Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Lancaster

Inspection report

Westbourne Road
Lancaster
Lancashire
LA1 5DX

Tel: 0152463107

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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?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection visit at Hillcroft Nursing Home Lancaster took place on 22 March 2016 and was unannounced.

Hillcroft Nursing Home is one of five nursing homes managed by Hillcroft Nursing Homes (Carnforth) Ltd. It is registered to provide care and accommodation for up to 20 people and is located in Lancaster. The home caters predominantly for people living with dementia and who have complex behaviours.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At the last inspection on 28 January 2014, we found the provider was meeting the requirements of the regulations that were inspected.

During this inspection, we noted staff responsible for the administration of medicines had received regular training to ensure they maintained their competency and skills. Medicines were safely and appropriately stored. Documentation looked at indicated people were not always supported to meet their care planned requirements in relation to medicines. We noted administration of medicine forms contained missed signatures.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see what action we told the provider to take at the back of the full version of the report.

The provider had recruitment and selection procedures to minimise the risk of unsuitable employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the home, which was confirmed through discussions with staff. Gaps in employment were not documented as being explored.

This was a breach of Regulation 19 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of the report.

People did not always receive the appropriate support at mealtimes. Staff members did not fully engage with people who required support with their meals.

Staff had received abuse training. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the home.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

A complaints procedure was available and relatives we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive and approachable and would listen to and act on concerns raised.

The registered manager had sought feedback from people and their relatives for input on how the home could continually improve.

The registered manager had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment procedures were not fully used by the provider, because gaps in employment were not documented as being explored.

Medicine protocols were safe but not consistently followed.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Staff were aware of the risk assessments used to reduce potential harm to people.

There was enough staff available to meet people's needs, wants and wishes safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always receive the appropriate support at mealtimes.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and were responded to promptly when support was required.

Staff spoke with people with appropriate familiarity in a warm,

genuine way.

The staff team were person-centred in their approach and were kind.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible home that responded to people's changing needs.

People told us they knew how to make a complaint. People felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The registered manager had a visible presence throughout the home. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted to maintain the quality of the home provided.

The provider had sought feedback from people, their relatives and staff.

Hillcroft Nursing Home Lancaster

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection team consisted of one adult social care inspector, a specialist advisor and an expert by experience. The specialist advisor had a nursing background with experience of adult social care and mental health homes. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care home. The expert by experience had experience of adult social care and mental health homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. The registered manager stated they intended to reintroduce the keyworker role. Other planned actions included developing a specified hairdressing area. A further action was to upgrade the décor to enhance the homeliness of the environment. The registered manager also informed us they planned further development of outside space and to begin a gardening club.

Prior to this inspection, we reviewed all the information we held about the home, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were no safeguarding concerns being investigated by the local authority. This helped us to gain a balanced view of what people experienced who accessed the home.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This

involved observing staff interactions with people in their care during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

During this inspection, we spoke with a range of people about this home. They included the registered manager, two members of the management team and six staff members. We also spoke with two people who lived at the home, three relatives and one visiting hairdresser. We spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to eight people who lived at Hillcroft Nursing Home, Lancaster and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Requires Improvement

Is the service safe?

Our findings

On the day of our inspection, we found it difficult to gain verbal feedback from people living at Hillcroft Nursing Home Lancaster. People were living with advanced stage dementia and or complex needs. One relative told us they felt their family member was safe, "There are always loads of people around." A second relative said, "I have never had to raise any concerns about the care, never."

During the inspection, we observed medicines administration at lunchtime. The medicines were stored in a locked trolley, which when unattended, was stored in a locked room. The nurse administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines.

During our inspection, we noted ten missed signatures on a MAR form that related to six people in relation to the administration of tablets, creams and gels. This showed us systems in place to administer medicines was not consistently followed. We discussed this with the registered manager who told us they would investigate the situation. On the day of our inspection, no one was able to self-administer medicines. We looked at how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment because the provider did not ensure staff followed policies and procedure on the administration and recording of medicines.

We looked at recruitment records of five staff. The registered manager had completed all required checks prior to any staff commencing work. Recruitment records looked at contained a Disclosure and Barring Home check (DBS). These checks included information about any criminal convictions recorded. Records also included an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

The provider had not documented all checks had been investigated during the recruitment process. We saw two application forms where the reasons for gaps in employment had not been explained and documented. A third application form had no dates documented for their previous employment. This showed the provider had not fully used systems in place to keep people safe. We spoke with the registered manager who stated discussions did take place regarding gaps in employment but would be documented in the future.

This was a breach of Regulation 19 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed because the provider did not document people's full employment history, or gather written explanation of any gaps in employment.

