

Nugent Care

James Nugent Court

Inspection report

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06 November 2018

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 05 and 06 November 2018 and was unannounced. Our previous comprehensive inspection of the home in April 2018 had placed the home in special measures and had rated the service as 'inadequate'. We carried out this inspection as we needed to check that improvements had been made to the quality and safety of the service.

James Nugent Court 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. James Nugent Court is a modern-purpose built home. It has 56 bedrooms with en-suite accommodation situated over three floors. Each floor has a lounge, dining and kitchen area. The building had hairdressing facilities, coffee shop and landscaped gardens and car parking is provided at the front of the building. At the time of inspection James Nugent Court was providing care for 46 people.

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 service did not have a registered manager in post. However, a 'turnaround' manager was in post and a nominated individual who was the providers representative was heavily involved in the home.

At our last comprehensive inspection of the home in April 2018 we found a number of breaches of the Health and Social Care Act 2008, which were related to consent, safe care and treatment, good governance and staffing. We had also identified a breach of Regulation 18 the Care Quality Commission Registration Regulations regarding notifying of significant events. We found that improvements had been made in the majority of these areas but further improvements were required. However, in response to the improvements that had been made we took the home out of special measures.

During our last inspection we found that the medication procedures were not managed effectively as there were medications not administered correctly as prescribed. At this inspection we found that although there were improvements in some areas of medication management, there was still significant concerns.

This is a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014 in respect of Regulation 12 safe care and treatment.

During our last inspection we found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had not been adhered to in the home. At this inspection we found improvements had been made in regard to mental capacity assessments, DoLS and consent. The manager was also holding best interest meetings for those people who needed them.

During our last inspection we also found concerns regarding risk assessments, personal emergency evacuation plans, care plans and health monitoring information. At this inspection we found improvements had been made in each of these areas and they were now person centred and the information held was up to date and regularly reviewed. However, we identified that staff held knowledge about people's care that was not recorded in the care plan and in some cases the monitoring information had not been fully completed.

During our last inspection we had identified that staff support such as induction, training and supervision was inadequate. At this inspection we found improvements had been made and staff were receiving support to carry out their work, however we saw that although mediation training had taken place we could not be certain of the effectiveness of this training due to our findings in relation to medication management

We had previously found that accidents, incidents and complaints had not been managed appropriately. However, at this inspection we saw that the processes had improved and these were monitored and significant events had been notified to the CQC in a timely manner.

At our previous inspection we had found the manager had not carried out any audits of the service and that the provider audits had not been effective. During this inspection we saw that audits and other quality assurance processes had been implemented and the majority of these were useful in driving the quality of the service. However, due to our findings throughout this inspection found that the audits for medication were not effective.

The majority of staff were friendly, welcoming and we observed good relationships were maintained with people living in the home with a kind and respectful approach to people's care. However, we did observe staff not listening to people at times.

There was still a high usage of agency staff being booked by the manager, however the feedback from people using the service and their relatives said that regular agency staff were used so there were familiar faces and so continuity for the people living in the home was upheld.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Infection control standards were monitored and managed appropriately. There was an infection control policy in place and a procedure for staff to follow to minimise the spread of infection, all staff were provided with appropriate personal protective equipment such as gloves and aprons.

The manager was a visible presence in and about the home and it was obvious that she knew the people who lived in the home well. The manager and the provider representative were open and receptive to our feedback. They told us that they recognised that the home needed to continue to improve and that they were committed to the work required.

There was a safeguarding policy in place and staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager immediately.

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.

Medications were still not managed safely.

Improvements had been made to the risk assessments for the people who used the service and detailed risk assessments were in place.

The procedure for reporting on accidents and incidents had been improved, with effective monitoring in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's nutritional needs were met, however there was little choice given and the mealtimes were task led by staff.

Processes regarding the requirements of the Mental Capacity Act (2005) had improved and had been fully implemented to protect people's rights.

The induction programme and formal supervision for staff had improved.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's rights to confidentiality was not always respected.

Most staff were caring in their approach however we observed instances of staff not listening to people.

Communication with relatives and other professionals had improved.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans had improved and the majority reflected the needs of the people. However, we identified that staff knew information about people's needs that was not documented in care plans.

Improvements had been made to the complaints management.

People told us that they would be comfortable speaking to either the staff or registered manager if they had any concerns.

