

Heritage Manor Limited

# The Lawns Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was undertaken on 3, 4 and 10 October 2018 and was unannounced which means the provider did not know we were coming. At our last inspection in July 2015 we rated the service as good in each area and Good overall. Following this inspection, we have changed the rating to Requires Improvement.

The Lawns Nursing Home 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.

Since our last inspection the registered provider has extended the home, the new build opened shortly before this inspection. Previously the provider was registered to accommodate up to 40 people. Following a recent extension, the provider is now registered to accommodate up to 57 people. The original part of the building is an adapted building while the new build is purpose built. People are accommodated on the ground and first floor of the building. Care and support is provided to people with a dementia illness as well as nursing and personal care needs. On the day when our inspection commenced there were 29 people living at the home.

There was 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.

There were aspects of the safe management of medicines which needed improvement to ensure people received their medicines as prescribed and in accordance with instructions. Pain relieve patches were not always accounted for and disposed of correctly. Audits carried out had identified areas needing improvement however these were not consistently maintained and some areas were not identified within the provider's auditing systems.

Records maintained by staff were not always fully completed to evidence the care and support we were assured had taken place. Records within the new build were not always held securely to protect people's rights to confidentiality.

People were supported to remain as safe as possible and staff were aware of how to protect people from unsafe care. Staff knew what action to take in the event of risks to people's wellbeing. People, their relatives and staff were confident if concerns were raised plans would be put into place to help them.

The provider was awarded the Gold Standard Frame work for the care provided to enable people at the end of their life to receive the support needed. This included providing care at the home rather than transferring to a hospital setting. People's needs were considered and people were involved in their needs assessment

prior to coming to live at the home so the registered provider could be assured they were able to meet people's needs.

Staff had received training and were supported so they had the skills and knowledge needed to provide individual care and support to people. People were supported to have the maximum amount of choice and control over their own lives in the least restrictive way possible.

Most people believed sufficient staff to be available to meet people's needs in a timely way. People liked the staff providing care and felt most were kind and caring and provided dignified care and support. People were supported to choose what they wanted to eat and drink and to received support from healthcare professionals although records did not always show what people support people had received. In the new build people's personal records were not held securely.

People had fun and interesting things to do throughout the day which involved crafts as well as discussions and other ways of involvement. People believed the service to be well led. Staff were aware of the time spend by the registered manager bringing the new build into service. The registered manager worked well with other organisations.

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

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Medicine management was not consistently robust to ensure risks were mitigated and people received their medicines as required.

People were supported by staff who had knowledge about how to recognise abuse and the action to take if abuse was suspected.

Risks to people had been identified so the right equipment and aids were sought to meet people's needs in the safest way.

People's needs were met by suitably recruited staff.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's care and support needs as well as promote their health and wellbeing.

People were supported to make decisions where possible. Staff were aware of people who needed support to make decisions and where people lacked capacity.

Food and drink was available and staff supported people to have their dietary needs met although records were not always fully supportive of this. People's healthcare needs were met including visits by other professionals.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by caring and compassionate staff.

People were involved in making decisions about their lives and

**Good** ●

the support they received.

People's privacy and dignity was considered although records needed to be kept secure at all times.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were consulted about their care and support and staff understood people's wishes.

People were supported to follow their interests and engage in a range of pastimes and fun things to do.

The provider was recognised by an external organisation for their end of life care.

People and their relatives had access to the provider's complaints procedure.

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

**Requires Improvement** ●

The service was not consistently well led.

The provider had systems in place to assess the quality of the service provided with a desire to achieve outstanding outcomes. Audits in place were identifying areas needing improvement although these improvements were not always consistently maintained.

Records were not always kept updated and accurate. Some records within the new build were not held securely.

People and their relatives believed the home to be well-run and managed.

# The Lawns Nursing 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 was a comprehensive, unannounced inspection which took place on 3rd, 4th and 10th October 2018. On the first and second day of the inspection the team consisted of two inspectors. The final day was completed by one inspector.

As part of the inspection we looked at the information we held about the service and looked at the notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We requested information about the service provided from Healthwatch, the Clinical Commission Group and the local authority. Healthwatch is an independent consumer champion which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

The provider had sent us during 2017 a Provider Information Return. This is information we require providers to send to us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time with people in the communal areas of the home and saw how staff supported them with their care needs. We spoke with eight people who lived at the home. We also spoke with five people's relatives and family members to establish their views about the service provided.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, the deputy manager, a nurse and seven members of the care team including team leader. In addition, we spoke with one visiting professional.