Staffing levels were sufficient to ensure people's requirements were met in a timely manner. The deployment of the care staff was organised by the senior carers and written down for colleagues to read and follow. We were told this ensured everyone knew their role and their responsibilities and knew where to be. One staff member told us, "We work well together, know what we are doing, we are not looking about. It keeps people safe."

We noted the safeguarding policy and procedures were on display. There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their knowledge and understanding. When asked about safeguarding people from abuse, one staff member told us, "We don't sit down; we are always walking around to make sure people are safe." When asked what they would do if they had any concerns, they responded, "I would report any concerns to the manager." They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) should that be necessary.

During our inspection, we checked the water temperature in five bedrooms, three bathrooms and one toilet. All were thermostatically controlled. Water was maintained at a safe temperature that minimised the risk of scalding.

Window restrictors were present and operational in the five bedrooms, three bathrooms and one toilet we checked. Window restrictors were fitted to limit window openings, to protect vulnerable people from falling.

Accidents and incidents were recorded and staff had knowledge of who was at high risk of having an accident or incident. We noted people who were at risk of falling during the night had sensor mats and/or door alarms in their bedrooms. This alerted staff to when they got out of bed and required support. This minimised the risk of injury. Where falls had occurred, physical health, footwear, balance and the time of fall were reviewed. This was to see if a reason for the falls could be found to reduce the risk of them reoccurring.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with told us they felt their care was good and was provided by experienced, well-trained staff. One relative told us, "The staff are really good and if anything happens to [my relative] or they are not well, the staff always contact me." A second relative said, "Staff are good, they are efficient."

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review training needs, roles and responsibilities. Regarding supervision a staff member said, "We get those pretty regularly. We talk about anything and everything. Any problems I have and any training I feel I need." Records confirmed staff had the opportunity to reflect on their strengths, achievements and future/ongoing training needs.

We spoke with staff members, looked at the training matrix and individual training records. Staff members we spoke with said they received induction training on their appointment. One staff member told us, "I had two weeks shadowing with a senior staff member, I got to know my job." A second staff member told us, "Training is very professional." They stated the training they received was provided at a good level and relevant to the work undertaken. Trained staff responsible for administering people's medicines had been observed to ensure they were effective and competent in their role.

All staff received training and subsequent refresher training related to supporting people with behaviours that challenged. The refresher training involved one day of role-play plus an exam to verify knowledge competency. One staff member told us about the behaviour training, "It gives you the confidence to support people, and you know what you are doing." A second person told us, "The training shows you how to move away if people are coming towards you. It shows you de-escalation techniques." This showed the provider had ensured staff received effective training appropriate to their role.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. We saw the registered manager had systems in place to monitor DoLs applications and record all contact with the local authority. When we undertook this

inspection, 34 DoLS applications had been made of which four had been approved.

We asked the registered manager about procedures for when a person did not have capacity and how decisions were made. The registered manager said family members, health care professionals, and advocates would be involved in making decisions on their behalf, in their best interests. One relative we spoke with told us, "I am involved in care planning and best interest decisions, they [the management team] are good." This showed the registered manager knew the correct procedures to follow to make sure people's rights had been protected.

On the day of this inspection, we observed lunchtime. A choice of foods was written on a menu. The choices on the day we inspected were braised steak in a red wine sauce or minted lamb stew, and dessert was apple pie and cream. Alternatives to the written menu were also available. For example, the chef told us, "I have been asked to do custard. I like to give people what they want, nothing is a problem." One person who lived at the home told us, "The food is nice." Drinks were offered throughout the day. Teas, coffees and juice drinks were available with meals and in between times. One relative commented on the quality of the food, "It's good food here, this morning [my relative] has had porridge, toast and a brew." This showed people were supported to meet their nutritional needs.

People had the choice of eating their meal in the lounges where they sat, or at the dining tables. People who required help with their meal were prioritised to receive their lunch before people who could eat independently. We observed one person who required no support, waited for their meal for 40 minutes before it arrived. Nobody informed the person they would have to wait for their meal. In one lounge, we observed people being supported by staff who interacted in a warm and caring manner. In the second lounge, we observed two people received one-to-one support with their lunches. The two staff members talked to each other about recent training. They did not fully engage with people they were supporting. They did not make sure people being helped with their lunch, had a person centred, positive experience.