Is the service well-led?

The service was not always well-led.

The manager had improved audits, however the effectiveness of the medications audit was questioned due to our findings on the day of inspection.

There was no registered manager in post however there was a 'turnaround' manager who was supported by the provider.

The manager was transparent and recognised that the home needed to continue to improve and that they were committed to the work required.

Requires Improvement 

James Nugent Court

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 05 and 06 November 2018 and was unannounced on the first day.

The inspection was carried out by one adult social care inspector, two medicines inspectors, two assistant 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.

Before the inspection we asked for information from the local authority and we checked the website of Healthwatch Liverpool for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During our visit we spoke with five people who used the service, seven people's relatives and six members of staff. We also spoke with the manager and the nominated individual for the home. We looked at the care records for six people who used the service, medication storage and records, five staff records, accident and incident report forms, health and safety records, complaints records and other records for the management of the home.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in April 2018, we found that the provider and manager had not taken the appropriate action to provide care in a safe way for people who lived in the home. During this inspection, we found that improvements had been made. The manager was able to show us that they were in the process of introducing ongoing improvements to the service.

At our last inspection in April 2018, we found the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were issues with safe storage, records and people were not receiving medicines as prescribed. Some issues had been addressed but we found further issues with administration and records which meant medicines were still not managed safely.

At this inspection we found that medicines were stored safely in the home with improvements seen in treatment rooms so that medicines were now safely stored within recommended temperature guidelines. Controlled drugs were checked twice daily and the stocks and records we checked were correct. However, medicines that had a shortened expiry once opened were not dated so we could not be sure that these were still safe to use.

We looked at 11 medicines administration records (MAR) and found that all people now had their allergy status recorded. However, other administration issues found at the last inspection had not improved, for example. Four people were not receiving their medicines as prescribed. This included regular inhalers, laxatives, eye preparations and pain relieving creams. This is a risk to people's health and well-being. We raised this with the manager during the inspection.

We saw that there was a gap in one of the MAR records where staff had not signed that a pain relieving patch had been applied and that staff had not recorded the exact position to avoid irritation from repeated application on the same area of skin. Staff had signed a person's record that they had administered a liquid medicine when they had given crushed tablets. Medicines were not always administered with the appropriate time interval between doses and medicines that should be given on an empty stomach were administered with other medicines after breakfast. There is a risk that the effectiveness of medicines may be reduced if not administered properly.

Some people were prescribed medicines to be taken when required. Information to guide staff how and when to give these medicines was not always available or was insufficient. For example staff did not always record the time that paracetamol was administered so could not ensure a four-hour gap was maintained

We saw that records for people who required a powder to thicken their drinks, because they had difficulty swallowing, were not clear. One person had records that stated different consistencies were required and information for two people was not detailed enough for carers who prepared the drinks. Staff did not record when thickener was added to drinks or how much had been used. People are at risk of choking if drinks are

given that are the wrong consistency. Thickener powder was not stored securely to reduce the risk of people ingesting the powder accidentally.

This meant there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made to the risk assessments for the people who used the service. There were detailed risk assessments in place that included mobility, use of assistive equipment and falls, pressure area care and nutrition. We also saw that these had been reviewed regularly and when people's needs had changed.

During our last inspection in April 2018 we had identified that monitoring information was misleading and incorrect. At this inspection we found that the home had implemented new monitoring processes surrounding pressure area care, nutrition and fluid intake. However, we found that the recording by staff was not always consistent. This was brought to the managers attention.

We had previously identified that Personal Emergency Evacuation Plans (PEEPS) had been completed however the information recorded had not been adequate. Information in them conflicted with people's mobility risk assessments. During this inspection we found that these had vastly improved and the information held match peoples risk assessments in their care files.

During our last inspection in April 2018 we had looked at how accidents and incidents were managed within the home and found that this procedure had not been adequate. At this inspection we found that the manager had improved how accidents and incidents were reported and monitored and had implemented a falls analysis that identified trends so that if there was a pattern there were timely referrals to other professionals such as GP's.

We saw that the manager still used a significant amount of agency staff as previously identified during the last inspection, however we saw that regular agency staff were used. This meant that the manager endeavoured to keep the continuity of staff for the benefit of the people living in the home. People and relatives, we spoke with told us ""There's always three or four staff on the floor when I visit so I wouldn't say there short of staff", "It's always the same faces who've been before so that gives continuity" and "I wish we had less agency staff and more full-time staff."