We checked a range of documents and written records. These included electronic care records detailing the actions taken by staff to monitor and promote people's care including their safety. We looked at medicine records, complaint records as well as staff training, staff meetings and staff recruitment files.

We also looked at information about how the provider and registered manager monitored the quality of the care provided for people and the actions they took to develop the service further and to make improvements where these were identified.

Following the inspection, the registered manager supplied us with additional information we had requested. This information was sent to us within the agreed timescale.

# Is the service safe?

## Our findings

At our last inspection in September 2015 we rated this key question as Good. At this inspection, we found there was a failure in some medicine management systems to ensure the safety of people who lived at the home. The rating has changed to Requires Improvement.

We found medicines were not always managed safely. Pain relieving medicines administered by a patch were not always accounted for and disposed of correctly. A nurse we spoke with was unable to evidence how long one person had gone without their prescribed pain relieving medicines as they were not certain when the patch was last in place. Although nursing staff were aware of the issue regarding patches falling off and had spoken with other professionals they could not account for the whereabouts of the used or partially used patches to assure us they were disposed of safely. These patches contained a medicine classified as a controlled drug. Body maps were in place however the provider had no systems in place to ensure these patches remained in place and people were consistently provided with their pain relief.

Records were not clear about a person's allergy to ensure it was safe for them to have a medicine. The nurse confirmed one person was having this medicine and the records confirmed this. The registered manager assured us they would have the conflicting records brought to the attention of the doctor for clarification.

The unsafe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

People we spoke with were however confident they received their medicines. One person told us, "Nurses come around and give what we need". Nursing staff were seen administering medicines and we saw them check the records beforehand to ensure people had the right dose and the right time.

People's medicines were stored in a locked trolley. Medicines which required additional storage (controlled medicines) had these safeguarding procedures in place to ensure they were stored as required.

People had the ability to call for staff to support them. People told us staff would assist them and answer calls bells if they needed support. People showed us a pendent they worn to call for staff while other people in their bedrooms had call bells close at hand. One relative told us call bells were answered and told us they had not heard them going for a long time.

Risks to people were assessed to protect them and minimise harm. Risk assessments were in place for example in relation to the use of equipment such as a hoist to move people safely. We saw staff members assisting people using this equipment in a safe way and provided people with the support and guidance they needed.

People we spoke with told us they felt safe. Relatives we spoke with were confident their family member was safe and had their needs met by the staff. Relatives told us they did not worry about leaving their family member in the care of the staff team.

The provider had systems in place to ensure staff were aware of their responsibilities to protect people from abuse and discrimination. We saw evidence of an exercise carried out by staff members displayed in the staff room. The display indicated how different types of abuse could occur and how people may appear in the event of them having received abusive treatment. Staff confirmed they had received training and were aware of the action they would need to take in the event of them becoming aware of abusive practises. The registered manager had knowledge about her responsibilities to report any abuse to the local authority as well as to the Care Quality Commission.

The registered manager confirmed the provider had an equality and diversity policy which was available for staff to refer to. Staff had received training in areas such as sexuality and cultural discrimination as part of their safeguarding training.

Equipment was maintained and serviced to keep people safe. For example, equipment used to assist people with their mobility needs such as hoists. A new fire alarm system was in place. This incorporated the recent new build so the entire building was on one up to-date system. Risk assessments regarding how people would be evacuated in the event of a fire were in place.

The provider ensured safe recruitment took place for all staff including checking the professional registration of nursing staff was up to date and in order. A recently recruited member of staff told us they were unable to start working for the registered provider until checks had been completed. These checks included one with the Disclosure and Baring System (DBS). The DBS is a national agency that keeps records of criminal convictions. We saw evidence of these checks having taken place on staff files.

Relatives we spoke with told us they believed the home to be clean and odour free and were happy with the arrangements to reduce the risk of infections. One relative told us, "The home is always clean". Another relative told us the home was, "Clean and smells nice". A further relative told us, "They (staff) keep it clean." Equipment such as disposable gloves and aprons were freely available as well as hand wash gels for staff and visitors to use. Staff we spoke with confirmed they had received training in infection control. The registered manager held cleaning schedules for staff to follow to ensure all areas of the home were kept clean.

In the event of accidents and incidents staff recorded these. We saw occasions when an investigation had taken place and included an action plan to reduce the risk of a similar incident taking place as lessons learnt. These could include for example using additional equipment or changing methods used to care for people to make the care and support they received safer.