We visited the kitchen and found it clean and hygienic. Cleaning schedules were in place that protected people against the risks of poor food hygiene. The chef had knowledge of people's special diets, who required fortified drinks and peoples food likes and dislikes. The chef had knowledge of the food standards agency regulations on food labelling. The chef and several staff had received allergen training. This showed the provider had kept up to date on legislation. They knew how to make safer choices when purchasing food for people with allergies. The provider had achieved a food hygiene rating of five. This was advertised in the reception at the front of the building. Homes are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

People's healthcare needs were monitored and discussed with the person and or their relatives. We noted signatures from family within care plans. We were told by the registered manager families were invited to care plan reviews. One member of staff told us the provider had a good relationship with several healthcare agencies. Care records seen confirmed visits to and from GPs and other healthcare professionals had been recorded. For example, specialist advice had been sought for one person in relation to weight management and nutrition. Additional documentation was in place to monitor and observe this ongoing concern that included visits from health specialists. We noted people who required help to manage their diabetes had personalised care plans. People who had allergies had their allergy documented and the advised response should that be required. This showed the registered manager had systems in place to help people stay healthy.

Good

Is the service caring?

Our findings

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. Staff walked with people at their pace and when talking with someone used eye contact. They actively listened and responded to people's questions. One person we sat with pointed to a member of staff and repeated, "She's nice, she's nice." A relative told us, "Staff are very kind and caring." A second relative stated, "I'm happy with the care."

Relatives we spoke with told us they were made to feel very welcome. One relative told us, "You get a cup of tea as soon as you walk in, before you get your coat off." A second commented, "I come in the morning or after work. If you want to come, you come when you want. I can bring the dogs in, I do sometimes." This showed the provider valued and promoted positive relationships for people who lived at Hillcroft Lancaster.

When speaking with staff, it was evident good caring relationships had developed. Care staff spoke about people in a warm, compassionate manner. For example, we observed one person said to no one in particular they were cold. Soon afterwards, a carer appeared with a blanket and covered the person's legs. When we looked in people's bedrooms, we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings. One visitor told us, "It is homely here, I like it."

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. For example, staff described how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering.

One member of staff told us about a scheduled fund raising event. Staff would complete a sponsored walk from one Hillcroft establishment to another. All money raised would go to the resident's activities fund. The sponsored walk would take place in each staff member's own time. This showed staff cared about people and had developed positive relationships.

Care records we checked were personalised around the person and held valuable personal information. There were 'my life story', 'this is me' and 'things I would like you to know about me' sections. This showed the provider had spent time with people and encouraged them to be individuals. Their personalities and past lives were acknowledged, respected and reminiscence encouraged. For example, where people had lived and previous employment was documented.

Hillcroft Nursing Home Lancaster had Wi-Fi for people and their families and friends to access. Wi-Fi is a facility allowing computers, smartphones, or other devices to connect to the internet to communicate with one another wirelessly. Hillcroft Lancaster had a hand held computer available for people to use. Relatives had brought hand held computers into the home. They supported their relatives to maintain contact with other family and friends through video conversations over the internet. For example, a family member arranged for relatives in New Zealand to speak with one person who lived at Hillcroft Lancaster. This showed

the provider used technology to promote an alternate means of maintaining positive relationships.

Care plans we looked at included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from health care professionals. Staff received end of life training to ensure their support was appropriate. One staff member told us, "It is about the added touches, music, perfume and the person never being on their own." This highlighted the provider had respected people's decisions and guided staff about positive end of life care.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs. People received personalised care that was responsive to their needs. One relative told us about the planning of care, "You can approach [the registered manager], she's lovely. She listens to us."

The provider assessed each person's needs before they came to live at Hillcroft Lancaster. The registered manager visited the person prior to admission. The registered manager told us, "I wouldn't take anyone without visiting them." They further commented, "People don't know my residents, we have to consider how they would fit in." The registered manager stated they would speak with the person, their family and health professionals. They told us, "We look at their individual needs, are they vulnerable and can we meet their needs safely." This ensured the home would meet their needs and minimise disruption from a failed or inappropriate placement. The registered manager also told us a second assessment took place seven to fourteen days after someone had moved in. This was to see if their needs or behaviours had changed and if care plans needed to be amended.

We looked at care records of eight people to see if their needs had been assessed and consistently met. We found each person had a care plan that detailed the support they required.
The plans showed evidence of capacity assessments and moving and handling guidelines. The care plans were informative, current and we could see how staff supported people with their daily routines and personal care needs. They included several sections that ensured people's care needs were identified. For example, capacity, behaviours, general medical conditions, mental health, psychological and emotional needs were monitored. There was evidence the care plans were regularly updated and evaluated. The plans were person centred and individualised to cover each identified need of each person. For example, one person had a strategy to manage their behaviour that challenged whist providing them with personal care support.

During our inspection, we observed one person become upset and required staff to respond. We observed staff responded quickly. They calmed the situation and guided the person to a quiet area within the home. The response by staff was discreet and respectful.

The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. A relative told us, "They involve you, it's nice." When asked about decision making a second relative stated they were involved stating, "[My relative] cannot make any decisions, I make them." A member of staff told us, "I involve the families in everything. It's all about love, laughter and a few tears."