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services had been tested and maintained, such as gas, electric and water systems for legionella had all been tested and we saw that the fire alarm system had been checked regularly. The home was clean with no offensive odours we saw that gloves and aprons were freely available and that antibacterial hand gel was available throughout the home.

We looked at the recruitment processes and found that there were appropriate systems in place. We found that recruitment files included photographic identification of the member of staff. We saw completed an application forms and references. We saw that all staff in the home had a Disclosure and Barring service (DBS) check completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

We asked people if they felt safe living in the home and every person we spoke with said yes. Comments included "Of course I'm safe here, I wouldn't stay if I wasn't", "I'm much safer here than I was at home" and

"The staff look after us and keep us safe." Relatives we spoke with told us "I know [person] is safe here", "When I get home I know she's safe here and well looked after" and "He's very safe here and the girls spoil him."

Staff showed a good awareness of safeguarding processes and those staff we spoke with told us they had no concerns about the service. Staff spoken to were aware of the appropriate pathways in which to raise concerns. One staff member described how they would raise a concern with the manager and how this can be taken further.

We looked at the records relating to any safeguarding incidents and we saw that the manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC.

Is the service effective?

Our findings

During our last inspection in April 2018 we had identified issues with mental capacity processes being undertaken at the home. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was now 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. We found that the manager had improved the processes surrounding mental capacity and DoLS. Appropriate care plans had been implemented when DoLS were approved by the local authority and we also saw detailed mental capacity assessments had been carried out.

The manager had implemented a procedure that those relatives who stated they had have power of attorney had the appropriate documentation to have input into people's care. Power of attorney gives a representative of a person the authority to act in specified care related or all legal or financial matters. So at this time we could not be certain that those making decisions on behalf of a person living in the home had the legal right to do so. The manager had also started best interest meetings on behalf of those who did not have any legal representatives. This meant the rights of the people living in the home regarding their mental capacity was now being respected.

During our last inspection in April 2018 we had identified that staff had not been provided with the relevant induction, training and support to enable them to carry out their duties at the home. At this inspection we found improvements had been made. Staff had been provided with an induction programme and we saw that individual and team supervision had taken place since the last inspection. However, in conversation with staff they did not always know that the meetings they had attended were group supervision sessions. We discussed this with the manager who assured us that this would be acted on. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns the staff member may have and to plan future training needs.

We asked for evidence that staff had received training to help them carry out their duties within the home and we saw that there had been some updated training. However, we could not be certain that training provided is effective as we found continued issues with the medication management.

We had previously identified that people who were at risk of malnutrition had not previously been adequately monitored by staff. During this inspection we found that improvements had been made and the

records were clearer and more person centred, however we still found gaps in the monitoring information where nothing had been recorded. This was fed back to the manager and provider representative.

We observed lunchtime on two separate floors and found the experience differed on each floor. We found on one floor the meal time was task orientated and the dining tables although had cloth tablecloths they were not set with cutlery. There were no condiments or sauces and no napkins. One person was given some white paper towels through the course of the meal. This meant people were not able to clean themselves. We asked what was for lunch as the menu board on the wall was blank, staff had to go get the information from the kitchen. There was a limited choice of food, everyone was given soup and sandwiches that was put in front of them and we did not see any discussion to see if they wanted it. However, we observed people having choice of where they wanted to sit and that people were free to come and go as they pleased. We also observed a staff member walking with a person living with dementia helping them eat as they walked as they knew the person would not sit down to eat. We asked people living in the home about the food and we received mixed feedback. Comments included "It's very good" and "I've no issues with the food." As well as "In the beginning it was better than it is now" and "For the last couple of months it's not been as good as it used to be."

We discussed the dining experience with the manager and the provider representative and they were able to tell us of the plans in they had place that would improve the dining experience for people living in the home.

We saw that all dietary needs of people living in the home were listed in the kitchen so that agency chefs could easily follow it and that any specialist diets were highlighted. The home used dementia friendly plates to present the food to encourage independent eating.

The manager and staff had clear links with other professionals such as GP's services, speech and language therapists (SALT), district nurses and other local agencies. We looked at six care plans and saw clear evidence of partnership working. One person told us "They got a doctor in one night when I was poorly" and a relative told us "They suspected she'd had a heart attack six weeks ago and rang for an ambulance immediately." The referral system was effective. The referrals to health professionals for the people who use the service were effective. In the new care plans there was a log of referrals that matched with current health issues.