## Is the service effective?

### Our findings

When we inspected the service in September 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People's care needs were assessed before they moved into the home. Relatives we spoke with told us staff understood the care needs of their family member and one told us their experience of the initial assessment was, "Great" and found people from the home to be, "Kind and caring" during this. Assessments ensured staff could meet people's needs and any equipment required was in place. For example, the use of a hoist or special mattress and any specific dietary or communication needs. We saw risks had been assessed such as for people who were at risk of choking or of developing sore skin. Staff knew how to support people and were seen encouraging people to remain as independent as possible such as with their meals.

Technology was used by members of staff to access people care records and update the records on the care and support provided. This meant records could be up dated in real time for them to be fully effective and accurate. The nurse on duty was alerted if the records were not completed so they could check the care had been provided. We were assured throughout the inspection these needs were met, although the records were not always supportive of this.

Since our previous inspection a new build had recently opened increasing the number of people who are able to receive care and support at the home. The work included landscape gardens around the perimeter of the home as well as a central garden with a water feature. Rooms in the new build on the ground floor included a patio door to enable people access to the outside space. These outside areas could be used by people to enjoy warm weather.

Within the original building we saw a 1950 - 60 lounge area containing some memorabilia from the time. As well as a large lounge area within the original part of the home was a smaller lounge area and a dining area with a sitting area. The new build contained large open plan sitting and dining areas with kitchenette areas. These areas were bright and airy. The registered manager told us they planned to have a larger hairdressing facility in the foreseeable future.

Some people were living with a dementia illness as well as a frailty. Nobody at the time of our inspection could mobilise around the home without support from staff members. We saw signage in the home such as on bathroom doors. Some people had a display outside their bedroom containing significant personal photographs to help people recognise their own bedroom.

People we spoke with believed staff to be trained and to have the necessary skills and ability to be able to meet their needs. New members of staff undertook induction training to assist them familiarise with people and the provider's policies and procedures. In addition, staff were enrolled upon the Care Certificate. This is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training. One member of staff told us they were trained to train staff in moving and handling and informed us staff training was provided and updated. This

was confirmed by staff we spoke with.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We saw where applications were authorised these were recorded and staff we spoke with were aware of the restrictions people had and how these were managed. Staff confirmed they had received training in MCA and understood the importance of people making an informed choice and taking risks. Records showed where people were unable to make specific decisions these were made by people in their best interests.

People told us they liked the food served at the home. For example, one person told us, "The food is super". Another person told us, "It's very good indeed. I enjoy it." A further person told us, "I like my food." People had drinks available to them and were seen to partake in having these regularly. One relative told us their family member was not a big eater however they were confident staff encouraged them to eat and drink as much as possible. Another relative told us they had seen the food and they believed it to be, "Delicious and appetising". A further relative spoke how their family member had their food cut up to enable them to retain their independence and manage their own food. We saw and heard staff members encourage people to eat and drink throughout the day.

Care plans were in place for people who needed supplementary diets such as fortified drinks. We saw this information was readily available for catering staff within the kitchen to ensure these needs were met.

Prior to moving into the home contact with other professionals was made as needed. The provider specialised in end of life care and had established links with a local hospice. This was to provide them further guidance and support as needed to make sure people received the end of life care they desired.

People were supported to maintain their health and had access to healthcare professionals. One relative told us a doctor would be called if their family member was unwell. Another relative told us staff recognised if their family member was unwell and would ensure appropriate professionals were informed. For example, obtaining antibiotics if they had an infection. A doctor was reported to make regular visits and was available outside of these visits as needed. A nurse described a specialist in skin care as, "Supportive". We were also informed of regular visits from a chiropodist and assured a dentist was available when required.

## Is the service caring?

### Our findings

When we inspected the service in September 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People and relatives, we spoke with told us they or their family member received the care and support they needed. People told us most of the staff were good and both kind and caring. One person told us, "We have a good life; better than on my own." Another person told us, "Staff are very good. I get on well with all of them". The same person along with others told us, "Some better than others."

A relative told us staff were, "Very kind" to their family member and added staff were, "Friendly and really great". Another relative believed their family member to be, "Getting good care" and told us they had, "Confidence in the staff." A visiting professional described the staff as helpful and told us nursing staff always engaged with them and provided the information they needed. The same professional told us they had received positive feedback from relatives. A member of staff told us they treated people living at the home as though they were their own parents.