We asked about activities at Hillcroft Lancaster. A member of staff told us, "Just because someone is living here, it doesn't mean activities stop, it carries on." A relative told us, "It is nice when they have the singer coming in." The provider had arranged with a clothing chain 'catering to mature women' to bring several rails of clothes to the home to allow people to home shop. Shopping trips to the local shops had occurred.

Staff and relatives spoke of Easter and anniversary parties that had taken place. One relative told us, "They have events here. Easter, Mother's Day, tea parties, pantos and Christmas shows. They are good." Staff told us there is a lounge that the men prefer to use to watch sport together.

The registered manager told us people really enjoyed and responded to music. They had organised 'Hillcroft musical memories', which was their own version of 'singing for the brain'. 'Singing for the brain' is a home provided by the Alzheimer's Society. It uses singing to bring people together in a friendly and stimulating social environment. This showed the registered manager recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health. A member of staff told us, "People respond really well to music. They are all up singing and dancing."

On the day of our inspection a hairdresser had visited. We observed the hairdresser spend time socialising with people throughout the day. We spoke with the hairdresser about delivering their home to people who had complex needs. They told us the registered manager arranged for them to attend training for supporting people with behaviours that challenged. It was the same training care staff attended and included an annual one-day refresher. This showed the provider had taken a creative approach in supporting people with their personal preferences, whilst keeping people safe.

There was an up to date complaints procedure. Relatives and staff were able to describe how they would deal with a complaint. A relative told us, "I know how to complain, but I have never had to." The home had received two complaints in the last 12 months. We saw responses to the complainants, resulted in a change in how care was delivered. The registered manager had offered to meet with one complainant to discuss their complaint. This showed us families who used the home knew how to complain and the provider had listened and acted upon their concerns.

Good

Is the service well-led?

Our findings

People we spoke with said they thought the home was well run and everyone knew the registered manager. The home demonstrated good management and leadership. There was a clear line of management responsibility throughout Hillcroft Nursing Home Lancaster. Relatives and staff felt the management team were supportive and approachable. One relative told us about the registered manager, "They are approachable and proactive." A second relative told us, "[The registered manager], she's lovely fantastic with these residents." One staff member told us, "The registered manager knows what they are doing, they get involved. They spend a lot of time supporting people." A second staff member confirmed, "She is so hand's on, her office door is always open, she is dedicated to the job."

Staff told us they worked well as a team and the registered manager promoted an open working culture. A staff member told us, "[The registered manager] is brilliant; you can go and ask them anything." Another staff member stated, "Everything is so organised, [the registered manager] knows what they are doing." One staff member told us, "We don't get asked if everything is alright just in supervision or team meetings, we get asked every day at handover." We were told by staff, the registered manager is present at the handover briefing from one shift to the next. This meant quality of care could be monitored as part of the registered manager's day-to-day duties. Any performance issues could be addressed as they arose.

We saw evidence there was a structured schedule for audits, meetings and surveys. The schedule had forecast the area of review, who the auditor would be and when the audit would take place. Hillcroft Nursing Home is one of six nursing homes managed by Hillcroft Nursing Homes Ltd. Working between the six homes was the quality manager who was responsible for quality monitoring and audits. On managing quality and assessments, the quality manager told us, "It is better for me to find it, so we can fix it." They further commented, "I am proud of what we do here. I want people to know what we do."

Medicine errors, grievances, staff turnover, accidents and incidents, safeguarding and skin damage were amongst the audits collated monthly. The information was sent to the directors each month and to the local authority every three months. The information was analysed by the registered manager and quality manager. For example, if someone had more than two falls a month the registered manager would arrange a safeguarding meeting to look at the overall situation. We saw evidence every six months there had been quality meetings to review information and plan for the future. This showed the provider had systems in place to monitor quality and seek improvements.

Staff told us there were regular staff meetings. One staff member said, "We discuss anything and everything, problems, if we have worries, training, everything." We saw minutes, which included, how to care for someone with limited movement change in the role of supervision, safeguarding and whistleblowing. The meetings enabled the registered manager to receive feedback on the home delivered and to support and develop staff. It also gave a forum for staff to discuss any issues or concerns.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider was required to notify us about

and working with other agencies to maintain people's welfare.

The home's liability insurance was valid and in date. There was a current business continuity plan. A business continuity plan is a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. We saw the plan had been updated to include lessons learnt after a local flood and power cut.

We saw maintenance safety certificate checks, emergency lighting, fire door and fire alarm checks had taken place. There was a structured framework to monitor, document and repair when necessary. This ensured the home delivered care and support in a safe environment.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not always follow policies and procedures on the administration of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not document people's full employment history, or gather written explanation of any gaps in employment.