On the day of the inspection we saw that the home had a café/old fashioned tea room that was open to people and visitors. Tea, coffee and cold drinks were served along with a good selection of biscuits and fresh cream cakes. This was ran by activity coordinators and was very popular with the people living in the home and visitors. The atmosphere was very pleasant and there was a lot of chatting and good-natured banter between people, staff and visitors.

The people's bedrooms were en-suite with their own showers and toilets and were personalised with people's own belongings. If people did not want to shower there were bathing facilities available in the home.

Is the service caring?

Our findings

People living in the home and their relatives told us they were happy with the care provided in the home. People told us "They take care of us fantastically" and "You couldn't ask for better carers and staff, honestly we've got the most fabulous team here." Relatives also told us "The staff are very accommodating", "They're lovely" and "The staff are so caring".

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This meant we could observe staff interactions with people who were unable to verbally communicate. We saw most staff were good communicators and could engage with empathy and respect. They interacted with people with a caring, patient and friendly approach. However, during our inspection, we observed care staff not listening to the people living in the home. An example of this was when a person wanted to use their own en-suite toilet but were taken to a communal toilet. Another was where a person was taken to lie down as this was for pressure area care but this was not explained to the person and so they did not want to go. This was raised with the manager and the provider representative.

As we moved round the building we saw that an office that was for the senior staff had been left open. This room stored the care records for people living in the home. This meant that people's rights to confidentiality was not always respected. This was immediately brought to the manager and provider representatives attention.

At our last inspection there had been no resident and relative meetings held. They give an opportunity for the home to provide information and explanations about the service and for people using the service to express their views about it. At this inspection we saw that both the manager and provider had held meetings people and their relatives. The manager had started a newsletter to inform people living in the home and their relatives of what was happening in the home including new staff being employed. One visiting family member told us that she missed one but was still sent details and outcomes of the meeting via text message to her phone by the management. We also saw how the manager liaised regularly with district nurses, community matrons and the local authority. This meant that communication had improved.

During our last inspection we found that the provider had a Statement of Purpose in place that held incorrect information. A Statement of Purpose is where a business describes what they do, where they do it and who they do it for. This had improved and held the correct information for the people and their relatives.

We looked in the entrance area for any information about the home and saw information available about how to make a complaint, how to recognise if someone with dementia is experiencing pain, safeguarding, the newsletter and information on foot care. We also saw how the manager had acted on what had been received through a suggestion box that was placed at the entrance of the building.

We asked people if their choices were respected and if they were listened to. People told us that this did usually happen. One person told us "You can ask them for anything, they bend over backwards for you" and

another person said, "Yes definitely, I wouldn't want to be anywhere else."

Is the service responsive?

Our findings

During our last inspection we found that care plans held conflicting information and did not reflect the needs of the people living in the home. At this inspection we found improvements had been made, however further improvements were needed. We identified staff held knowledge about some aspects of people's care that was not documented in the care plans, an example being about actions needed for a person's pressure care. The manager was going through the process of rewriting the care plans and these were person centred. We looked at six care plans and saw evidence of how the service was ensuring information on how to support a person was up to date and relevant.

We saw that there was an 'About Me' document that held information about people's medical needs, people who are close to the person living in the home, mouth care, mobility, what assistance is needed with mealtimes, personal care and how to get around with use of walking equipment and mobility aids. We also saw information about 'when I feel sad' that told staff how this will be communicated to them. There were also explanations about behaviours such as shouting and how staff were to give reassurance. We saw how one person had made a decision to grow a beard and a care plan had been devised for the person that included information on how to keep a beard clean.

These documents were updated regularly and we saw that people had had input into their care plans. We asked people if they were receiving the care that had been agreed and people told us yes. Comments included "I'm perfectly satisfied with the care" and "They've got all the right tools here."

At our last inspection we had identified that complaints had not been managed properly. During this inspection we found improvements had been made by the manager. We saw that complaints had been investigated and outcomes were noted. We asked people if they felt they could raise a complaint if needed and each person said yes. Comments included "I've never had to complain but I know where the office door is and it's always open", "I've always said if I had to complain, I would" and "I'm easy to please but I'd complain if I had too." We also spoke to people's relatives and comments included "I had to make a complaint once and the manager sorted it out and told me I should have spoken up earlier", "I'm here so often I haven't needed to complain" and "I wouldn't hesitate to complain but so far so good."