We observed examples of people receiving good quality care where staff provided the support people required. Staff were seen to provide people with a choice about their daily living for example, checking whether people wanted a drink and assisting people to drink as required. We saw staff provide reassurance for people if they demonstrated an anxiety Staff checked whether people were comfortable in their arm chair and help if they were not. Important events for people such as birthdays were celebrated to demonstrate how people were valued as an individual. Staff knew about people's life histories and about their relations and other important people in their lives.

The registered manager showed us compliments they had received. Written comments to the staff team included, 'Thank you for your care', 'You are really wonderful people', 'Very comforting in a safe place', 'Kindness, patience and professionalism' and 'Absolutely fantastic'.

People we spoke with told us staff were respected their privacy and dignity. For example, knocking on bedroom doors and the use of a privacy screen. One member of staff told us, "I've noticed it's very good here" when we spoke about maintaining people's privacy. A relative told us they believed staff to be, "Good over the dignity with people". They told us they had seen staff cover people with a blanket in the event of clothing riding up when they were using a hoist.

During the inspection we noticed a missing lock on a bathroom door. When we discussed this with the registered manager. They assured us staff would knock the door before they entered and therefore felt a lock was not needed.

There were no restrictions on visiting times and we saw visitors arrive at the home during our inspection. Relatives felt they were made welcome at the home and were well known to the staff. One relative told us, "They (staff) look after me well". Another relative told us they found all the staff to be helpful. Staff had

access to local advocacy services if these were needed. Advocates are independent of the service and support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

When we inspected the service in September 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People felt involved in decision making regarding how they spent their day. A relative confirmed an assessment of care needs had taken place prior to their family member moving into the home. They told us they felt involved in the process describing the person who carried out the assessment as, "Lovely". The same relative told us their family member's assessment had included finding out about the person's personal history. They felt staff were aware of important events in their family members life as well as their likes and dislikes which assisted in them when providing personalised care.

Staff were confident they had information available to them about people's care needs. Staff were seen using the hand-held electronic devices. These highlighted people's care needs and the time frame for these to be completed. The nursing staff could monitor whether care plans were completed to confirm these needs were met.

People told us they had interesting things to do. The activities coordinator had along with people created displays and craft work relating to the time of year. We saw people stamping in a tray of leaves from their chair as well as throw leaves into the air during which people were seen to be laughing and smiling. The coordinator had conversations with people about their memories around autumn time. These discussions lead to people sharing memories about holidays and places they had visited. Photographs were taken of the activities taking place. We heard a relative comment about how these would be later seen on social media and told us how they liked seeing what happened at the home when they were away by looking on these sites.

We were told of other activities people had been involved in such as a chicken experience. This had involved the hatching of baby chickens from eggs, and a project involving the release of butterflies. Photographs were displayed such as pets visiting and we saw a project involving the colouring of quarter of a circle so these could be joined together for a display. A relative told us of a beach day held at the home during the summer months. They were impressed as their family member had paddled their feet in a pool of water to bring back memories of a day at the seaside. Staff supported people with spontaneous things to do for enjoyment and to promote well-being. For example, some people took advantage of sitting out in the garden to enjoy the weather.

During the inspection some musicians visited the home and were heard playing in the communal area. Following this a recital of music was made available to people who were in their bedrooms. A relative told us staff were aware of people's senses and of ways to stimulate these for example through music for someone with a visual impairment. We were told of plans to set up pen pals and speak over the internet with some people living in a care home in Minnesota.

One person who spent time in their bedroom told us they could join in if they wished. The same person

demonstrated an interest in planting bulbs and told us they would do this. A relative told us their family member, who remained in their bedroom, liked reading and enjoyed the banter with members of staff.

We saw people had been involved in fundraising for a well-known national charity. Printed newsletters were displayed and we saw copies of these within people's bedrooms. The copy we saw showed details of a further event to raise funds for another well-known charity and was set to involve family and friends in a quiz.

The provider had looked at ways to make sure people had access to the information. This was to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw the use of pictures to inform people about things for them to do. In addition, we saw signage around the home and indication to people's bedrooms.

Meetings involving people highlighted forthcoming events for people to take part in. In addition, we saw minutes of a meeting in June looking at forthcoming events. The registered manager told us they planned to hold a further meeting to discuss arrangements for Christmas.

The provider specialised in end of life care. The registered manager told us of their desire for people to spend their final days at the home rather than having to be transferred to hospital. In September 2016 the provider was accredited with the Gold Standard Framework (GSF) in recognition of their work with people at the end of their lives. The GSF is an external agency who have an accreditation process focusing on end of life support and the best practice the registered provider has in place. Within the Provider Information Return (PIR) the registered manager told us this was so people were, "Surrounded by people they knew and care for them".

