specific equipment required and this is requested before the person moved to the home.

A professional visitor, who worked with people at the home, told us that they found the staff professional, helpful and had a good working relationship with them and others in their team. They felt the care plans were well written and detailed, and felt that the staff were knowledgeable about the people they supported. They also felt that the staff were able to encourage people to maintain their independence and self-determination, which is especially important for those people who were recovering from an illness or hospital stay and planned to return home after they had recovered.

Good

Is the service caring?

Our findings

We observed positive relationships between people using the service and staff supporting them. People said that the staff were kind and made sure they had everything they needed. One person we asked if they liked living in the home told us, “Not as much as being at home, but it’s OK here.”

One person said,” I see happy faces, Nothing is too much trouble and I get on well with all the staff.”

A visitor to the home told us that the person they visited was relaxed, well cared for and happy at the home. They said, “The staff are always friendly and approachable and I always get offered a cup of tea.” A relative told us, “One of the carers knows our family and often comes to see Mum. She talks so nicely to her”. Another said “They are very kind here and will often give Mum a cuddle, it’s so nice to know they care.”

Two relatives told me they visit often and at different times. They said they were always welcomed and had never felt restricted in any way. One relative said “I come every day, yes, they seem happy for me to be here.”

We observed that staff, people and relatives addressed one another by their first names. This came across as acceptable and didn’t appear over familiar. A care staff doing the afternoon hot drinks round to people’s rooms knew the drink choice of people we were speaking with. They proceeded to chat easily.

We saw examples of calm and caring, practice from staff who were quick to diffuse situations and reassure and support people. For example one person was moving about but could not remember where they were going. They were upset because they had a handbag not belonging to them. Staff helped the person and provided appropriate reassurance and the time that they needed.

People told us they were consulted about their care. One person told us they would be asking their relative to set up a review of their care plan so they could feel confident that they understood everything. When asked if their relative had been involved in the initial planning of their care, they replied “Yes we both were. I just think a review might be a good idea as no-one speaks to you over your care or discusses your condition. I get quite scared when I cough a lot during the night.”

People and visitors told us that residents/relatives meetings were held regularly and where people were not able to attend they received the minutes of the meetings. We saw minutes in people’s rooms. The relatives thought they were a good idea for raising issues and hearing what was happening, whilst people said they were happy to give their views.

Every person we spoke with felt the carers were respectful when delivering personal care. We asked one person if they were treated with respect and if their dignity and privacy was respected. They unequivocally replied “Oh yes, they are very respectful here”. Three other people when asked agreed similarly.

Requires Improvement

Is the service responsive?

Our findings

Care plans were not all up to date some had not been reviewed for three months. We saw that some people's needs had declined very quickly but their care plans still described them as independent. We were not able to see if staff were providing them with the regular care and support they required particularly in relation to their nutritional, and hydration needs, their skin care and meeting their psychological needs. One person's record said they required assistance with the hoist but in fact they were now confined to bed. At our second inspection these records had been updated. However we found that although records were more up to date there was not always clear action recorded when there had been a change or concern about someone's needs. For example staff were more vigilant about recording what people were eating and drinking but had not taken any action with regards to low fluid intake over a number of days. We were not always able to assess how staff monitored people's health or responded to emerging risk, such as an increase in falls. For people newly admitted to the home there were not sufficient records kept to show how they were settling in and how staff were meeting their needs according to their plan of care.

Staff spoken with were familiar with people's needs which lessened the risk of people receiving the wrong care. However the home sometimes relied on regular agency staff to fill staff vacancies and there were a number of new staff who would be less familiar with people's needs and have a reliance on the care plans which were not reliable.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to people about their preferences around waking times and one person told us, "I wake up about 8:30am, and then I get up and have my breakfast on this table here in my room", another said "I don't like lying in bed so the night staff get me up early" and a third person said "I wake when I'm ready and then they come – I am happy to wait." Everyone felt that routines in the home were flexible and based about their personal preferences.

Another person told us, "I like to get up early and staff attends to me at a time of my choosing." We saw that they had a call bell to reach and they said if they needed to use it staff responded quickly. We asked them about activities and they told us they did not really like to join in but said their family participated in the meetings, raffles and fundraising.

People's care plans contained information about how people communicated and their ability to make decisions about their care and support. Full assessments were completed before people were admitted to the home. They were detailed and covered people's care needs as well as their life history and their plans and hopes for the future With regard to contributing to their relative's history, a family member told us "We told them all about Mum when she came in here". A staff member we spoke was familiar with people and their histories which helped them to interact appropriately.

If people were admitted to hospital staff visited them in hospital before their discharge to carry out a re-assessment. This ensured that they service knew if their needs had changed and were able to update their care plan so that it was in place before they returned home.

We received concerns about how the home had not fully met a person's needs when they were admitted to the home for respite care. We were also told their relative had raised concerns during their family members stay but there was no record of how these had been addressed. The relative felt their family members needs outweighed what the home could offer. The home had a statement of purpose which was available to people and state what the home do and do not provide. We discussed admissions with the manager as some staff felt this sometimes happened quickly without due consideration to the staffing levels and how long it took people to settle in. The manager said they would look at their admission process to help identify what might help people to settle in.