The home employed two activity co-ordinators who each worked 16 hours a week. The people living in the home had access to a range of activities that included daily quizzes, vintage tea rooms twice a week, reminiscing, handicrafts and visiting entertainers such as "Active minds" once a month. The activity coordinators also engaged with people who preferred to stay in their own rooms on a one to one basis. The home also has access to a minibus for outings such as The Giants in Liverpool. Minibus outings we were told happened approximately once a month. Both activity coordinators had been at the home for several years and clearly knew the people living there well.

The manager and a senior staff member had started new projects for the benefit of the home. An example of this was asking people for their favourite recipes to develop into a book, the proceeds of which was to go to an activity for the people living in the home. Another example included a children's book that had been

written for Age Concern regarding older people with dementia. This was to raise the understanding of people with dementia in children.

We found 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the care file. We saw that the home had a policy in place in regard to end of life care and we saw that care plans were in place for those who were in need of them.

Is the service well-led?

Our findings

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 provider had recently appointed a 'turnaround' manager and was in the process of advertising for a registered manager. The turnaround manager was supported by a staff supervisor and the nominated individual from the provider.

At our last inspection there had not been any audits carried out by the manager on any of the systems within the home and the provider audits had not been clear. During this inspection we saw that improvements had been made. However, additional improvements were needed. We saw that the new manager had implemented quality checks that included environmental cleanliness, accident and incidents and mattress checks and we were able to see identified actions and completion dates. There was evidence that some medication audits had been undertaken but not all the issues found at this or the previous inspection in April 2018 had been addressed.

The manager had implemented other quality assurance systems and we saw that satisfaction surveys had been carried out, the feedback received had been addressed with documented outcomes. These included comments about more towels, meetings for relatives and tidying the garden.

During our last inspection we had found that the provider had not made timely notifications to the Commission when required in relation to significant events. At this inspection we found that this had improved and the events that had occurred in the home had been reported in a timely manner to the Commission.

The provider evaluated the whole system of internal processes in relation to the issues of concern raised from the previous inspection and due to the findings, the Trustees and Executive Leadership of the Charity decided upon an overhaul of the management structure at James Nugent Court as well as in its central support services. The providers were very involved in the improvement action plan for the service. They have attended weekly meetings specifically about the service, maintained scrutiny over improvement progress, visited the service and met with people directly involved in the service, including the manager. The providers approved the introduction of a new head of human resources post in order to improve recruitment practices. Since the previous inspection the provider and manager have worked closely with the local authority and CQC to improve the quality of the service. This has shown collaborative working and the intent of both the provider and the manager to continue to improve.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

Staff and the manager shared information in a variety of ways, such as face to face, during handovers

between shifts and in team meetings. The manager had implemented a new practice of a '10 at 10' meeting. This is where the seniors on each floor met with the manager each morning at 10am to discuss subjects that included what was happening in the home, any issues with people's health or any contacts to outside professionals. This meant that everyone was up to date and this showed how the manager was improving the staff communication.

All the staff we spoke with told us that they were supported in their role and that they had no hesitation in approaching the manager. One staff member said, "I am quite happy working here and the staff were quite worried about new manager when she started but now she has settled in it has improved and picked up."

We asked people and their relatives what they thought of the home and the atmosphere and we received positive feedback. Comments included "It's been very pleasant" and "It's very nice here." One relative told us "Everyone's really friendly, you can make tea anytime."

The 'turnaround' manager confirmed that they had been in post as manager for approximately three months and acknowledged that the service provided at James Nugent Court required significant improvements in many areas. We spoke with the manager and the provider representative and we found them to be open and receptive to our feedback. They told us that they recognised that the home needed to continue to improve and that they were committed to the work required. We were told that the staff had been working hard to improve the home. The manager explained that several members of staff had left the home since the change in management and new staff had been recruited. The quality assurance processes were also overhauled by the provider and the providers quality assurance department changed their way of working to ensure oversight was maintained of the quality of the service.

The service had policies and procedures in place, these covered subjects such as complaints, health and safety, medication, safeguarding, infection control and recruitment. This meant that staff had up to date guidance to support their practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed safely.