Care plans were in place which showed people's wishes for end of life such as contact with family members and any cultural or religious needs. Anticipatory medicines were available for people who were end of life such as pain relief to prevent delays obtaining these. Nursing staff had received training to provide them with the necessary skills and knowledge to set up syringe drivers so people remained as comfortable as possible.

Part of the new build included a bedroom facility in the event of a relative wishing to stay overnight to be close to their family member if they were approaching the end of their life.

People felt able to raise any concerns they had about the service provided. One person told us they were confident they could speak with the registered manager and would be listened to. One relative told us they were confident they could raise any concerns they had about the care provided. They added they had, "Nothing bad to say" about the care their family member had received. Another relative told us they believed the management would listen to any concerns they had and told us the management was approachable.

We looked at the records of complaints and found the registered manager had investigated these and recorded actions to be taken to resolve the concerns raised. For example, we saw referrals to healthcare professionals and changes to the practices carried out by staff members. The providers complaints procedure was displayed within the home for people to view.

## Is the service well-led?

### Our findings

At our last inspection in September 2015 we rated this key question as Good. At this inspection, we found the provider had not taken appropriate action to improve the service once they had identified areas for improvement. Furthermore, there were shortfalls in maintaining and securing records. The rating has changed to Requires Improvement.

There was a registered manager in post at the time of our inspection. 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.

Audits were undertaken to ensure the quality of the service was maintained. These were to check the systems in place to keep people safe. Infection control audits for example showed no concerns. Medicine audits identified on going concerns. Although the need for improvement was acknowledged within these audits and action taken we found these were not consistently maintained as they were repeated in later audits. Other areas of concern with medicines seen during the inspection where not identified as part of the provider's own audits.

The provider had recently introduced hand held devices for staff to record the care and support provided for people in real time. These were in the early stages of development at the time of our inspection. However, we these were not always up to date and completed. For example, the recording of drinks throughout the night and the date when people's dressings were changed. These observations were brought to the attention of the registered manager who was aware of the need to make some changes to the system. We were assured throughout the inspection these needs were met, although the records were not always supportive of this.

Relatives were confident in the management arrangements. One relative described the arrangements as, "Everyone is very open." Another relative told us they felt the registered manager was part of their extended family and able to discuss any issues with them. A further relative described the management as a, "Well-oiled machine".

The registered manager told us the building work and the commissioning of the new building had taken a considerable amount of their time over previous months. Some staff mentioned differences between teams working at the home and how this reflected upon the care and support people received. For example, how changes in peoples care needs were communicated between staff and the two teams. The registered manager was aware of these and assured us they were working on addressing these differences to ensure consistence in care provision.

People's records were not always held securely in the new build of the home. Although only occupied by one person the area was open to visitors and others. We saw records containing personal information unattended either on the nurse's desk or awaiting filing. A cabinet for safe storage of people's records was

left unlocked. We brought these observations to the attention of the nurses on duty at the time and to the registered manager. We were assured this matter would be addressed and improved upon.

The provider and the registered manager worked well with other organisations. For example, student nurses from a local university undertook placements at the home to equip them with additional skills and knowledge. Shortly after our inspection the registered provider told us the registered manager had received an award for, 'Outstanding Mentor for Foundation Degrees'.

The provider had engaged the services of an organisation to help improve business performance and outcomes for people who lived at the home by means of coaching and learning opportunities to enhance management techniques for the management of change.

An organisation responsible for funding people at the home had in recognition of the work undertaken by the registered manager nominated her to attend a reception at Buckingham Palace. The registered manager told us of her experience when presented to a senior member of the Royal Family at the reception. In addition, the provider was selected by the local Clinical Commission Group [CCG] to provide fast tract end of life care in South Worcestershire following a presentation made by the registered manager.

The registered manager was the chair of the residential manager group involving fellow registered managers within Worcestershire. These meetings were in place for managers to be able to share good practice to benefit people who received care and support across the county.

The senior staff held a responsibility to champion aspects of care and support. For example, in areas such as infection control and continence. This was to provide additional support to staff in these subjects. Staff members received supervision during which areas such as abuse and diversity were explored and discussed.

The registered manager demonstrated a good understanding of their responsibility associated with their registration. This included the need to submit statutory notifications regarding important events involving people who lived at the home. Throughout the inspection the registered manager spoke with passion upon their desire to provide quality care especially end of life care.

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  The provider had not ensured people's medicines were consistently managed safely. We found this was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.