We spoke with people about how they spent their day, One person said;" I might take a walk in the garden."

We spoke with the experienced activities coordinator who showed us a printed list of activities planned for the month and circulated to people's rooms. They said some people who live in the home also found the sheets useful for recording their own reminders. One person said they joined in with a few activities, but not art. Normally they said they liked to read and watch a little television and, this kept them occupied. At the weekends there were no activities

Requires Improvement

Is the service responsive?

staff on duty. However when we checked we saw that there were still things happening at the weekend, such as pre dinner drinks and regular films being screened in the lounge on Sunday afternoons.

We observed a member of staff playing a game with a small group of people in one of the lounges and during the afternoon we witnessed a session of bingo with a larger group. A relative we spoke with said their family member could not see or hear well. They said they were really pleased that someone filled in their bingo card and they had won a prize which they were pleased with. Weekly quiz sheets were distributed to those who wished to take part. There was a display in the lounge of chocolate and Easter eggs.

The home had an established complaints procedure and we saw that complaints were responded to in line with the homes procedures. The manager made herself available to respond to complaints and listen to people's concerns. Relatives were invited in to discuss their family member's care. One person said "I have no complaints about anyone or anything." People told us of changes that had been made as a result of feedback about the service which meant the staff acted on people's suggestions. We looked at compliments about the service which showed satisfaction with the service provided. We also looked at complaints and investigations into poor staff conduct. These were dealt with satisfactorily and only closed off after proper investigation

Requires Improvement

Is the service well-led?

Our findings

There was a positive culture in the home. All the relatives we spoke with valued the residents/relatives meetings and recognised how useful they were. One person said "We can give feedback and find out what's going on." Another said the notes were useful and that they had a copy in their room somewhere. One person told us the home had taken advice from a food expert and that the meal choices had improved. They thought this had happened as a result of a discussion at the meetings.

One person told us when asked if the home was well run, "Yes very well, this home is a great place, my daughter chose well." Another person told us "I know who the management team are and if I want something I go to the office". A relative said "If we had any complaints, which we don't, we would go straight to the manager. Another relative said the manager was approachable and caring.

A number of staff said communication could sometimes be poor and staff were not always clear about their responsibilities. We saw that there was a handover between shifts, both verbally and recorded to help staff know what had happened that day and what needed to be done. The manager was established at the home and said they were very well supported by the organisation and regular audits helped them identify where their priorities should be. They had however been without a deputy manager and other key staff which meant they had not been able to support staff formally as much as they had wished but did informally support staff. Some staff said the manager was visible, other staff said not as much.

Service audits helped to identify where improvements were required and took into account feedback from people who used the service. For example we spoke with people about the quality of the food and overall dining experience. Most people reported on this favourably. The manager told us they had carried out audits and observations of the dining experience for people and had asked people about the food and what they would like on the menu. As a result the menus had been changed and they had changed food suppliers. Another action taken by the home was the introduction of hostesses who were staff designated to give people drinks and help alleviate some of the pressure on care staff. Staff told us this was not working as well as it could be but we recognised staff were new to their role and were still getting to know people and receiving training around supporting people on supplements.

The schedule of audits was comprehensive and included action plans to address any shortfalls which meant the service was proactive in addressing concerns. Some audits reflected on people's experiences and how they received their care and if it met their needs. They were about the lived experience of care. As well as monthly audits there was an expectation that the manager would report things on a weekly basis and had to answer a series on questions to show how they had dealt with things correctly before it could be signed off. For example they would report vacancy rates, staffing levels and anything affecting this such as sickness levels. They also reported on events affecting people's well- being. This enabled senior managers to monitor the service and to support the manager through regular visits to the service and one to one supervision.

We saw that falls were recorded and where people had three or more falls a falls register was kept to try and identify possible themes or trends. People's falls were analysed to help the provider take necessary actions to reduce the number of falls where reasonably practical to do so. However some records had been archived so we were unable to see if the actions taken to manage falls had been appropriate.

Gaps in people's notes meant we could not see how staff always responded to a change in the person's needs. For example we saw an entry about a person having strong smelling urine, which could be as a result of an infection. The required actions were to do a urine test. However there were no further entries so we could not see if this had been done or the outcome. It might have been indicative of low fluid intake but again records were incomplete so it was difficult to assess how much the person was drinking. We also raised concerns about weight recording for people on weekly weight but found weights were recorded in different places and had not always been transferred to people's notes. This was brought to the manager's attention and meant we could not see how staff were effectively evaluating the care they were providing to people.

The home worked well in partnership. The manager said they worked closely with families to deliver the right care to people. They also liaised with other professionals and mentioned specifically the local hospice around end of life

Requires Improvement

Is the service well-led?

care for people. Professional feedback was positive. They felt the care was good and the home worked hard to improve standards to people and improve the care they received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care. People using the service were not always getting their individual needs met particularly in relation to their nutritional and hydration needs, because records were not kept under review or their needs reassessed when there had been a change in need. Regulation 9 3 (a) (i)